CHAPTER ONE

INTRODUCTION

Why do we make sculpture? The urge is born in us; it makes us want to change the shape of things as they are, to leave our mark upon this world so that it will be different in some degree because we have lived here. We express our joy at being alive by ornamenting the things we use; we study the forms of nature and try to reproduce them. We create new forms, never seen before ... (Kenny, 1953, p.xii).

In this chapter, I introduce the study in terms of aim, origin, choice of methodology and the chosen metaphor for interpretive research. Each chapter is then described briefly to provide an overview of the terrain to be covered within the thesis. In addition, I include a glossary of key terms and clarify points of style.

Aim of the Study
The aim of the study is to attain understanding of attempted suicide in young women from non-English speaking backgrounds (NESB). The objectives are to construct meaning(s) of suicidal behaviours and elicit information about the wider sociocultural influences in the lives of participants.

Origin of the Study
The present study arises from a previous one, conducted in 1997–99 (Fry, Teeson, Moloney, Roseby, O’Riordan & Zurynski, 1999; Fry, 2000). In that study, young female immigrants were over-represented in the sample of 80 young people presenting to two emergency
departments with deliberate self-harm and varying degrees of suicidal intention. The sample consisted of 39 males and 41 females. The average age for males was 20.8 years (SD = 3.0) and for females 19.1 years (SD = 3.8). This difference was significant according to a two-sample t-test (t = 2.21, p < 0.05) revealing that younger women are more likely to present than younger men.

The overall proportion of non-English speaking young people in the study was considerably lower than the proportion of people from NESB in the local government area, but on analysis, some interesting trends emerged for young people born overseas. For example, while there was no difference between the overall number of males and females presenting with suicidal behaviour, analysis in terms of country of birth, gender and religion, revealed alarming trends. These data, however, must be treated with caution because numbers were small and representativeness may not be assumed. Nevertheless, significantly more females of the females presenting were born outside Australia or New Zealand (25 per cent) compared with only 5.2 per cent of males (Fisher’s Exact Test p < 0.025). Countries of birth for the females included Lebanon, Afghanistan, Turkey, Malaysia, The Philippines and Fiji. Two (5 per cent) females were Hindu and four (10 per cent) females were Moslem. In contrast, no young Hindu or Moslem males presented with self-harming behaviour during the study. The precipitating and predisposing events of suicidal behaviours included interpersonal conflict within family or in romantic relationships, cross-cultural conflict, dysfunctional families, sexual abuse, domestic violence and drug use.

Evidence from that study suggested that young women born in non-English speaking countries, particularly young Hindu and Moslem women, are more likely to self-harm than young men born overseas. This discrepant result stimulated questions about suicidal behaviours in young migrant women, and indeed in young women born in Australia of migrant families. I discovered this was a poorly researched area, with minimal international literature and nothing in Australian literature to illuminate the phenomenon of suicidal behaviour in young women from NESB. Furthermore, what literature existed was exclusively quantitative and did not represent participants’ perspectives.

In particular, I wondered what the over-representation of these young women meant. What was going on in their lives to explain attempted suicide? How could their behaviour be understood, especially by mental health nurses, whose role it is to provide services for people
who are suicidal? In order to answer my questions and attain understanding, it was necessary to use a methodological approach that recognised the voices of the participants.

**Choice of Methodology**
Positivist–empiricist science is oriented toward shared components of experience, population patterns, correlations and tendencies among aggregates (Thorne, Kirkham & MacDonald-Eames, 1997); a claim for neutrality in language of observation (Hughes, 1990); causal explanations of phenomena (Schwandt, 2000); and a definition of truth consisting of a ‘set of statements isomorphic to reality’ (Guba & Lincoln, 1990, p. 84). Thus, the focus is directed away from the individual and the inter-subjective is not encountered. This orientation epitomises the vast body of research on suicidal behaviour that uses methods that quantify and correlate epidemiological, social, biological, psychological, psychopathological, economic and other factors ‘known’ to be associated with suicide.

Suicidal behaviour has not been investigated using a balance of methods and epistemologies. The discourse on suicide reflects positivist–empiricist frameworks as the means of understanding, investigating and knowing about the phenomenon. The trend toward these methods of investigating suicide was set by Durkheim (1858–1917) in his seminal study on suicide (Durkheim, 1897/1951). He argued that social science phenomena could be examined using quantifiable data (Douglas, 1967; Schwartz & Jacobs, 1979; Hughes, 1990; Hassan, 1995; Range & Leach, 1998) and conceptualised suicide as a thing-like object, manifest in the external social world outside meanings and language. While acknowledging that suicide was an individual act, he located it inextricably as a product of interaction within an ‘irreducible entity’, society (Lyon, 1995). Durkheim proceeded to examine suicide by studying concomitant variations in rates and psychopathology in different populations (Hughes, 1990).

Quantitative methods for investigating suicide and attempted suicide remain the favoured approach today, as reflected in systematic reviews of evidence. For example, Patton and Burns (2000) reviewed the research literature on preventive interventions for youth suicide. Qualitative studies were excluded as low-quality evidence, and an urgent need for randomised controlled studies was endorsed. Similarly, Hawton, Townsend, Arensman, Gunnell, Hazell, House and van Heeringen (2002) systematically reviewed all randomised controlled trials that examined the effectiveness of treatments for patients who deliberately self-harmed. They found uncertainty about which forms of psychosocial and physical treatments were most
effective. Consequently, they too called for more and larger clinical trials of treatments associated with trends towards reduced rates of repetition of deliberate self-harm. Finally, Beutrais (2000) reviewed 357 studies on risk factors for suicide and attempted suicide in young people. Again, qualitative studies were excluded.

While quantitative studies produce invaluable knowledge, a gap remains that goes to the heart of the problem. The reality lies not exclusively in rates, correlations, odds ratios, symptom checklists and risk factors, but also in understanding the meaning of the event from the person’s subjective point of view. This line of thought was argued by Douglas (1967), who stated that sociologists over-relied on statistics and depended on unreliable sources, that is, under-reported incidents of suicide. They ‘failed to see the need for careful observations and descriptions of suicidal phenomena before attempting to explain the phenomena’ (Hassan, 1995, p. 339). For these reasons, Douglas (1967) favoured a case-study approach to suicidal behaviour to unravel personal and social meaning. Moreover, Beutrais (2000) identified a gap in knowledge on suicide and recommended qualitative studies be conducted to ‘obtain in-depth information on the context of suicide attempts and factors which appear to encourage suicidal behaviours in young people’ (p.253). The present study contributes toward filling this gap by apprehending meanings of attempted suicide from textual accounts within the context of life stories.

As Gadamer stated (1996), ‘The physics of our century has taught us there are limits to what we can measure’ (p.vii) especially where human beings are concerned. I thus turned to philosophical hermeneutics based on the work of Gadamer (1960/1989, 1987, 1994, 1996, 1997), and the narrative ‘life story’ method, based on the work of Lieblich (1993, 1994, 1997) Josselson (1993, 1996, 1999, 2000) and others, to develop a guiding framework for the conduct of the study. Philosophical hermeneutics is concerned with interpretation of texts and with understanding as a condition of being human. Furthermore, ‘hermeneutics is the means by which life and stories about life are demarcated’ (Josselson, 1993, p.xiii). Together, hermeneutics and narrative inquiry enable us to see the intersection of life within multiple contexts including history, language and how individuals are influenced by the religious, social, psychological, political and economic ideas available to them (Plummer, 1983; Minichiello, Aroni, Timewell, & Alexander 1995; Morse & Field, 1995). Through this intersection, the import of social contexts is revealed and the potential for action pre-empted. As one participant said,
I think it's a great cause, you know. Like, you're dedicating time to find out why it's [attempted suicide] happening. Because then you can think of prevention and stuff... for other kids. Jasminda

Furthermore, as a mental health nurse, I endorse the principle that narratives represent the consumer’s voice within mental health services and wider society, and as such, are invaluable. This point is highlighted in strategic planning of mental health services in Australia: ‘Personal narratives provide a critical view of pathways to care, and individuals who have experienced a mental disorder, along with their family and carers, have unique stories to share’ (Commonwealth Department of Health & Aged Care (CDHAC), 2000, p.7).

**Interpretive Research Metaphor**

In the present study, I metaphorically represent the research process by introducing each chapter with a quotation about the art of pottery. This metaphor is a lively way of capturing the richness and complexity of interpretive research. Also, the device of metaphor helps avoid inflicting ‘intellectual poverty and misery’ (Miles & Huberman, 1994, p.250) onto readers by constraining thinking to literal matter-of-fact representations. Pottery thus provides a strong image and helps illuminate the co-creative endeavour of producing the findings. In the pottery metaphor, two people work together, producing the raw material of clay, which is prepared by kneading, wedging, removing air bubbles and creating form (the life story interview). The clay form is then fired in the kiln where the intense heat transforms the original material into a new substance, a piece of pottery (the analysis). The potter (researcher) controls the intensity of the heat which tempers the chemical reaction and influences the colour and texture of the pot. Later, she chooses the particular glazes which interact in the kiln in the second firing to transform clay into an elegant and shapely pot in which the final shades and nuances of colour and texture can never be accurately anticipated, yet still reflect the original form (the final interpretation of the text). In this way, raw material is co-created but the potter provides the conditions for transformation into the new substance (the findings). A postmodern, constructivist understanding is thus recognised that involves a dialogic, hermeneutic and narrative life story approach to social research and interpretation.
Overview of Chapters

In this section, I outline briefly each chapter of the thesis, which comprises seven chapters. Chapter 1 is the Introduction to the entire thesis, presenting the aims and outlining the approach and structure of the thesis.

Chapter 2, Context, provides the background to the study by locating attempted suicide within the wider contexts of ancient philosophical and historical perspectives as well as within state, national, global, political and economic environments. In addition, I locate the study within the context of my discipline of mental health nursing. Finally, I articulate my position, experience and values on suicide and attempted suicide.

Chapter 3 is the Literature Review. Here key concepts in the research question guide the selection of literature to attain understanding of attempted suicide in young women from non-English speaking backgrounds. This literature review is oriented towards attempted suicide, but a focus on suicide is also essential because of the inter-relationship between the two and because of the lack of studies on attempted suicide.

In Chapter 4, Methodology, I present an in-depth account of philosophical hermeneutics and its combination with narrative inquiry, specifically life story, to guide the development, structure and conduct of this study. In this process, I concentrate on the work of Gadamer and his canons of hermeneutic thought. I also examine my understanding of truth in the light of narrative inquiry and philosophical hermeneutics.

In Chapter 5, Methods are presented. These are the strategies employed to conduct the research inquiry, specifically: sampling, recruitment, interviewing and analysis. In addition, I address ethics and the evaluation of narrative hermeneutic work.

Themes explicated from the texts are presented in Chapter 6, Findings. The meaning of attempted suicide for the eight young women participants is constructed on the basis of thirty sub-themes, five themes and a meta theme, which are explicated from the text. Each theme is presented and explained in terms of the sub-themes of which it is constituted.
Verbatim excerpts from texts are used throughout to illustrate and support chosen interpretations.

Chapter 7, Discussion, is the final chapter, in which I present a reconceptualisation of the phenomenon of interest. I discuss the meta theme in depth and construct a framework, partly derived from narrative inquiry, in which incoherence, discontinuity and problematic connectedness, are central to understanding attempted suicide in these young women. The chapter closes with the conclusion to the study, implications for mental health nursing practice, education and directions for future research. In addition, limitations of the present study are addressed.

**Glossary of Terms**

The following terms are used within this thesis. I define them according to their intended meaning within the study and arrange them according to category.

**Cross-cultural Terms**

**Acculturation**

Acculturation refers to cultural changes that occur when an individual who has developed in one cultural context adapts to new cultural contexts that impinge as a result of migration, colonisation or other forms of intercultural encounters (Berry & Sam, 1997).

**Cultural Group**

Cultural group refers to a group of people of the same cultural background. I thus avoid the term ‘ethnicity’, which has implicit political and social assumptions (Berry & Sam, 1997).

**Geographical Regions**

- **Far East**: Japan, China, Taiwan, Singapore, Hong Kong, Korea
- **Southeast Asia**: Thailand, Vietnam, The Philippines, Malaysia
- **Indian Subcontinent**: India, Pakistan, Bangladesh, Sri Lanka
- **Middle East**: Israel, Jordan, Iran, Syria, Kuwait, Iraq, Lebanon
**North East**: Turkey, Afghanistan

**Pacific Islands**: Melanesia: Fiji, New Caledonia, Vanuatu  
Polynesia: Western Samoa, Tonga

**Terms Pertaining to Suicide**

**Attempted Suicide**  
Attempted suicide is any deliberate self-injurious, non-habitual behaviour with a non-fatal outcome, irrespective of whether death was intended.

**Suicidal Behaviour**  
The continuum of all self-injurious behaviours which are non-habitual or emotion regulatory, ranging from suicidal ideation through deliberate self-harm and attempted suicide to completed suicide.

**Philosophical Hermeneutic Terms**

**Horizon of Understanding**  
The term ‘horizon of understanding’ refers to the limit of our frame of reference within which we exist, think and interpret the world. It is prefigured by tradition. Horizons grow when they are fused with other horizons through interpretation or understanding.

**Philosophical Hermeneutics**  
Philosophical hermeneutics is concerned with the philosophy of understanding and the interpretation of texts. Modern hermeneutics falls into three phases, according to Inwood (1995), heralded by the philosophers, Schleiermacher (1768–1834), Dilthey (1833–1911) and Heidegger (1889–1976). Gadamer (1900-2001) followed Heidegger and held that humans are situated in a history articulated in linguistic tradition, which has consequences for human understanding and self-knowledge (Grondin, 1994).

**Prejudice**  
Prejudice, in the hermeneutic sense, is a term used interchangeably with pre-understandings, foreknowledge, forestructures, preconceptions and fore-conceptions. Prejudice thus refers to
preconceived notions deriving from the tradition within which one lives, moves and has being. Many such prejudices are taken for granted and are not in conscious awareness.

**Tradition**

Tradition includes the shared history, language and culture which shapes prejudices and is embedded in the fabric of our being. Tradition is dynamic, shifting, transforming and reconstructing (Feldman, 2000).

**Terms Used within Narrative Inquiry**

**Life Story**

Life story is the individual’s construction of their experience and the relationships among self-relevant events across time.

**Narrative Inquiry**

Narrative inquiry refers to a variety of approaches that involve examining the lives of people via the medium of stories. These approaches include life history, life story, the testimonio, autoethnography, oral history and autobiography (Denzin, 1989b; Rosenthal, 1997; Lieblich, Tuval-Mashiach & Zilber, 1998; Tierney, 1999). The ultimate aim of narrative inquiry is the discovery of meanings in the lives of the storytellers (Plummer, 1983; Mishler, 1986; Lieblich & Josselson, 1997 Grbich, 1999).

**Text**

Text is the combined transcripts of interviews constituting life stories. In the postmodern sense, text refers to all attempts at representation whatever form this may take, such as art, sculpture, architecture and written materials (Sim, 1998), discourse and action (Kvale, 1996).

**Points of Style**

- The referencing style used throughout the thesis is ‘APA Style’ (American Psychological Association, 1994).

- Throughout this thesis, ‘males’ and ‘females’ are used in preference to ‘men’ and ‘women’. This is because much of the literature concerns young people and most
participants in this study are in their teens thus, they are referred to as males or females, or young people or young women, but not men and women (adults).

- Words written in italics are the spoken words of the participants.

- When sexist language occurs in a quotation, I leave the original wording intact. However, when I need to designate a possessive pronoun, I use ‘her’ because the study focuses on young women.

- All participants’ names used in this thesis are pseudonyms.

Conclusion of Introduction
In this chapter, I sought to introduce the study in its entirety. I explained the origins of the study and noted the absence of research on the topic. The chosen methodology was introduced and justified. I explained my use of the metaphor of pottery for the research process and concluded with the glossary and points of style.

Next Chapter: Context
In the next chapter, I elaborate the background to the present study and locate the phenomenon of attempted suicide within wider contexts. I also locate the topic within state, national, global, political and economic environments. In addition, the relationship between suicide and attempted suicide is clarified. An epidemiological perspective of the problem is outlined, and the research agenda in Australia regarding suicidal behaviour is discussed. I also briefly consider the concept of adolescent development. The study is then located within the context of my discipline of mental health nursing. Finally, I articulate my position, experience and values on suicide and attempted suicide. Throughout this examination of the context of attempted suicide, it becomes apparent that there is a lack of research into migrant suicidal behaviour, especially in young migrant women, and consequently the need for the present study is highlighted.
CHAPTER TWO

SITUATING THE PHENOMENON OF INTEREST: 
THE CONTEXT OF ATTEMPTED SUICIDE

Each step of throwing on the potter's wheel will present its difficulties, but no difficulty is greater than the mastery of self. While this is being learned there will be black days of deep despair ... (Johnson, 1988, p.8).

In this chapter, I present the background to the present study and locate the phenomenon of attempted suicide within the wider contexts of ancient philosophical and historical perspectives. In addition, the relationship between suicide and attempted suicide is clarified from a clinical and theoretical basis, as suicide literature is a key referent for much of the discussion. I also locate the topic within state, national, global, political and economic environments. The scope of the problem of suicidal behaviour is then presented from an epidemiological perspective. Following this, the research agenda in Australia regarding suicidal behaviour is outlined with respect to the National Youth Suicide Prevention Strategy. Because most participants are adolescent women, I also consider the concept of adolescent development and its relevance to suicidal behaviour. I then locate the study within the context of my discipline of mental health nursing and suggest that, in order to progress knowledge and understanding on the phenomenon, a qualitative approach to inquiry is imperative. This position is explored in Chapter 3, Literature Review. Finally, I articulate my position, experience and values on suicide and attempted suicide. This reflexive exercise is essential to inquiry underpinned by philosophical hermeneutics and is outlined later in this chapter in the section entitled, Situating myself as researcher: self-reflection, suicide and attempted suicide. Throughout this examination of the context of attempted suicide, it becomes apparent that
there is a lack of research into migrant suicidal behaviour, especially in young migrant women, and consequently the need for the present study is highlighted.

**Perspectives on Suicide**

**Ancient and Philosophical**

In ancient European cultures, the Greek, Roman, Hebrew and Druid societies, suicide was understood as a heroic act (van Hoof, 1994; Johnstone, 1994). It was permissible in order to preserve honour, to avoid dishonour or ignominy or to express grief or patriotism (Johnstone, 1994). For example, Ajax, the ‘suicide icon’, who represented heroic values, threw himself on his sword when he lost face, an act that was ‘regarded as exemplary in a shame-based culture in the ancient world’ (van Hoof, 1994, p.80). Similarly, in traditional Japanese culture, suicide was regarded as altruistic, inspiring respect and admiration (Ball, 1986).

On the other hand, philosophical debate focused on the moral permissibility of suicide rather than understanding the nature of the act. Ancient philosophers had mixed views on suicide, according to Johnstone (1994). For example, Socrates patriotically killed himself by drinking hemlock as a means of giving free expression to his values and beliefs thereby challenging the political system of the day (Chan, 1998). Zeno, the founder of stoic philosophy, held that suicide was permissible as a last resort. In contrast, Plato and Aristotle opposed suicide on religious and secular grounds (Johnstone, 1994) while Aristotle derided suicide as an act of escapism and weakness with regrettable economic costs.

In the Judaeo-Christian tradition, suicide is rejected as morally wrong, yet at the time of Saint Augustine (354–430) it was popularly believed that suicide was ‘a way of avoiding sin and gaining a passport to paradise’ (Johnstone, 1994, p.368). Augustine argued against this belief on theological grounds: ‘thou shalt not kill’ (Johnstone, 1994). A more systematic argument, that suicide is morally unjustified for three reasons, is based on the thoughts of Thomas Aquinas (1225–74) as cited by Beauchamp (1995): ‘suicide is ... contrary to the natural law and to charity, suicide injures the community, and, life is God’s gift and ... whoever takes his own life, sins against God’ (p.859). In contrast, eighteenth-century philosopher David Hume argued for altruistic suicide. Hume held that suicide is permissible, and on occasion laudable, if, on balance, more value is produced for the individual or society by performing the act (Beauchamp, 1995). The reverse argument was put forward by Immanuel Kant (1724–1804) who held that suicide is wrong because it degrades our inner worth and because self-
preservation is our highest duty. Kant’s main argument against suicide is that people are entrusted with their uniquely valuable lives and by self-killing a person dispenses with his/her humanity and treats the self as an object or animal. Kant also argues, on more consequentialist grounds, that if persons are capable of suicide, then they are capable of any crime (Fieser & Dowden, 2002, on line).

More contemporary philosophical ways of thinking about suicide draw on existential dimensions of personhood and the resolution of the anguish of being. For Camus (1943/1983) for instance, suicide was a philosophical issue, an absurd act of life, and he was at a loss to define it: ‘There is but one truly serious philosophical problem and that is suicide’ (p.11).

**Historical**
Historically, modern perspectives on suicide emerged in the late 1800s and overtook church and state in a claim for science as the arbiter of the problem. Ideas about social pressures and unconscious internal states claimed authority in explaining suicide. These ideas developed into traditional theoretical perspectives including sociologic theory based on the work of Durkheim, and psychoanalytic perspectives based on the work of Freud and other neo-psychoanalysts. I will outline these approaches briefly.

**Durkheim’s sociologic theory**
Emile Durkheim (1858–1917) published his seminal work *Le Suicide* in 1897, in which he perceived suicide as a social not a personal phenomenon (Durkheim, Spalding & Simpson, 1952; Douglas, 1967; Hughes, 1990; Hassan, 1995; Maris, 1997). Durkheim argued that suicide rates varied inversely with the degree of integration within the social group and not with race, heredity, cosmic or psychological factors (Douglas, 1967; Hassan, 1995; Maris, 1997). Durkheim developed a theory of suicide with altruistic, egoistic and anomie typologies, which reflected the type of breakdown that might occur between an individual and society. This theory, he claimed, penetrated beneath appearances to the real factors underlying social life (Schwartz & Jacobs, 1979; Hughes, 1990; Hassan, 1995). According to Douglas (1967), Durkheim’s work became ‘the cornerstone of the whole approach to suicide taken by almost all sociologists in the twentieth century’ (p.xiii). Durkheim’s theory is summarised by Hassan (1995) as follows:
... under adverse social conditions, when individuals’ social contexts fail to provide them with the requisite sources of attachment and/or regulation at the appropriate level of intensity, then psychological or moral health is impaired, and a certain number of vulnerable suicide-prone individuals respond by committing suicide (p.3).

*Psychoanalytic*

Psychoanalytic perspectives on suicide concern the unconscious mind and instinctual drives. According to Freud, suicide arises from internal conflict between unconscious instincts for life (eros) and death (thanatos) (Hassan, 1995; Marcus, Lloyd & Rey, 1996). Freud (1914) claimed the existence of ‘a tendency to self-destruction … in many more persons than in those who bring it to completion’ (p.131). He stated that self-inflicted injuries are a compromise between this impulse and the forces working against it whereas in completed suicide the oppressive unconscious intention of self-annihilation is finally released by a chosen time, means and opportunity. Similarly, Soubrier (1993) described suicide as an outcome following conflict ‘between an unconscious death wish and a desire to live better, to love and be loved’ (1993, p.37).

Freud’s theory of psychic determinism, which claims all behaviour is caused and there are no accidents, is a negative view of human life in which people are at the mercy of their impulses. Freud is also criticised for a lack of experimental support for ideas, for his dependence on inference, for unrepresentative sampling of case histories and for failing to consider the importance of culture (Monte, 1980; Brenner, 1990). On the other hand, it could be argued that Freud was an interpretive researcher inductively analysing and interpreting the experiences of patients. As Marcus (2000) points out, early psychoanalytic theory ignored other feeling states such as shame, hopelessness, helplessness and fear.

Other psychoanalytic understandings about suicide hold that unconscious aggression against others is turned inward. Indeed, Cantor (1993) states there is a high correlation between suicide and aggressive behaviour but the relationship is not a simple one. Psychoanalytic theorists after Freud, including Jung (1961/1983, 1968), held that suicide represented an unconscious wish for spiritual rebirth, and Adler (1959) identified the importance of inferiority, narcissism and low self-esteem as significant factors.
Summary of Perspectives on Suicide

Thus far I have provided an overview of historical perspectives of suicide including ancient, philosophical, moral, Durkheimian and psychoanalytic. In contrast, perspectives on attempted suicide are hampered by a comparative lack of literature on the topic. Nevertheless, attempted suicide should not be considered a phenomenon distinct from suicide. Indeed, Freud (1914) linked suicide and attempted suicide as deriving from the same self-destructive impulse, differentiated only by the strength of resistance. In addition to this hypothesised psychoanalytic link between suicide and attempted suicide, other conceptual and clinical links between the phenomena must be considered, including the significance of attempted suicide as a predictor of completed suicide.

The Relationship between Attempted Suicide and Suicide

Attempted suicide is clinically significant because a previous attempt is the most powerful predictor of completed suicide (Brent et al. 1988; Diekstra, 1993; Hawton, Fagg, Platt & Hawkins, 1993; Beautrais, Joyce & Mulder, 1997; Hawton & van Heeringan, 2000). Thus, between 10 and 14 per cent (Diekstra, 1993), or 10 and 15 per cent (Maris, 1992) of people involved in attempted suicide eventually die through suicide. Of those who complete suicide, a large proportion have previously attempted. Estimates of this proportion vary, for example, in New South Wales (NSW) it is from 30 to 50 per cent (Centre for Mental Health, 2000), in Europe, 40 per cent (Kerkhof, 2000) and in the United States 65 to 75 per cent (Varcarolis, 1998). Martin (1997) states, the more suicide attempts the higher the risk of completed suicide.

The legal construct of suicide is categorical, that is, fatal or non-fatal in outcome. From a clinical perspective however, suicide is best viewed on a continuum ranging from ideation through deliberate acts (non fatal) to the fatal outcome of death, all of which constitute the spectrum of suicidal behaviour (van Heeringen, Hawton & Williams, 2000). This issue is not straightforward however, as while completed suicide is the finality of self-induced death, people can also die from attempted suicide, even when death is not the intended outcome. Thus, the delineation of points on the spectrum of suicidal behaviour is blurred and motivational ambivalence is characteristic of much suicidal behaviour. Every suicide attempt must therefore be considered as a point on a continuum potentially leading to death, regardless of intention.
Although suicidal behaviours may be conceptualised on a continuum, extrapolating from attempted suicide to suicide is controversial. According to Lester (1990) and Diekstra (1993), it is a valid inference. On the other hand, Patton and Burns (1997) and Bloch (1999) are doubtful, and point to difficulties based on gender differences and severity of attempt which reveal a lack of clarity on the issue. Nevertheless, the populations, of suicide completers and attempters, overlap (Dieresrud, Loeb & Ekeberg, 2000; Beauchais, 2001) with respect to common psychiatric diagnostic and psychosocial characteristics. Also, suicide messages of people who either completed or attempted, were more alike than different according to Valente (1994). The only difference that emerged was in the degree of psychological pain. Differences of opinion among researchers may therefore be explained by their use of different definitions and categorisations of the phenomena of attempted suicide and suicide.

Clearly the phenomena of suicide and attempted suicide are complex and not well understood. More research is needed into attempted suicide but its importance as a predictor of completed suicide is incontrovertible. The concept of a continuum of suicidal behaviour is further discussed in Chapter 3, Literature Review.

**The Scope of the Problem of Suicide**
The scope of suicide is determined via epidemiological reports, which vary according to data collection methods and definitions of suicide. Here, I address data collection methods and epidemiology, while definitions are discussed in Chapter 3, Literature Review.

The Australian Bureau of Statistics (ABS) provides the official national, state and regional suicide statistics. Annual statistics may not equate with annual deaths however, because the coroner’s determination of suicide is sometimes finalised the year after the death. Only then is it recorded officially by ABS as a suicide (Cantor, Neulinger, Roth & Spinks, 2000). In cases where evidence to support the determination of suicide is inadequate, the death is recorded as accidental or undetermined.

The legal definition of suicide is ‘self-murder’, that is, knowing that one is killing oneself. A coroner’s recording of suicide is thus a retrospective judgment, based on all available evidence (Commonwealth Department of Health & Family Services (CDH&FS), 1997). Between the event of death and the coroner’s determination, however, there are many complex factors to be taken into account, including cultural, social and political values, which
contribute to the possible under-reporting of many suicide deaths (CDH&FS, 1997). The actual suicide count would be considerably higher if motor vehicle accidents and other ‘accidents’, which are hidden suicides, were accounted for (Burville, 1989). In fact, the ‘undetermined death’ category may contribute to under-reporting of suicide by up to 10 per cent (Cantor, Turrell & Baume, 1996). Thus, the official suicide rate under-represents the actual suicide rate.

It is estimated that worldwide, between 500 000 and 1.2 million people die by suicide each year (United Nations, 1996). Based on World Health Organization data, the Australian overall male suicide rate is ranked 28th and the overall female rate 34th (Cantor et al. 2000). On a worldwide scale, Australia’s suicide rate is average (Cantor et al. 2000; Commonwealth Department of Health & Aged Care (CDH&AC), 2000).

In Australia, with 10–14 deaths per 100 000, the overall suicide rate for all ages has been fairly constant since 1921 (Baume & McTaggart, 1998; CDH&FS, 1997; Cantor et al. 2000; ABS, 2000). Statistical constancy is also revealed in officially recorded suicide rates for males and females. For example, the suicide rates per 100 000 for 1897 were 20.6 for males and 5.5 for females (ABS, 1994b). In 1996, the rate was 21 for males and 5 for females (ABS, 1997). The number of deaths by suicide in Australia in 2000 was 5.2 per cent lower than in 1999 and 3 per cent lower than the record in 1997 (ABS, 2000) but there is almost no difference from the 1995 figures. Table 2.1 presents overall deaths by suicide in Australia from 1991 to 2000.

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<tr>
<th>Year</th>
<th>Death by suicide, all ages</th>
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<td>1991</td>
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Data source: Australian Bureau of Statistics, 2000
In relation to suicide rates Australia wide, NSW has similarly recorded stable suicide rates from 1973-74 to 1996-97 for males and females in all age groups (Centre for Mental Health, 2000). Nevertheless, Hassan (1995) estimates that ‘in the hundred years to 1990 a total of over 98 000 people committed suicide in Australia’ (p.1) equivalent to the population of a large city.

It is thus clearly established that, over many decades, the overall rates and gender distribution of completed suicide remain stable in Australia, and recent data indicates minimal difference in rates. I return to this point in later discussion on the Australian research agenda. However, one significant change in Australian suicide rates, as noted in the following discussion, is age distribution.

**Age, Gender and Completed Suicide**

The changing factor in the completed suicide data is age distribution, with the rising number of young male deaths offsetting a decline in rates for older males (Baume & McTaggart, 1998). In Australia, the male suicide completion rate is significantly higher than that of females (CDH&FS, 1997) and the male suicide rate for ages 15–24 years has quadrupled over 30 years from 6.8 per 100 000 in 1960 to 27 per 100 000 in 1995 (Baume & McTaggart, 1998). Similarly, in NSW, suicide rates in young males aged 15–24 years more than doubled between 1964–65 and 1996–97 (Centre for Mental Health, 2000). In contrast, overall rates for women have remained about the same. However, female suicide in those aged 15–24 years increased substantially as a proportion of all causes of death, from 1.3 per cent to 16 per cent during the period 1921–25 to 1996–98 (ABS, 2000, p.7).

The trend of young male deaths by suicide is confirmed in the following data. In 1995, of the 2366 Australians who completed suicide, males accounted for 1871 (79 per cent), and of these, 355 (19 per cent) were men under 25 years of age (CDH&FS, 1997). In 1996, 351 young people aged 15–24 years died by suicide; this represents a male youth suicide rate of 25.7 per 100 000, and a female youth suicide rate of 4.3 per 100 000 (Beautrais, 2000, p.141). In terms of gender, the rate of suicide in 2000 is similar to that in 1990 with the male rate being approximately four times the female rate throughout this period. Subsequently, the vast majority of research is concerned with men because of their higher completion rates compared with women (Baume & McTaggart, 1998; CDHFS, 1997). Attention to women’s suicidal
behaviour therefore, is neglected. In relation to attempted suicide however, while reporting is problematic, both women and men are equally represented.

**The Scope of the Problem of Attempted Suicide**

Kerkhof (2000) reports there was a sharp increase in attempted suicide rates in Western European countries, Australia and the USA in the 1960s and 1970s. The increase in Australia however, may be an artefact of improved data collection by health departments. Nevertheless, in relation to attempted suicide, little official information is available nationally or in NSW (Centre for Mental Health, 2000). An accurate picture is unknown because epidemiological studies suffer from a lack of standardised procedures and nomenclature, and poorly kept data. For example, data on attempted suicide are limited to people presenting for treatment to health care services, particularly emergency departments (O’Carroll, Berman, Maris, Moscicki, Tannery & Silverman, 1998; Beautrais, 2000; Cantor et al. 2000). In some hospitals however, data are recorded only if the person is admitted, and definitions of admission are inconsistent across hospitals (Cantor et al. 2000).

Furthermore, those who attend hospital following a suicide attempt are a relatively small proportion of all people who attempt suicide (McDonald & Steel, 1997; Cantor et al. 2000). Sayer, Stewart and Chipps (1996) estimate that between 50 and 80 per cent of people who attempt suicide do not present to hospital emergency departments, preferring to attend general practitioners or medical centres or to seek no help at all. Nevertheless, estimates indicate the extent of the problem of attempted suicide is vast and requires extensive mental and general health care services. The following indicators illustrate the impact of attempted suicide on health services.

The Centre for Mental Health (2000) reports that, for young people in 1996–97, the rate of hospital separation following a suicide attempt (215.7 per 100 000) was 14 times more common than the rate of suicide death (15.2 per 100 000). It should be noted however, that these rates might reflect multiple attempts by the same person. Thus as Hawton and van Heeringen (2000) note, non-fatal acts of deliberate self-poisoning or self-injury are many times more frequent than the rate of suicide, especially in young people. In this regard, Beautrais (2000) states that ‘between 2 and 12 per cent (median 7.1 per cent) of young people report a lifetime history of suicide attempts’ (p.137). Others, for instance Hassan (1995) and
the Centre for Mental Health (2000), claim there are between 30 and 40 attempted suicides for every completed suicide, while Baume and Clinton (1999) state that the rate of attempted suicide is ‘thought to be up to 100 times more frequent than suicide’ (p.219).

**Gender and Attempted Suicide**

With respect to gender, trends in attempted suicide are inconsistent in the literature. Most reports from other countries indicate that attempted suicide is more prevalent in females than males and that young women aged 15–24 years are over-represented, except in Finland (Williams, 1997; Cantor, 2000; Kerkhof, 2000). Williams (1997) notes, however, that this trend is changing and that male attempted suicide rates are drawing closer to the female rate.

In Australia, the rates of adolescent suicide attempts are comparable for young men and women (Sayer et al. 1996; Cantor et al. 2000). Indeed, Cantor et al. (2000) claim that when all suicidal behaviours are taken into account, gender differences become modest. However, the Centre for Mental Health (2000) reports that ‘in 1996–97, suicide attempts resulted in 1959 episodes of in-patient care in young people, 1237 (63 per cent) for females and 722 (37 per cent) for males’ (p.42). Another report of hospital separation data for suicide attempts in New South Wales records that 56.8 per cent are female and 43.2 per cent are male (Dusevic & Baume, 2000). These data suggest that females are more likely to seek care in hospitals following a suicide attempt. Regardless of inconsistencies in the literature however, all behaviour on the suicide continuum should be taken seriously, not only because of the costs but also because of the potential losses involved.

**Costs of Suicidal Behaviour**

The costs of attempted and completed suicide include premature loss of life, as well as psychological, economic and health service costs. Suicidal behaviour is a significant source of morbidity and psychiatric emergency (Beautrais et al. 1997; NSW Health Department, 1998) and many attempts result in ‘severe permanent disability’ (NSW Health Department, 1998, p.2). Cantor et al. (2000) outline several methods of calculating the costs of suicidal behaviour, all of which are questionable in accuracy because of the inevitable approximations involved in calculation. Nevertheless, estimates indicate the magnitude of the problem. For example, years of potential life lost were calculated for the 15–24 age group and estimated at ‘more than 230 000 years for the period 1983 to 1992’ (CDH&FS, 1997, p.18). Raphael and Martinek (1994) estimate $460 million for combined health costs and earnings lost for the
year 1989–90 through suicide and a similar amount for attempted suicide. Health, welfare and legal costs are considered, including police, coronial, welfare and health services. Adolescent suicide was the fifth leading cause of years of potential life lost in 1990 (Centers for Disease Control and Prevention (CDCP), 1995).

While economic costs are significant, the effect of suicide is far reaching, since it includes the shattering personal impact on others, especially family, even over several generations. There is an extensive literature on the impact of suicidal bereavement and related intervention, that is, postvention (see: Pallikkathayil & Flood, 1991; Constantino, 1993; Constantino & Bricker, 1996; Leenaars & Wenckstern, 1998). The cost that is often disregarded however, is the toll suicide takes on health workers caring for patients who complete suicide (see: Hamel-Bissell, 1985; Becknell & Ostrow, 1995; Chemtob, Hamada, Bauer, Kinney, & Torigoe, 1988; Gitlin, 1999; Alexander, Klein, Gray, Dewar, & Eagles, 2000). The impact of suicide on all these groups may include negative emotional, cognitive, psychological and behavioural consequences such as drug use and increased absenteeism in the workplace (Lipley, 1998; Murphy, 1996; Martin, 1993).

Whereas the personal, social and economic costs of suicide are great, little is known about these issues in migrant communities in Australia.

**Suicidal Behaviour, Immigrants and the Paucity of Research**

It is important to establish the demographic profile of Australia because that illuminates the context for studies of the health of migrants. On 5 July 2002, the resident population of Australia was estimated as 19 702 681 (ABS, 2002) and in June 2000 Australia’s overseas-born residents comprised 4.5 million, 24 per cent of the total population.

Australia’s immigrants come from more than 250 different countries (ABS, 1997) and speak more than 200 languages. The leading five community languages, each with more than 100 000 speakers, are Italian, Greek, Cantonese, Arabic/Lebanese and Vietnamese (ABS, 2002). In the last three decades, the main source of Australia’s immigration has shifted from Europe to Southeast Asia and Latin America (McDonald & Steel, 1997) while in the last few years, refugees from Eastern Europe, East Timor, Afghanistan and the Middle East have arrived in Australia. The dynamic profile of migrants and refugees entering Australia thus brings
different health problems about which relatively little is known, particularly regarding suicide and attempted suicide.

The scope of the problem of suicidal behaviour in immigrants and those of non-English speaking background (NESB) is unknown in Australia because of the paucity of literature on this topic (McDonald & Steel, 1997). Cantor et al. (2000) report that little research has been conducted on suicide in different ethnic groups in Australia over the past 15 years; thus, studies of Asian communities have been neglected. They go on to say, ‘Most of the migrant studies have not considered youth suicide’ (p.78) and ‘No studies have been found which have adequately addressed youth suicide rates in Asian immigrants’ (p.96). Research on migrant suicide was more prolific, however, in the 1960s and 1970s when European migration was dominant. Regrettably, such research has not kept pace with the changing migrant population in Australia. Most notably, I did not find one Australian study of attempted suicide in young migrant women, highlighting the urgent need for the present study.

**Australian Suicide Research and the Political Agenda**

In Australia, attention to suicide prevention was mobilised when the rate of suicide by young men increased alarmingly in the 1970s (Baume, 1996). For the first time on record, young men were killing themselves at a higher rate than old men, and the costs to families, government services and society were unprecedented. Subsequently, community concern galvanised political action and extensive funding was made available for research and intervention initiatives into the problem of youth suicide.

The Commonwealth Government allocated $31 million on 88 different projects, from 1995 to 1999, on the National Youth Suicide Prevention Strategy (NYSPS), a coordinated approach to youth suicide prevention (CDH&FS, 1997, p.3; ABS, 2000; Mitchell, 2000). The goals of the NYSPS were to:

- prevent premature death from suicide among young people;
- reduce rates of injury and self-harm;
- reduce the incidence and prevalence of suicidal ideation and behaviour; and
- enhance resilience, resourcefulness, respect and interconnectedness for young people, their families and communities (Mitchell, 2000, p.1).
A further $32 million was allocated to the Fighting Suicide initiative from May 1999 (ABS, 2000). In addition, while not specifying a timeframe, the NSW State Government spent ‘fifteen million dollars each year for suicide prevention initiatives in NSW’ (NSW Health, 1999, p.6). Extensive research, policy development, intervention and prevention initiatives have taken place in the last seven years.

Nevertheless, despite funding in excess of $78 million, spent on research as well as on primary, secondary and tertiary intervention, the suicide rate has remained constant over many decades in Australia. Extensive and sophisticated research has not led to improved outcomes in youth suicide. Five years after implementation of the NYSPS, Mitchell (2000) reports on its evaluation:

No data are available to indicate whether or not the Strategy has led to, or even been associated with, significant outcomes (improvements in health and wellbeing of young people) at a population level. Similarly, no reliable data are available to indicate whether or not the strategy has led to, or been associated with, positive changes in individual or environmental risk and protective factors at the population level (impacts) (Mitchell, 2000, p.5).

Although Mitchell (2000) couches the outcome in terms of ‘only the earliest stages of a long-term reform process’ (p.4), the indications are, nevertheless, unfavourable in terms of impacting on suicide rates in young people, particularly males in Australia. In this regard, review of the coroner’s data on suicide is needed in another five years to ascertain if a more positive outcome results.

How then can failure to improve suicide rates be understood? Perhaps it is beyond understanding and suicide remains, in Shneidman’s (1993) terms, a great human puzzle. On the one hand, Freud’s (1930) thesis of instinctual destructiveness that underpins both suicide and war, suggests that human nature is flawed. After all, warfare is threaded through the entire history of the human race and the earliest suicide was recorded in 2000 BC (Ball, 1986). In addition, suicide existed in ancient Greek, Roman, Hebrew and Druid cultures (Van Hoof, 1994; Johnstone, 1994), including six unambiguous suicides in the Bible (Johnstone, 1994). In light of human history, perhaps it would seem optimistic to expect improvement for
such an enduring human problem. The flawed human nature argument however, does not account for the increase in suicide rates in young men.

Another view is that suicide can and should be resisted, that human life is precious and should be nurtured and protected. Consistent with this view is the conceptualisation of suicide as the final outcome of a chain of events lived by an individual overwhelmed by his or her experience of coping with life (Shneidman, 1985). Therefore, suicidality can be a temporary response to an apparently impossible situation, and not an enduring state of mind. Such crises can be alleviated by finding positive solutions to problems (CDH&FS, 1997) and from this point of view, while difficulties in definition, reporting, data gathering, prevention and intervention exist, it is important to view suicide as preventable. In order to achieve this (as noted in the Introduction), understanding suicidal behaviour from the perspective of the person at risk is a research priority, because present understandings (based on positivist-empiricist research) have not helped. Mental health nursing is just beginning to appreciate the value of informing practice through research based on client perspectives. In the next section, I consider the context of mental health nursing and its contribution toward knowledge development on suicidal people.

**Mental Health Nursing Knowledge and Practice Regarding People Who Are Suicidal**

Philosophical hermeneutics opens the possibility of seeing the problem of attempted suicide in a different light from traditional discourses represented in the mental health nursing literature. This is because this literature is steeped in the positivist-empiricist tradition informing the discipline of psychiatry, which fails to account for subjectivities so relevant to mental health nursing.

A review of chapters on suicide in mental health nursing texts (Stuart & Sundeen, 1995; Carson & Arnold, 1996; Wilson & Kneisl, 1996; Mericle, 1997; Varcarolis, 1998; Clinton & Nelson, 1999; Kelly, 2000) confirms psychiatry and psychology as the main sources of knowledge, the research base of which is predominantly positivist-empiricist. The one exception is Shives’ (1994) chapter on suicide, in which more than half the references were from nursing literature. However, sources in this chapter are not adequately cited, suggesting unacknowledged dependence on the literature stemming from psychiatry and psychology.
Within this context, the predominance of non-nursing literature to inform mental health nursing practice has several implications. First, mental health nursing knowledge is limited by conceptual and linguistic traditions inherent in positivism. Muller and Dzurec (1993), for example, note that empirical researchers specify the name or concept of the phenomenon to be studied and proceed to examine literature that endorses the use of the recognised name. The framework within which positivist-empiricist researchers work is thus defined in the literature before the inquiry commences. In so doing, linguistic nuances are neglected, including various meanings, images, theories and the emotional or political context so relevant to mental health nursing practice.

Furthermore, Everett and Gallop (2001) note that the medical model of psychiatry ‘is considered objective and culturally neutral — a view that many reject as not only inaccurate but ethnocentric’ (p.20). Ethnocentrism is viewing other peoples and their ways of life in terms of one’s own cultural assumptions, customs and values. It may include beliefs that one’s own culture is superior, and contain negative value judgements and in-group ways of defining self (Herberg, 1989; Polaschek, 1998). In contrast, interpretive, philosophical researchers are open to the emergence of names and ideas from the data, after the inquiry has been conducted, and they recognise prejudices inherent in knowledge makers.

Second, mental health nursing is hampered by a severe lack of research into practice (McKenna, 1995; Morris, 1995; Yonge, Austin, Zhou, Wacko, Wilson & Zeleski, 1997; Newell & Gourney, 2000) including studies on caring for suicidal people. It follows, therefore, that only limited research is available for application to mental health nursing practice (McKenna, 1995; Morris, 1995; Yonge et al. 1996). A literature search of the Cumulative Index of Nursing and Allied Health Literature (CINAHL) data bank from 1982 to 2002, on attempted suicide and psychiatric and/or mental health nursing, yielded only 23 research reports. Of these, 12 were based on various qualitative methodologies, 10 of which included clients’ perspectives by interview or survey (Carrigan, 1994; Moore, 1997; Fletcher, 1999; McLaughlin, 1999; Talseth, Lindseth, Jacobsson & Norberg, 1999; Samuelsson, Wiklander, Asberg & Saveman, 2000; Morse, 2001; Talseth, Jacobsson & Norberg, 2001; Tzeng, 2001) or suicide notes (Valente, 1994). I review these studies in more depth in the Chapter 3, Literature Review. One qualitative study focused on mental health nurses (Duffy, 1995) and another on nursing notes (Porter, Astacio & Sobong, 1997). Half of the 12 quantitative studies were surveys of nurses’ attitudes toward suicidal patients (Long & Reid,
1996; Anderson, 1997; McLaughlin, 1997; Samuelsson, Sunbring, Winell & Asberg, 1997; May, 2001; Samuelsson & Asberg, 2002) an area of research that bears limited fruit because of consistent findings that mental health nurses have positive attitudes toward people who attempt suicide while non-mental health nurses have negative attitudes. No studies focused on young migrant women.

As a result, mental health nursing borrows knowledge developed in other disciplines (Lacey, 1993) to inform practice. This borrowing lends credence to the view that mental health nursing has neither a unique role nor a consistent conceptual position within the discipline of nursing (Olsen, 1996; Holmes, 2001). While recourse to interdisciplinary knowledge can broaden the horizon of ideas and practice, it can also limit the development of knowledge unique to mental health nursing. Moreover, as Lacey (1993) states, some theories are borrowed but not tested for their relevance to mental health nursing practice, for example Rogerian client-centered counselling drawn from humanistic psychology. Such unquestioned borrowings fail to distinguish between borrowed and unique knowledge in mental health nursing (Lacey, 1993) or to test the relevance of that knowledge to its practice. On the other hand, ‘Nursing cannot afford to compartmentalise themselves as unidisciplinary researchers, or to rely solely on research carried out by non-nurses, or to act merely as data collectors for others’ (McKenna, 1995, p.1261). Therefore, a balance must be realised between nursing and interdisciplinary knowledge, and between unitary and collaborative research in order to progress the mental health nursing contribution to knowledge and care of suicidal people.

Nurses in general, and mental health nurses in particular, care for troubled clients with suicidal behaviours who present at many entry points of the health system, including acute units (emergency departments, intensive care), mental health in-patient facilities and the community. Nurses need to be open to understanding subjectivities and nuances of meaning in their patients, especially those contemplating self-destruction. Without this understanding nurses cannot undertake what some believe to be the core features of mental health nursing: establishing therapeutic relationships (Peplau, 1952; Lacey, 1993; Hayes, 2000), relieving psychic pain and being reflexive (Hayes, 2000). This understanding arises from interpretive research in particular, in which clients’ voices are represented and nursing practice is made visible. On the other hand, the opinion is also expressed ‘that nursing theory and nursing models such as Peplau’s [are] anachronistic and lacking in any substantive research base’ (Gournay, 1996). In this regard, Gournay (1996) and Newell and Gournay (2000) argue that
practice must be based on evidence, which previously favoured quantitative studies. Debates about practice and the best evidence to guide practice will never be resolved until mental health nurses produce and publish research through which practice is informed.

In the next section, I introduce the concept of adolescent development. This is important because understanding youth suicide also requires understanding of the developmental challenges of adolescence, particularly identity formation, which is expressed in life stories. Furthermore, adolescent development is problematic for migrant youth from non-Western cultures. The participants in the present study are either adolescents or just emerging into young adulthood.

**Adolescence**

In this section, I briefly review the concept of adolescence, as well as developmental challenges and their implications, particularly for migrant families. In Western culture, adolescence is understood as a transitional developmental period between childhood and adulthood, which is initiated by puberty (Berman & Jobes, 1995; Berman, 1997; Arnett, 2001). This contrasts with more traditional societies where the move from childhood to adulthood is abrupt and where adolescence is therefore of lesser relevance.

Adolescent transition is characterised by dramatic physical, cognitive and emotional changes which set the scene for achieving adult autonomy, identity and sexuality. Behaviours related to this maturation are mediated by culture, place and time and it follows that parents from a particular ethnic culture have established norms about adolescent behaviour. Young people growing up in a different time and culture will often disagree with the enforcement of traditional norms and values. Nevertheless, while 70 per cent of young people successfully negotiate a relatively unproblematic adolescence (Martin, 1996), for many it is a time of vulnerability when, ill-equipped to deal with life stressors, they resort to self-destructive behaviour, possibly as a means of coping.

As well as the developmental changes of adolescence, young immigrants, particularly those from non-English speaking countries, are confronted with stressors related to migration and acculturation which exceed the normal pressures of adolescent maturation. Nevertheless, when studying the effects of migration on adolescent mental health and suicide risk, one must take into account maturational factors known to affect adolescent behaviour and emotional
problems (Davies & McKelvey, 1998). The significance of the interrelationship between development, migration and culture is borne out in the stories of the young women participants in this study.

Psychosexual development is a complex part of adolescent development, incorporating gender identity, sex-typed behaviours and sexual orientation. It is achieved through the complex interplay of anatomical, physiological, developmental and psychological factors in the context of family, society and culture and is central to one’s identity (Nelki & Stewart, 1998). Psychosexual development is a lifelong process with no recognised end point; however, physiological changes occurring during adolescence include a marked growth spurt, a sharp increase in height and weight, and the development of primary and secondary sexual characteristics (Gething, Hatchard, Papalia & Olds, 1989).

Adolescent cognitive development is understood in light of Piaget’s stage of formal operations, which is characterised by the ability to think in the abstract (Gething et al. 1989). ‘Approximately half the adolescent population in the USA reach formal operations level of thinking’ (Committee on Adolescence, 1996, p.23) and half do not, explaining why magical thinking persists in many adolescents which may account for the phenomenon that the ‘permanence of death is not fully appreciated’ (Committee on Adolescence, 1996, p.17). This notion may be reinforced by a sense of omnipotence and the influence of popular media entertainments where characters in movies and television appear indestructible in spite of impossible odds, and actors who ‘die’ in one film reappear in another.

The Committee on Adolescence (1996) also note that sexuality and the physical transformations of puberty ‘require a renegotiation within the family of issues of physical contact, expressions of affection, boundaries and privacy’ (p.31). This is important, as identity formation involves ‘psychological processes of differentiation of the self from the family matrix, exploration of new relationships, and the development of a more complex perception of the self, others and the social world’ (Committee on Adolescence, 1996, p.31). Moreover, the development of adolescent autonomy requires balancing by the family of ongoing limit-setting functions and appropriate opportunities for independent activity and exploration (Committee on Adolescence, 1996). In Western societies such a period of experimentation with various life possibilities is a standard part of identity formation. For young people from traditional cultures however, opportunities for such exploration are limited or forbidden,
especially for girls (Arnett, 2001), giving rise to personal and family tensions. Successful negotiation of adolescence in all cultures needs support, flexibility, and stability in the family with warmth, acceptance and understanding. Families that provide too little (permissive) or too much (rigid) supervision, structure, or containment (common in traditional Eastern cultures) seem to contribute to increased risk of adolescent acting out of conflicts (Committee on Adolescence, 1996). In some migrant families steeped in non-Western cultural traditions, the potential for cross-cultural clash is high as young people acculturate quickly and are torn between conflicting rules and expectations.

Berman (1997) notes that adolescence is demarcated by a relative progression from the culture of the family, to that of the peer system, to that of one’s own making, such as marriage and children. 'Inherent in these systems linking the individual to his or her culture are personal needs for belonging, affiliation, and succorance' (Berman, 1997, p.12). Meeting these needs is always challenging as even in the wider social context, many Western cultures are changing so rapidly that ‘even those in the mainstream have lost the secure sense of a reasonably predictable life course’ (Committee on Adolescence, 1996, p.15). For example, young people can no longer expect to have a career that spans their working life. In Australia, the dream of owning one’s own home is less viable as culturally shaped expectations of having a happy marriage and owning one’s home are often not supported by reality. High divorce rates and family instability are endemic. There are 232 997 one-parent families in New South Wales alone (ABS, 1996b), while in 1991, 16.5 per cent of families with children were one-parent families (ABS, 1994a) and there were 45 630 divorces granted in Australia (ABS, 1994a). Insecurities wrought by such societal changes may engender discontentment and low expectations in vulnerable adolescents who are struggling with identity, sexuality, independence and relationships. Furthermore, in Australia, young people marginalised by race, sexual orientation, poverty and geographical remoteness have even less cause for optimism of a secure future. Adolescents’ vulnerability for suicide is summed up by the Committee on Adolescence (1996):

adolescents do not yet have a secure sense of identity; they lack real accomplishment and adaptive success in nondependent roles so as to have a valid self-confidence.
Because of their inner state of flux and unfinished personality development, they may have difficulty establishing firm and lasting friendships and love relationships to sustain them through turmoil. Their need to develop autonomy often distances them from parents and other adult sources of emotional support (p.16).

In some migrant communities, young people, and sometimes their families, are ostracised when the accepted cultural norms are contravened, such as marrying outside the community.

**Situating Myself as Researcher: Self-reflection, Suicide and Attempted Suicide**

In this section, I present an account of my critical self-reflection, in recognition of the influence that I, as an interpretive researcher, have on the inquiry. Self-reflection is an attempt to identify and explore my pre-understandings or prejudices and is important for the following reasons.

First, Gadamer believed the primary task of interpretation consisted of self-critique; working out one’s pre-understandings so that the subject matter to be understood could affirm itself in regard to them (Gadamer, 1960/1989). Thus, I needed to develop awareness of my prejudices in order for the phenomenon to present itself and be recognised over and above what I already ‘know’. If I am unable to articulate my ‘situatedness’, I am unable to recognise points of contact between other horizons and moments of alterity that stand out in the text. This is because interpretation and understanding do not occur with an empty consciousness temporarily filled with the present situation, but rather, ‘because we hold in our understanding, and bring into play a preliminary intention with regard to the situation, an already established way of seeing, and certain ideational preconceptions’ (Palmer, 1969, p.176). Working out one’s prejudices is also important not because they can, or should, be set aside, but rather because understanding can often be misled by erroneous prejudices ‘and since this danger can never be wholly avoided, interpreters must endeavour to develop appropriate interpretive initiatives from within their own situation’ (Grondin, 1994, p.112). At the same time, an appreciation is held that these prejudices may still be true, and because of this possibility, they are not discarded arbitrarily as incorrect, unquestioned prejudices.
I therefore position myself in relation to the study and expose my established ways of seeing and my preconceptions that form my horizon of understanding.

There are many terms in the philosophical hermeneutic literature that refer to the influence researchers have on the conduct of research. Fore-structures, fore-understandings, fore-meanings, pre-suppositions, pre-understandings, preconceptions and fore-projections are all variations on the theme which Gadamer called prejudice. In this thesis, I use prejudices and pre-understandings as equivalent terms.

Koch (1999) explains that the interpretive act requires engaging the whole self in the process, including understanding what is real and what is important in one’s life. Self-awareness, that is, awareness of what it means to be oneself in the world, is taken into the interpretive act. Everything I bring to the inquiry and interview experience impacts on my co-creative role in the epistemological and ontological production of the text. This ‘everything’ is my personal horizon of understanding based on my life experience, my knowledge, my historical location in time and culture, my capacity to reason, my values, my ethics; everything I am.

In interpretive nursing research, the development of awareness about how the researcher influences the research is called reflexivity (Lamb & Huttlinger, 1989; Koch & Harrington, 1998; Hall & Callery, 2001; Freshwater & Rolfe, 2001). Reflexivity represents a postmodern stance toward understanding, that is, the doubt that any method or theory, discourse or genre, tradition or novelty, has a universal or general claim as the ‘right’ or the privileged form of authoritative knowledge (Richardson, 2000). Postmodernism suspects all truth claims as fronts that serve particular interests in local, cultural, and political struggles. However, postmodernism does not automatically reject conventional methods of knowing and telling as false or obsolete. Rather, it opens those standard methods to inquiry and introduces new methods, which are also then subject to critique (Richardson, 2000). Accordingly, by opening up my methodologies, methods and prejudices that underpin production of this thesis for scrutiny, I claim the validity of my knowledge production while acknowledging the legitimate plurality of other interpretations on the topic of attempted suicide.

Pre-understandings are made clearer through reflection (on stories from practice), by questioning my thoughts and through dialogic interrogation of the text during analysis and interpretation.
First, I explain how my thinking developed as a consequence of the study. Then, I examine my pre-understandings on suicide by bringing into consciousness my values, feelings and experiences of suicide and attempted suicide. I do this by reflecting on stories from my nursing practice and considering how they influenced the research process.

Furthermore, from time to time throughout the thesis, I communicate how and why I made certain decisions regarding methods. Therefore, as a hermeneutic interpretive researcher, my task has been to:

- identify my pre-understandings, including my values, experiences, attitudes and beliefs (my ontological orientation), regarding attempted suicide
- reflect on how my pre-understandings influenced my data gathering and interpretation
- respect the autonomy of the text and be open to that which stands out from my pre-understandings.

In the early stages of the research, I thought philosophy (philosophical hermeneutics) would make no difference to the outcome of the study, which, after all, was a product of an analytic process. This prejudice was based on my early training in positivistic empirical methods of research in which reflexivity and pre-understandings were not considered at all. Initially, I had little appreciation of the ontological interrelationship between researcher and inquiry so, as the research proceeded, I had to put aside this mindset and become open to different ways of exploring human social phenomena. Eventually I recognised that the difference philosophy made was twofold. It not only shaped my thinking but also made me consciously aware of my thinking process, in part revealed throughout the thesis. Freshwater and Rolfe (2001) call this reflection on the process of reflection, a deeper and introspective level of meta-reflection which I now illustrate.

As the thesis developed, I became increasingly aware of my thinking processes. This became particularly evident when I was delivered from the laborious work of thesis production by flashes of understanding, when links between experiences, theory and philosophy manifested: for example, finding an apt quote and realising that I was beginning to understand philosophical hermeneutics and interpretivism. Although I did not keep a diary in a structured way, I recorded insights and reflections as I went, sometimes leaping out of bed to write the point before it was lost. In addition, on completion of each interview, I wrote about the experience, the appearance of the participant, the emotions evoked, the affective tone of the
participant, the impression of the whole interview. Also, self-reflection developed in several stages from the beginning of the research, including writing initial memories regarding attempted suicide and suicide and being flooded with memories and feelings from my nursing past. These developments in my thinking were not linear but grew multifariously and hermeneutically and clarified the rapidly expanding boundaries of my horizons of understanding.

I now reflect upon the origin of my values about suicidal behaviour.

**My Values about Suicide**

My values about suicide originate in the Judeo-Christian tradition, specifically, Roman Catholicism. The teachings of the Roman Catholic Church on suicide are quoted and reflected upon below. The first proposition is that, ‘We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of’ (Holy See, 1994, p.550). I accept this proposition and the implications for respecting human life in all its states and contexts.

The second proposition is less straightforward. ‘Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self ... neighbour ... and God’ (Holy See, 1994, p.550). This proposition is complex and raises questions about self-love, love of neighbour and love of God. With regard to love of self, a dialectic aporetic (puzzle) arises in which healthy self-love is desirable but can be objectionable if it becomes a preoccupation. I believe self-love is greatly misunderstood as negative self-indulgence and not as healthy valuing and nurturing of the self (especially in women). Suicide is the ultimate expression of this lack of self-love. Love of neighbour raises issues about interdependence and responsibility toward others. In some tragic circumstances however, humans are faced with a choice between self-love and love of neighbour. If a person sacrifices his/her life for another, is it suicide or the ultimate expression of love? In other circumstances, suicide may be for the greater good (altruistic suicide), for example Yuit Eskimos completed suicide when they became a burden on the community (Maris, 1997). Love of God assumes belief, which is a personal matter.

The final proposition holds that ‘grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide’
(Holy See, 1994, p.550). This proposition acknowledges that suicidal behaviour and intention are militated by circumstances, particularly disturbed mental states.

I have revealed a certain value orientation towards life and suicide, which is personal, and rarely, if ever, made explicit in work contexts, especially clinical environments. How these values influence my research, in so far as this can be determined, may be in several ways. First, they establish a conviction that the value of human life is paramount and threats to life constitute profound issues worthy of study. Secondly, I am concerned about others and their suffering through mental anguish, which is also the concern of mental health nurses and their health colleagues.

**My Feelings about Suicide and Attempted Suicide**

My knowledge base on suicide stems from mental health nursing, psychology, and being immersed in the context of psychiatry in service facilities. The literature review (Chapter 3) and my publications so far (Fry et al. 1999; Fry, 2000) are evidence of my extensive knowledge on suicide and related issues. Over and above this, suicide elicits three central emotions: sadness, compassion–love and frustration–anger. The latter two emotional responses are not easily defined so I have captured them on continuums of emotional experience. Even though suicide is not an option for me on moral grounds, I am able to empathise with and have compassion for people who reach a point of despair and suffering that is no longer tolerable. At times it is humbling to glimpse the intimate world of another’s suffering and know the frailty of the human condition. This situation arouses considerable sadness and a sense of loss. On the other hand, frustration is born of the knowledge that there is hope for improvement in mental states, and life situations can change for the better. Sometimes I also feel angry that people choose death instead of the struggle. I acknowledge, however, that in myself, this capacity for empathy emerged later in life, as I matured personally and professionally. In contrast, as a young nurse working in a general hospital setting, my understandings were different. Hermeneutically, my horizons were narrow.

**Professional Experiences with People Exhibiting Suicidal Behaviours**

My first experiences of people who self-harmed, occurred when I was a young student nurse working in emergency departments and hospital medical wards. Later, as a mental health nurse in psychiatric units and community settings for ten years, I provided services to people at risk of suicide. Of my many experiences, I have selected two from general hospital settings
and two from community mental health nursing. I wrote these as stories and reflected upon them by thinking about their significance for me, and the difference between my understanding then and now. I also asked how my professional practice would differ with the benefit of hindsight, maturity and professional development. In this way, I brought into consciousness my prejudices regarding suicide and attempted suicide.

_Jane Doe_

My first nursing experience of deliberate self-harm occurred thirty years ago in the emergency department of a large hospital where I worked as a second-year student nurse. A young woman who had slashed both wrists was admitted. The lacerations splayed open about a centimetre deep revealing layers of skin and adipose tissue. She was conscious, alert but uncommunicative. I was given unsolicited permission by the doctor to suture the wounds, a rare opportunity for a nurse in those days. I was thrilled at the opportunity to practise a new skill. After the doctor administered local anaesthetic, my interest was absorbed in perfecting the techniques of suturing layers of catgut and silk as neatly as possible. I sutured in silence, concentrating on the perfection of my stitches making them as neat and uniform as possible in order to minimise the extent of scarring. While I was respectful, my sensitivity to the young woman’s psychological wounds was negligible; it was something for others to worry about. I have no recollection of whether she was referred to a mental health professional.

This experience illustrates how I was situated and functioning within the prevailing medical and nursing tradition of the time. Knowledge of suicidal behaviours rested upon scientifically oriented information, that is, statistics. Concern with internal mental states and adverse life circumstances were the realm of social workers and psychiatrists, if indeed they became involved. Damaged wrists were to be repaired and people with self-inflicted injuries were to receive professional but unsympathetic service. Thus, my grasp of professionalism at the time was to fulfil a role which precluded relating to the person of the patient. Nursing this young woman was little more than completion of a series of tasks: taking observations, filling in forms, suturing a wound, administering medication. In summary, the approach was
objectifying and task oriented. Now, however, I would attempt to connect with the woman lying on the operating table in the emergency room, on the basis of our shared humanity, let alone being a good nurse. I would be sensitive to her need to talk or remain silent and I would ensure that she was followed up by a mental health professional.

_Mary Blacksmith_

When I was in my third year of general nursing, I worked on a medical ward. One patient was a middle-aged woman who had been transferred from the intensive care unit following an overdose. A senior nursing director was doing rounds with an entourage of men in suits. I was there in the four-bed room where the woman was lying. The nurse administrator said to this woman, ‘Next time you do it, do it properly’. I was shocked and angered that any nurse, let alone a senior one, could be so insensitive and unprofessional. This negative judgemental attitude prevailed strongly in the hospital at the time.

This story highlights the punitive and unsympathetic attitudes that prevailed in general hospitals, and to some extent still does, toward people who self-harm (Hogarty & Rodaitis, 1987; Pederson, 1993; Tehan & Murray, 1996; Bailey, 1994; Anderson, 1987). In the general hospital setting I was aware of the distaste for the ‘self-inflicters’ and that the ‘real’ work of nursing and doctoring was done for those deemed innocent and therefore more deserving. That such a senior person could blatantly be cruel and humiliate a patient seems untenable today. It also revealed institutional power dynamics where a person in a privileged position could diminish a powerless patient with impunity. I remember my dismay at the words of the administrator and thought of how they affected the patient. However, I have no recollection of following this incident up by approaching the woman and engaging her in conversation to determine her emotional state. Today I would not hesitate to do so because of my knowledge of suicidal behaviour, clear values and confidence to act on them.

The second type of professional experience with people who were suicidal occurred during my years as a community mental health nurse. As I reflected on suicide, the many people who had been my clients and who subsequently suicided vividly came to mind. It is eighteen years since I had these experiences but I still remember their names and faces and the circumstances
of their lives and death. Most people who completed suicide had enduring and severe mental illnesses, and they suicided after struggling for years to cope with their illnesses and to survive. It was as if they had reached a point where the struggle was too much and they decided to close the door on life. I have chosen two of the many stories for reflection.

**Sharon Jones**

Sharon was in her 30s, had a bipolar mood disorder and was borderline intelligent. She had a young son who had learning and behavioural difficulties. Sharon’s illness led to deterioration over the years in personality and coping abilities. This was highlighted one day when she showed me a photograph of herself as a young married woman. She was glamorous, well groomed and unstigmatised by her illness, and I didn’t recognise her. The Sharon I knew was overweight, messy, unstable and disorganised. Many times I had to hospitalise her for manic episodes when she would spend all her money and buy as much as possible on credit. Local shopkeepers would ring the Community Health Centre and ask us to ‘do something’. When Sharon was manic she was very disinhibited and would grab the male nurses in the crutch and make various lewd suggestions. Over the years, she attended the Centre regularly and I monitored her mental state and medication regime, provided supportive counselling and referral to general practitioners as needed, and offered practical help. Sometimes she would look me in the face and swear she had taken her medication but blood tests revealed a remarkable absence of it (lithium). Every Friday she attended Activity Group for craftwork or a monthly picnic. I helped furnish her flat with assistance from charities. As she was illiterate, I helped her negotiate the complexities of applying for various benefits and filling out Department of Housing forms. Her 11-year-old son started running away to the red light district and Sharon would come to me distraught. Together we would notify the police who would put a search out for him. After some years, I left that job and Sharon was transferred to the care of another Case Manager. I tried to manage the separation and link her to the new Case Manager but she never engaged with one because they came and went sporadically for a year before a permanent appointment was made to the position I vacated. That year Sharon was killed by a train as she walked on the tracks looking for her
son who had been placed in a home north of Sydney. She had not been followed up for months and was depressed at the time. (I worked in the same location and checked the file).

Sharon’s death affected me deeply and I grieved her passing. This was because I had developed a relationship with her over several years and I was aware of her suffering, her poverty and all that she had lost because of her illness. I knew she was brave and funny and tried, to the extent of her abilities, to cope with her responsibilities. Above all, I knew she loved her son even though her parenting was inappropriate at times. Many factors contributed towards Sharon’s suicide: mental illness, particularly depression; the stress of parenting; separation from her son; poverty; lack of education; illiteracy; poor support networks; loss of a significant relationship with her Case Manager; and failure of the system to follow her up. There was nothing I could do to prevent Sharon’s death as I was no longer working in that role. Her death illustrates extreme vulnerability and the value of relationship.

Mavis Smith
Mavis was a middle aged woman with a paranoid schizophrenic illness. She was my client on and off for some years when I was a community mental health nurse. She was always suspicious and occasionally decompensated into a paranoid psychotic state, when she would be admitted to the psychiatric hospital. For most of her adult life, she was the primary carer for elderly parents and then her brother who suffered from alcohol dependence. Eventually they died and she was alone. She was quiet and unobtrusive, always well groomed and kept her house neat and tidy. Many years after I left that position I read a newspaper report that the body of a woman had been found on the kitchen floor of an inner-city house. It was Mavis and she had lain there for three years, undisturbed.

Mavis’s story is included because of its tragic poignancy and its illustration of the ambiguity and uncertainty that surrounds some deaths which may constitute suicide. Mavis’s story highlights the isolation of the mentally ill. There was no family, no neighbour, no health professional, no organisation involved enough to maintain contact. Her story also raises legal and civil liberty issues concerning the rights of
mentally ill people who refuse treatment and shun contact with others. Mavis
detached herself from society and resisted integration into any level of the
community. She died alone and was not missed.

These four stories, and my reflections on them, have brought to the surface some of
my pre-understandings about suicide and attempted suicide. In so doing, they reveal
how encounters between horizons lead to self-disclosure, self-understanding, self-
encounter (Palmer, 1969; Grondin, 1994) and transformation. Specifically, the stories
highlight the influence and power of a prevailing workplace culture in shaping the
understanding and functioning of a young nurse providing care for a person who has
attempted suicide. Fortunately the professional culture has changed from task
orientation to holistic care. Even though I never held negative attitudes toward
suicidal people, my practice was compromised by omission. Today, I believe that to
be truly professional is also to be truly humane, which necessitates connectedness
with self and others. The vulnerability of people with mental illness to suicide, and
the value of assertive care from mental health professionals who offer relationships
and treatment, is demonstrated. Each person with whom we intersect in life, in
personal and professional ways, is to be respected, never diminished or negated by
omission or commission.

Thus, this reflective exercise subsumes a moral imperative that reveals the kind of
person one is in the world (Schwandt, 2000) and a realisation that hermeneutically,
‘understanding is lived or existential’ (Schwandt, 2000, p.196). Even though I have
had no previous clinical experience with young migrant women who were suicidal, I
nevertheless recognised that they are vulnerable in themselves and in our society and
thus I have sought to understand their suicidal behaviour through this study. The
experience of conducting this study has involved my whole self including awareness
of my pre-understandings. My pre-understandings have informed the research in a
number of ways (documented in Chapter 4, Methods, and Chapter 5, Methodology).
For example, I retained my knowledge of protective relationships and used it in
interpretation by naming a sub theme ‘Being sustained by protective relationships’
because it cohered so well with the situation. I also ignored certain prejudices
stemming from psychiatry such as diagnoses and theories of suicide, so as to
recognise the phenomenon in another light within the texts. In addition, I analysed
texts ‘by hand’ rather than by using a sophisticated computer program. This allowed me to retain proximity to the affective quality, content and structure of the text rather than being distanced by technology. Hermeneutically, the research took place within the unity and continuity of my own self-understanding. Furthermore, understanding of the world, in and through these stories of life, occurs because I am already participating in the structures of self-understanding which make it truth for me (Palmer, 1969).

Conclusion of Context Chapter

In this chapter I located the topic and myself within broader contexts. Suicide is an enduring and compelling human problem that impacts on all levels of life: personal, social, political and economic. Philosophical, ethical and theoretical perspectives have illuminated the complexity of the problem but understanding remains elusive. Because of methodological difficulties, attempted suicide is less well recorded and researched. Nevertheless, as discussed, suicide and attempted suicide are linked conceptually and clinically and the significance of attempted suicide as a risk factor for suicide is a compelling reason for giving this phenomenon greater attention. Moreover, while researchers focus on the group most affected, that is, young men, little current research exists on migrant groups, particularly young women from non-English speaking backgrounds. In Australia, despite extensive funding for research, intervention and health promotion initiatives on suicidal behaviour, our understanding has not advanced sufficiently, as indicated by stable overall suicide rates for many decades. Furthermore, the extant body of knowledge stems predominantly from positivist-empiricist methods of research with few interpretive studies to inform clinicians and guide deeper understandings. (This issue is explored fully in the next chapter.) The present study therefore contributes to the literature by exploring the uncharted regions of the subjective worlds of young women from non-English speaking backgrounds who attempt suicide. In order to reveal this phenomenon, an interpretive life history approach informed by philosophical hermeneutics is taken. I have also attempted to reflect upon the ways in which I influenced this process.

Next Chapter: Literature Review

In the next chapter, Literature Review, I critically examine the literature pertaining to suicide and attempted suicide including definitions and nomenclature, prediction, risk factors,
protective factors and gender. I also review qualitative research which explores motives, reasons and explanatory models as well as qualitative nursing literature. Finally, I review migration and stress, mental illness and immigrants, suicide and attempted suicide in migrant groups and I make various comparisons between them.
CHAPTER THREE

LITERATURE REVIEW:
UNDERSTANDING SUICIDE AND ATTEMPTED SUICIDE

The discipline necessary will be the discipline of continued practice, until the article grows ... the mind being in harmony with the forces in use, the material and the design. ... The strength from this discipline will grow and the results will be of ever increasing interest for life ... (Memmott, 1970, p.12 ... on pottery).

Suicidal ideation and attempted suicide are steps in a process that may lead to the fatal outcome of suicide (van Heeringen et al. 2000). In this literature review, key concepts (shown here in italics) in the research question guide the selection of literature to attain understanding of attempted suicide in young women from non-English speaking backgrounds. This literature review is oriented towards attempted suicide, but a focus on suicide is also essential because of the interrelationship of the two (van Heeringen et al. 2000; Freud, 1914) and because of the lack of studies on attempted suicide. I conceive of understanding as a philosophical hermeneutic concept; it is addressed at length in Chapter 4, Methodology.
In order to understand the meaning of attempted suicide, I am presenting this literature review from multidisciplinary perspectives. I focus first on the complexities of nomenclature and on definitions of suicide and attempted suicide. (These key terms are listed and defined in Chapter 1, Introduction.) I then consider prediction and aetiological perspectives of suicide and attempted suicide in young people. Specifically, the literature pertaining to risk factors (biological, psychological, psychopathological and socioeconomic) is reviewed. This is followed by a focus on protective factors and gender because all the participants are young women.

The second section of the literature review addresses studies on explanatory models of suicide, and qualitative studies (notably, nursing research) exploring motives, reasons and meanings of attempted suicide. Also, bearing in mind that five of the eight participants are immigrants, intra-cultural and cross-cultural factors are examined. In the absence of any research on migrant women and attempted suicide however, the review is of literature pertaining to the contexts and scope of suicidal behaviour in immigrants. Specifically, I address migration and stress in young people as well as mental illness and immigrants. I also compare suicide rates of immigrants with suicide rates in their countries of origin, suicide rates among immigrant groups in Australia, and suicide rates between immigrants and Australian born. I then consider attempted suicide in immigrants in Australia, the relationship between migration and women’s suicidal behaviour in general, and women’s suicide rates in other countries. Throughout the examination of the literature, information and cultural factors, in particular those that illuminate attempted suicide, are explicated.

**Suicidal Behaviour and Nomenclature**

Studies of suicide and attempted suicide are beset with methodological, reporting and controversial definitional difficulties. For example, there is no universally accepted nomenclature or classification system for suicide and related phenomena (suicidal ideation, suicide threats, attempted suicide, parasuicide, deliberate self-harm, intentional self-harm), thus the field is fraught with ambiguity (O’Carroll et al. 1998). Also, researchers define concepts of suicide, attempted suicide and deliberate self-harm as separate entities or, more recently, as events on a continuum (Hawton & van Heeringen, 2000). I now discuss the debate on nomenclature.
**Suicide**

Durkheim, philosopher and sociologist, was the first to focus on suicide as a social and scientific problem and not a religious or supernatural one. In 1897, he defined suicide as ‘the termination of an individual’s life resulting directly from a positive or negative act of the victim himself which he knows will produce this fatal result’ (Durkheim, 1897/1951). In the Western world, this definition and Durkheim’s theories on suicide have influenced the development of suicidology, which is ‘the study of suicide and its prevention’ (Maris, 1993, p.3). In the body of work that has followed, suicide is usually distinguished from other acts of self-harm on the basis of intent. Both suicide and attempted suicide are subsequently deemed acts motivated by some level of intent to kill the self. It follows that the person must have the capacity to form the intent.

There are grey areas in conceptualising self-harming behaviour however, because categorisations based on intent presume that individuals have clear intentions in mind, but sometimes they do not, or are ambivalent, or do not have the cognitive capacity to formulate intent. For example, the young man who shot a police officer and within minutes shot himself, in front of his father, while in a psychotic state under the influence of drugs, did not suicide, because he could not have made a conscious rational decision (Humphrey, 1998). The legal definition used by coroners is ‘the deliberate taking of one’s life’ and it must be ‘beyond reasonable doubt that the death was both self-inflicted and the deceased had the intention to kill him/herself’ (ABS, 2002, p.35)

Shneidman (1993) defines suicide in terms of a problem-solving act:

> Suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution (Shneidman, 1993, p.4).

Shneidman (1993) states that suicide is purposeful and has an ‘adaptive, self-serving function’ (p.16) that is, relief from psychological pain. Adaptation is a questionable term to describe suicide however, because it has positive connotations of survival.
In Australia, the International Classification of Diseases Nine (ICD-9) definition of suicide is used. Suicide is defined as self-inflicted injury specified as intentional, and resulting in a fatal outcome (Cantor et al. 2000). In the mid 1980s the Centers for Disease Control (in the United States of America) convened a multidisciplinary workgroup to develop criteria to aid coroners and medical examiners in their work of certifying manner of death, specifically in relation to suicide (O’Carroll et al. 1998). The workgroup constructed a clear definition of suicide as:

Death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) that the injury was self-inflicted and that the decedent intended to kill himself/herself (Rosenberg et al. 1988).

In summary, the range of definitions of suicide point to three essential criteria: it is self-inflicted, it is intentional and the outcome is fatal.

**Attempted Suicide**

Emphasis on intent has proved a sticking point in efforts to define attempted suicide. This arises because many attempts are characterised by ambivalence and not by suicidal intent (the wish to die), and represent a vast array of behaviours (Kreitman, Philip, Greer & Bagley, 1969; Hawton & van Heeringen, 2000), motivations and outcomes. Canetto and Lester (1998) point out that the terms ‘attempted suicide’ and ‘completed suicide’ confound intent and outcome. For instance, people can die from self-inflicted injuries that were not intended to kill them. On the other hand, some acts of low lethality, such as superficial wrist cutting or a minor overdose, may represent a fervent wish to die.

For O’Carroll et al. (1998) the definition of attempted suicide depends on intent. These authors define attempted suicide as ‘a potentially self-injurious behaviour with a non-fatal outcome, for which there is evidence (either explicit or implicit) that the person intended at some level (non-zero) to kill himself/herself. A suicide attempt may or may not result in injuries’ (p.34).
An alternative view is expressed by others (Hawton & van Heeringen, 2000; van Heeringen et al. 2000; Kerkhof, 2000; Pfeffer, 2000), who suggest that attempted suicide should be seen within a continuum of self-harming behaviour, ranging from suicidal ideation through suicide threats and deliberate self-harm to completed suicide. This view is consistent with Shneidman’s (1985) conceptualisation of suicide as the final outcome of a chain of events lived by an individual troubled by his or her experience of coping with life, involving more than a singular event of self-induced death.

Parasuicide, yet another term used in the literature, describes suicidal gestures not ending in or leading to death (Soubrier, 1993). The term parasuicide was coined by Kreitman et al. (1969) to include all non-fatal suicidal acts irrespective of intent. The word parasuicide appears less frequently these days, having fallen into disfavour because it erroneously implies a minimisation of the potential for suicide, but ‘attempted suicide’ and ‘parasuicide’ are still used synonymously throughout the literature. For example, the World Health Organization (WHO) equates attempted suicide with parasuicide and offers the following definition:

An act with a non-fatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without interventions from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realizing changes which the subject desired via the actual or expected physical consequences (WHO, cited in Williams, 1997, p.69; WHO cited in Kerkhof, 2000, p.51).

The WHO definition does not distinguish acts on the basis of intent to die and neither do Hawton and van Heeringen (2000), whose definition of attempted suicide is ‘any self-injurious behaviour with a non-fatal outcome, irrespective of whether death was intended’ (p.2). They chose this definition as a pragmatic response to the uncertainty inherent in suicidal situations involving diverse acts, distressed emotional states, ambivalent motivations, unknown outcomes and difficulty in determining levels of risk. For the purpose of the present study, I combine definitions of attempted suicide from the WHO and Kerkhof (2000) with an added qualification pertaining to habituation, as follows:
Attempted suicide is any deliberate self-injurious, non-habitual behaviour, with a non-fatal outcome, irrespective of whether death was intended.

**Self-mutilation and Emotion Regulation**

Attempted suicide should be distinguished from self-mutilation (for example, inserting needles into the body or swallowing sharp objects) and cutting (for example, wrist slashing) in particular, because of the habitual and enduring nature of those behaviours and the particular psychological motivation that contrasts them with suicidal behaviour. The psychological motivation in self-mutilating behaviour is emotion regulation, that is, relief from tension, feelings of remorse, regret, shame, guilt or a sense of failure (Torem, 1995; Marcus et al. 1996; Williams, 1997; Brain, Haines & Williams, 1998; Hawton & van Heeringen, 2000). These unpleasant emotional states may be sequelae from other forms of violence, such as child abuse (sexual, physical and emotional). Risk taking and self-damaging lifestyles (substance abuse, other addictions, dangerous driving, non-compliance with treatment and medication regimes) may also be habitual self-destructiveness and are not regarded as part of the self-harm–suicide continuum. The definitional issues are not clear cut however, as people who self-mutilate habitually are not immune from suicide. In this regard, clinicians and researchers attempt to define self-destructive behaviours with a clarity that defies the complexity of human reality, as the following section on predicting suicide suggests.

**Predicting Suicide**

Attempting to identify those likely to complete suicide implies the possibility of early intervention, a reduction of completion rates and an understanding of individuals at risk. This is not borne out in practice, however. For example, in relation to young people, more than forty risk factors for suicide are identified in the literature. In spite of this, research confirms there is no precise way to predict who will complete suicide (Cantor, 1994; Pearce & Martin, 1994; Shaffer, 1996; Goldney, 1997). This is partly accounted for by the lack of specificity of characteristics associated with suicide (van Heeringen et al. 2000), the heterogeneous population and the relative rarity of the outcome of suicide (Cantor et al. 2000; Sakinofsky, 2000).

Pokorny (1983), in a six-year study utilising multiple rating instruments and sophisticated
analysis of factors, found it was not possible to predict ‘the particular person who will commit suicide’ (p.257). Bonner and Rich (1987) developed a linear compensatory model of suicide prediction. In this model a causal pathway to suicide is mapped with three factors: social/emotional alienation, cognitive distortions and deficient adaptive resources. Bonner and Rich used self-report measures from 158 psychology students. However, the methodological weaknesses of small explanatory variance, relative small samples and limitations of assumptions based on linear compensatory models (Bonner & Rich, 1987, p.61) and limited sample representativeness restrict the theoretical and clinical relevance of the model.

In an Australian study conducted in a psychiatric hospital using matched controls with mental illness, Goldney and Spence (1987) found prediction of suicide no better than by chance. They state that ‘our ability to devise instruments which predict suicide is very limited’ (Goldney & Spence, 1987, p.4). Nevertheless, according to Pokorny (1983) and Goldney and Spence (1987), mental health professionals know which patients are highly suicidal. To what extent clinical predictions are accurate however, is not addressed, and in any case they may apply only in the short term. In contrast, Larzelere, Smith, Batenhorst and Kelly (1996) claim that their instrument, the Suicide Probability Scale, demonstrates statistically significant validity in predicting suicide attempts and is better than clinical judgment in predicting such attempts. Their claims are challenged by Shaffer (1996) however, who points out that their cut-off scores manufactured a large sample ‘at risk’ which inevitably increased chances of prediction. Pearce and Martin (1994) devised a tool to assess suicidality but found only weak prediction of adolescent suicide attempts. In attempting to address such issues, Malone, Katalin, Lerbitt and Mann (1995) determined that a significant degree of past suicidal behaviour is not recorded during routine clinical assessment or discharge planning, and recommended the use of semi-structured screening instruments.
The literature on prediction of suicide highlights methodological problems and the uncertainties inherent in such an exercise. Prediction based on risk factors alone however, is clearly not definitive in identifying high suicide risk. The imperative for understanding the meaning of suicidal behaviour highlights the need for the present interpretive study, which examines personal constructions of meaning. In the next section, a closer look at risk factors reveals the enormous scope of the field.

**Risk Factors for Youth Suicide**

Aetiological approaches to explaining youth suicide seek causal relationships between variables. Correlations between risk factors and suicidal behaviour however, do not prove causality because factors can cohere without being causal. Moreover, whether risk factors for suicide and attempted suicide are different is a contentious issue that has received little research attention. Dickstra (1993) and Beutrais (2000) suggest that the difference between suicide and attempted suicide is a matter of degree and duration in a range of vulnerabilities (including gender and mental disturbance), while others (Cohler & Jenuwine, 1995; Bloch, 1999; Kelly, 2000) suggest that the profile of those who attempt suicide is different from the profile of those who complete. Kelly (2000) points to the trend that being older and male is linked to completion whereas being young and female is linked to deliberate self-harm. However, such claims should be considered in light of recent trends toward convergence of rates of attempted suicide in males and females (Williams, 1997; Sayer et al. 1996; Cantor et al. 2000). (See Chapter 2.)

Most recently, Beutrais (2001) compared suicide and serious suicide attempts in terms of known risk factors for suicidal behaviour. Using case-control methodology, risk factors for suicidal behaviour were examined in 202 people who died by suicide, 275 people who made medically serious suicide attempts and 984 randomly selected control subjects. Risk factors common to both suicide and serious suicide attempts were: current mood disorder; previous suicide attempt; prior outpatient psychiatric treatment; admission to psychiatric hospital within the previous year; low income; a lack of formal educational qualifications; and exposure to recent stressful interpersonal, legal and work-related life events. On the other hand, people who completed suicide were more likely to be male and older and to have a current diagnosis of non-affective psychosis. Kerkhof (2000) claims that young women, single people, divorced people, people with limited education, unemployed people, people
who are mentally ill and socioeconomically deprived people are over-represented in attempted suicide data. In contrast, Beautrais (2001) found that people who attempted suicide were more likely than those who completed to have a current diagnosis of anxiety disorder and to be socially isolated. Beautrais (2001) concludes that 'suicides and medically serious suicide attempts are two overlapping populations that share common psychiatric diagnostic and history features, but are distinguished by gender and patterning of psychiatric disorder' (p.837).

International literature about risk factors for suicide is consistent (Beautrais, 2000). In the majority of literature, understanding is couched in terms of risk factors that are conventionally structured as perpetuating, predisposing and precipitating risk factors (Berman & Silverman, 1997). I have categorised them as biological, psychological, psychopathological and socioeconomic.

**Biological Risk Factors**

Biological risk factors include: chronological age (Zubrick, Kosky & Silburn, 1987); male sex (Goldney & Spence, 1987); chronic illnesses, physical disabilities and physical complaints (Ladely & Puskar, 1994); and genetic defects which result in low serotonin levels (Arango & Underwood, 1997). Biochemical evidence has been implicated in suicidal behaviour by several researchers (Goldney, 1997; Arango & Underwood, 1997; Cantor, 1993). 'Over the last 20 years a robust biochemical finding, replicated in different centres, has been that suicide and attempted suicide, particularly suicide by aggressive means, has been associated with low 5-hydroxyindole acetic acid (CSF 5-HIAA) in cerebro spinal fluid' (Goldney, 1997, p.5). According to Arango and Underwood (1997), CSF 5-HIAA is useful as a predictor of risk. Also, biochemical abnormalities in monoamine metabolism may have an influence on behaviour and vulnerability towards violent self-destruction (Cantor, 1993). Furthermore, Arango and Underwood (1997) report that serotonin neurones found in the brains of suicide victims suggest a developmental disorder, perhaps stemming from a genetic defect (p.245).

**Psychological Risk Factors**

Psychological risk factors include: self-esteem deficits (Overholser, Adams, Lehnert & Brinkman, 1995); gender identity conflicts (Cohen, 1991); sadness and despair (Ladely & Puskar, 1994); 'loner' personality (Ladely & Puskar, 1994); hopelessness and negative cognitions (Cantor, 1994; Beutrais et al. 1997); recent life events such as interpersonal losses...
and conflicts (Beautrais et al. 1997); a history of child neglect (Lester, 1990); compulsive gambling (Sullivan, 1994); exposure to suicidal behaviour of others (Goldney, 1989); a history of physical abuse (Beautrais et al. 1997; Beautrais, 2000); and sexual abuse during childhood (Sansonnet-Hayden Haley, Marriage & Fine 1987; Beautrais et al. 1997; Beautrais, 2000; Everett & Gallop, 2001).

**Psychopathological Risk Factors**

Psychopathological risk factors include a previous parasuicide/suicide attempt (Hawton et al. 1993; Beautrais et al. 1997; Patton & Burns, 1997) which Diekstra (1993) states ‘is the most powerful predictor’ (p.17). Other psychopathological risk factors include: history of mental illness; previous in-patient psychiatric treatment (Hawton et al. 1993; Beautrais et al. 1997); alcohol abuse (Ladely & Puskar, 1994; Lipschitz, 1995); substance misuse (Hawton et al. 1993); affective disorders, particularly depression (Kerkhof, 2000); personality disorders and schizophrenia (Cantor, 1994; Lipschitz, 1995; Patton & Burns, 1997; Kerkhof, 2000); neuroticism and current psychiatric morbidity (Beautrais et al. 1997); and recent discharge from in-patient psychiatric care (Goldacre, Seagroatt & Hawton, 1993; Geddes, Juszczak, O’Brien & Kendrick, 1997).

However, studies of young people in the United States have been inconsistent regarding risk factors for suicide and Lipschitz (1995), in his review of the literature, concludes that the high-risk college student presents a contrasting picture to non-students. Specifically, high-risk college students are more likely to be depressed, socially isolated, quiet and not abusers of drugs and alcohol. Furthermore, Ladely and Puskar (1994) note that many ‘adolescent suicide completers have never received mental health services’ (p.497).
Socioeconomic Risk Factors

Socioeconomic risk factors include: economic downturn; poverty (Dudley & Waters, 1991); unemployment (Dudley & Waters, 1991; Diekstra, 1993; Dieserud, Loeb & Ekeberg, 2000); changes in social environment, such as family breakdown (Cantor, 1994); conflict and disengagement in the family (Beautrais, Joyce & Mulder 1994; Patton & Burns, 1997); lack of formal educational qualifications; low socioeconomic status; legal problems; poor parental marital relationships; parental alcohol dependence (Beautrais et al. 1997); parental psychopathology (Patton & Burns, 1997); single status, including never married/partnered, separated, divorced and widowed (Lipschitz, 1995; Diekstra, 1993); childlessness (Lipschitz, 1995); and marrying too young (Cohler & Jenuwine, 1995). Losing a wife has the most pronounced effect on men younger than 34 years of age (Lipschitz, 1995).

Summary of Risk Factors

The importance of risk factors is found in the cumulative impact of exposure to multiple risk factors and recognition that suicidal behaviour is frequently the end point of a series of such exposures (Coggan & Patterson, 1998; Beautrais, 2000; Fergusson, Woodward & Horwood, 2000). Several participants in the present study have a number of risk factors (see Chapter 7, Discussion). Beautrais (2000) states:

... suicidal behaviours in young people are frequently, but not invariably, the outcome of an accumulative life course process which involves multiple social, economic, familial, and individual risk factors, with mental health problems (and, notably, mood disorders) playing a central role in the development of these behaviours (p.251).

The abundance of identified risk factors advances understanding in general but not in terms of particular meanings. This is because the significance of a risk factor is individually determined. For example, ‘lack of formal educational qualifications’ may be a risk factor for one person but not another depending on meanings attributed to the factor and the impact on the person’s life. Furthermore, the existence of risk factors alone is not definitive in identifying high suicide risk because the interaction of risk factors is not understood (van Heeringen et al. 2000) and protective factors may counterbalance risk factors in some people. Consequently, the value of identifying suicide risk factors for clinical and research purposes is useful but limited. It remains a puzzle, therefore, that we still do not understand why some people who have suffered act suicidally and others do not. In the next section the concept of
protective factors is examined as a way of shedding light on this puzzle.

**Protective Factors against Suicide**

Some literature has developed since the 1980s (Werner, 1982) that has turned away from risk factors, vulnerability and pathology, toward a focus on individual strengths, also identified as protective factors, resilient characteristics or developmental assets (Howard, Dryden & Johnson, 1999; Jacelon, 1997; Grothberg, 1997; Ungar, 2001; Richardson, 2002). Protective factors exist at individual, family and community levels and may diminish the risk of a particular health outcome (Patton & Burns, 1997). Resilience theory has subsequently developed along three paths: resilience as trait (Jacelon, 1997; Richardson, 2002), resilience as process (disruption and reintegration), and a postmodern conceptualisation of resilience as a life force in all living things (Richardson, 2002). This new turn in the literature has been applied to suicidal behaviour only recently in an effort to explain the differential rates of suicide by gender in Western societies. Although the evidence is limited, a number of factors pertaining to personality and culture are identified as protective of females against completing suicide. In the following discussion, I explore protective factors, particularly as they relate to women, culture and religion, although these categories overlap considerably. In passing, it is interesting to note that married status is associated with lowest suicide rates in both males and females (Cantor et al. 2000).

**Protective Factors and Female Gender**

Protective factors for females are based on the belief that females, in comparison with males: (a) are more relational (oriented to relationships) (Martin, 1997; Berman & Silverman, 1997); (b) attach better (Berman & Silverman, 1997); (c) express emotion better (Berman & Silverman, 1997); (d) have more adaptive communication skills (Tiller et al. 1998); (e) in general, ask for help more easily (Martin, 1997; Tiller et al. 1998); (f) generally ask for help from mental health professionals; (g) demonstrate greater readiness to develop support networks (Dudley et al. 1997; Tiller et al. 1998); and (h) choose less lethal methods (Rich, Ricketts, Fowler & Young, 1988). Even so, Vassilas and Morgan (1997) reported that, in contrast with 22 per cent of males under the age of 35 years, 57 per cent of younger females had greater contact with health services in the weeks before death by suicide. Thus, help-seeking behaviour alone does not protect women from death by suicide. Perhaps the strength of the protective effect could be related to the quality of the protective factor(s). For example,
having a support network may be inconsequential if the friendships are superficial and transient, that is, of poor quality.

**Protective Factors and Culture**
In an attempt to explain low suicide rates in immigrants from Asia, the Middle East, and Southern Europe, particular protective factors have been identified. Cultures from these areas, according to Burvill (1998), have ‘prominent traditional values, strong family influences and/or strong religious values which operate pre and post migration’ (p.207) as protective factors. Southern European countries have low suicide rates, and their immigrants in the United States and in Australia also have low suicide rates (Burvill, Stenhouse & McCall, 1982). According to Hassan (1995) Southern European immigrants display more family cohesion than settlers from other regions, as in their own country, which, together with the maintenance of strong traditional values and practices, probably contributes greatly to their low suicide rates.

**Protective Factors and Religion**
The role of religion in relation to suicide remains unclear, with religious prohibition against suicide not reflected consistently in the literature. Countries with a strong Muslim population, such as those of the Middle East, and some Asian countries, have very low suicide rates (Burvill, 1998, p.207; Cheng & Lee, 2000). This low rate is thought to be associated with the Islamic religion, which carries strong sanctions against suicide (Andriolo, 1998; Cheng & Lee, 2000) because it is viewed as a form of murder. Islam ‘teaches a problem-solving method for times of acute stress by the recitation of sayings from the Koran, thus reducing impulsive suicide acts’ (Cheng & Lee, 2000, p.39). In addition, Muslim families of all types (the most orthodox, Sunni, as well as Shi’ite and Druze) and cultures have a common emphasis on cohesive family units with strong values, including those pertaining to marriage and the role, rights and customs of women (Smart, 1977; Lawrence & Rozmus, 2001). The Catholic religion also disapproves strongly of suicide (Cantor, 2000) which may account for the relatively low suicide rates in predominantly Catholic countries such as Italy, Spain and Portugal (Cantor et al. 2000, p.37) although other Catholic countries such as France and Poland have much higher rates (Cantor et al. 1999).

The plausibility that cultural and religious values and family cohesion are protective factors against suicide is unsatisfactory in light of the data, indeed fails tragically in the case of Irish
male immigrants, who have the highest rate of completed suicide in Australia (Burvill, 1998). It could be argued that the Irish community in Australia has strong cultural, religious and family values but anecdotal evidence suggests that Irish males experience the dislocation of migration, particularly the loss of a deep sense of community and the supportive friendship networks manifested in the tradition of the Irish pub. A vulnerability for alcohol dependence, an inability to ask for professional help and the stress of migration are among the complex factors that predispose Irish males to depression and increased risk for suicide (Fry et al. 1999).

Attempts to account for protective factors in women subsume a range of diverse factors and their interactions. These include gender, culture, acculturation processes, adolescent maturation, individual traits and learning processes. Nevertheless, the higher rate of suicide attempts in young migrant women (Fry et al. 1999; Fry, 2000) suggests that protective factors are failing or absent and that these young women are at risk of death or serious damage. It is possible that, when taken to extremes, protective factors transmute into risk factors. For example, strong traditional values in the family protect young women (Hassan, 1995; Burvill, 1998) but, when taken to extremes such as excessive control, they cause conflict and distress. In the next section, the intersection between gender and culture is discussed more fully.

**Gender and Suicidal Behaviour**

Even though overall rates of suicide attempts are comparable for males and females in Australia (Sayer et al. 1996; Cantor et al. 2000, p.93), more males eventually complete suicide. Canetto and Lester (1998) call this the gender paradox. Consideration of differential rates of suicide according to biological sex alone however, is inappropriate because it is impossible to separate sex from social constructions of gender (Range & Leach, 1998). In this section, I consider hypothesised links between gender identity and suicidal behaviour, gender differences in terms of risk factors, and culturally shaped gender patterns in suicidal behaviour, particularly completed suicide.

Gender is the social construction of male and female identity, subsuming a set of ideas (behaviour and symbols) and principles of social organisation (roles and division of labour) (Grimshaw, 1988, p.348). I located only one opinion paper linking gender identity conflicts to suicidal behaviour in adolescents (Cohen, 1991). Taking a psychoanalytic perspective, in
which the theories of psychosexual development and depth psychology are assumed (see Monte, 1980, and Brenner, 1990, for psychoanalytic theory), Cohen (1991) argues that suicidal behaviour is motivated by problems related to the formation of gender identity involving regression to an earlier stage of development when gender distinction is immaterial and therefore avoided. A complex theoretical argument follows which holds that beneath a ‘camouflage of helplessness, of social alienation, lurks the illusion of omnipotence’ (p.27). Suicide then becomes an omnipotent act in which ‘bad internal objects’ are eliminated. Cohen (1991) draws on one contemporary case history to illustrate the main points. The abstract argument, lack of evidence and questionable veracity of psychoanalytic theory, particularly pertaining to psychosexual development, makes Cohen’s (1991) proposition unconvincing. Furthermore, Cohen (1991) imposes a theory onto the suicide scenario whereas, in the present study, I develop theory from first-person accounts of attempted suicide which allows new understandings to be revealed rather than old understandings to prevail.

Efforts to explain higher suicide rates according to male gender include a plethora of correlations based on identified risk factors for males in the Western world. These include: (a) biological factors related to impulsivity (Martin, 1997; Berman & Silverman, 1997); (b) sensation seeking (Martin, 1997; Berman & Silverman, 1997); (c) response to sexual hormones or serotonin (Martin, 1997; Berman & Silverman, 1997); (d) inability to express feelings, being less inclined to talk and having difficulty in asking for help (Dudley et al. 1997); (e) using more violent and lethal means (Rich et al. 1998; CDH&FS, 1997; Dudley et al. 1997; Cantor & Baume, 1998; Bloch, 1999); (f) having disorders (conduct disorder) that may be less amenable to psychiatric intervention (Dudley et al. 1997); (g) lower threshold of reactivity to stress (Berman, 1997); (h) higher levels of substance abuse particularly alcohol (Dudley et al. 1997; Rich et al. 1998; Bloch, 1999); and (i) greater aggression and less ambivalence (Cantor et al. 2000, p.93). In addition, males are differentially affected by unemployment, especially in rural areas (Dudley et al. 1997). In this regard, an association between unemployment and suicide in men was found by Morrell, Taylor, Quine and Kerr (1993) but not by Beautrais et al. (1997).

Collectively, these risk factors are purported to explain ‘the gender paradox’, but despite all these reasons for increased male vulnerability to suicide, why some succumb while others prevail against suffering is not well understood. Furthermore, explanations arising from Western English-speaking culture fail to account for exceptions found in higher suicide rates
of females in some non-Western countries, for example, in all age groups in China (Canetto & Lester, 1998; Bloch, 1999; Cheng & Lee, 2000) as well as young Western Samoan and Fijian Indian women (Booth, 1999b). In addition, Canetto and Lester (1998) cite higher female than male completion rates among the Maring of Papua New Guinea and among young people in Brazil, Ecuador, Hong Kong and Thailand (p.171). These exceptions to the trend of higher suicide rates in men suggest a link between gender, culture and suicide in women.

One theory about the influence of gender on suicide concerns the cultural construction of good and bad suicide, based on the historical evidence of masked suicides (Andriolo, 1998). In these cases, known to Native Americans and some Muslim and tribal societies, males invite others to kill themselves by instigating inevitable death-in-battle scenarios. Andriolo (1998) claims such deaths are culturally acceptable ways for men to commit suicide, which are denied women. As well as allowing socially acceptable suicide, the glory of the warrior ethos serves the interests of the community and males in particular, that is, a supply of willing warriors to fight battles and bring esteem to their families. The closest female corollary is suttee (in Sanskrit, sati) in traditional Indian cultures where a widow self-immolates on her husband’s funeral pyre. Suttee was based on strong cultural and religious (Hindu) expectations prohibiting remarriage, blaming the wife for the husband’s death and promising religious rewards in the afterlife. Thus, widows were conveniently removed and their resources and opportunities were made available to others (Daly, 1978; Andriolo, 1998). Interestingly, there was no corresponding suicide for widowers as cultural forces operate differentially in terms of gender interests.

More recently, it is argued that contemporary Western English language and prevalent conceptual frameworks promote binary attitudinal thinking about men and women as opposites in terms of suicide rates, methods, motives and outcomes (Canetto, 1997; Canetto & Lester, 1998). Canetto (1997) cites representations of suicide in the literature as being gender biased, that is, women are regarded as emotional and irrational with disturbed relationships while men are rational and purposeful, responding to adversity with suicidal behaviour. The language of ‘attempted’ is associated with feminine inadequacy and failure, and ‘completed’ with male success and mastery. Hence, the terms ‘fatal and non-fatal outcomes’ are recommended by Canetto (1997) as free from gender bias connotations. However, Canetto (1997) does not account adequately for the widespread use of biased language prevalent in the discourse on attempted suicide regardless of gender. For example, Morse (2001) notes the use
of value-laden terms within the Australian health care system. Terms such as ‘incomplete, pseudo or failed’ in relation to suicide attempts imply that the person is a failure, and worse, by implication, that opposite terms such as ‘committed’ or ‘completed’ suicide denote success. This occurs regardless of gender, but as Morse (2001) states, there is little research addressing this issue.

Canetto (1997), Canetto and Sarkinofsky (1998) and Canetto and Lester (1998) argue that gender influences the way suicide narratives are narrated and which aspects are highlighted. For example, cultural patterning underpins an emphasis on external stressors in male suicide and minimisation of interpersonal problems, while conversely, in female suicide, emphasis is on interpersonal problems and inability to cope, while external stressors are minimised. Canetto and Lester (1998) use Sylvia Plath’s suicide in 1963 to illustrate this argument. Male writers resorted to vindictive criticism about her suicide, targeting her emotional state and describing her in terms of victim, martyr and histrionic manipulator. They ignored her contextual predicament, the extreme isolation and poor social circumstances to which Plath was reduced after being left by her husband with two babies. The Plath case study lends vivid support to the compelling argument about gender bias in suicide discourse. The analysis, however, lacks sufficient evidence, indicating the need for further research.

Exactly how socially constructed and gendered language and attitudes towards suicide influence the behaviour of men and women remains unexplained. Canetto (1991) proposes, perhaps simplistically, that in the United States being a woman allows emotional distress to be expressed by attempting suicide whereas being a man allows expression of distress by using alcohol and drugs. Again Canetto (1991) fails to support her propositions with evidence and limits interpretations to a narrow feminist framework without considering other perspectives on gender differences in suicidal behaviour, for example biological factors or propensity for sensation seeking. With regard to high male suicide rates, behaviours that may be socially constructed in terms of gender include masculine difficulties in expressing feelings and asking for help, contributing to male risk, whereas, women are more able to reach out for help. However, not all vulnerable men succumb and not all vulnerable women are protected. Partial understanding of these differences may be reached by examining motives, reasons and meanings attributed to suicidal behaviour.
Motives, Reasons, Models and Meanings of Attempted or Completed Suicide

In the literature on suicidal behaviour, ‘understanding’ is a vague notion that is expected to emerge from the vast literature on the topic. For example, Hawton and van Heeringen (2000), in their authoritative *International Handbook of Suicide and Attempted Suicide*, devote one section of the book to ‘Understanding Suicidal Behaviour’. To this end, they supply fourteen chapters on epidemiology; patterns and trends; biology; psychology; psychopathology and psychiatry; substance abuse; sociology; genetics; and ethology. These approaches, with the exception of epidemiology, are couched in causal explanations of suicidal behaviours meant to clarify understanding. Yet they fail to elaborate meanings from the perspective of people who attempt suicide. In contrast, there is literature that approaches understanding suicidal behaviour from perspectives of motive, reasons, explanatory models and meanings. In the next section I explore this literature in search of understanding suicidal behaviour.

*Motives and Reasons for Suicidal Behaviour*

An approach to understanding suicidal behaviour includes exploration of motives and reasons (Michel, Valach & Waeber, 1994). The importance of subjective meanings attached to this experience, however, is devalued in some studies (Bancroft, Skrimshire & Simkin, 1976; Williams, 1986). For example, in a frequently cited study by Bancroft et al. (1976) in which 128 patients were given a predetermined checklist of reasons for taking an overdose, 33 per cent were ‘seeking help’, 42 per cent were ‘escaping from the situation’, 52 per cent were ‘obtaining relief from a terrible state of mind’ and 19 per cent were ‘trying to influence someone’. Not only were respondents constrained by having to choose from fixed-choice alternatives, findings were contained within the predetermined conceptual framework. Furthermore, spontaneous comments were devalued, as demonstrated by the following quotes: ‘... it is likely in many cases that the patient’s account will be largely determined by his need to justify or excuse his behaviour’ (Bancroft et al. 1976, p.539), and

The problem in interpreting such evidence lies in distinguishing between a ‘valid’ motivational account, an account which is designed to produce the intended effect on ‘significant others’ (e.g. make them feel guilty or sympathetic), and an account which is aimed mainly at presenting a socially acceptable front to the person carrying out the interview (Bancroft et al.
Patients’ accounts were regarded negatively, as suspect and invalid data within the study. More valued was multidimensional scaling analysis on statistical relationships between reasons and ‘other expected effects’, that is, hard scientific data. In addition, disrespect for the people’s representation of their experience was revealed. Clearly the consumer movement in mental health, which values consumer input at all levels of service intervention, planning and research (see Epstein & Olsen, 1999; Campbell, 2000), was not well developed in the 1970s. Using ‘reasons for attempted suicide’ identified in the 1976 study by Bancroft et al., Williams (1986) interviewed 35 people aged 16 to 60 years, who had been admitted to a hospital following drug overdose. Respondents were asked to rate several reasons for taking the overdose on 0–20-point scales. The most common reason, endorsed by 67 per cent, was ‘the situation was so unbearable that I had to do something and I didn’t know what else to do’ (p.80). The second most common reason was ‘wanting to die’, endorsed by 61 per cent, and the third was ‘wanting to escape from an impossible situation’, 58 per cent. These three reasons are consistent with the findings of another study by Michel et al. (1994). Again, the limitation of such studies is that respondents were provided with fixed-choice alternatives, thereby risking the artificial creation of opinions (de Vaus, 1991). Indeed, an approach that valued subjective accounts was excluded from Williams’s (1986) study thereby limiting a deeper level of understanding.

In the study by Michel et al. (1994) however, interviews were conducted one year after the suicide attempt to discover whether, and from whom, respondents would have accepted help. The method of analysis reduced responses to quantitative data such as percentages which showed that 52 per cent stated that nobody should have taken action to help them at the time, and 50 per cent said they would not have accepted help from anyone. While interesting, the research lacked explanatory depth in terms of patients’ perspectives because interpretations of themes and meanings were not explicated.

In a phenomenological study of 112 suicide notes, incorporating insights from interviews of people who had attempted suicide, Schwartz and Jacobs (1979) sought to understand people’s reasons for attempting or completing suicide. They created six categories of suicide notes and offered various interpretations of quotes from them. There was no distinction between the two forms of data in their methods, notes of completers or interviews with attempters. Schwartz
and Jacobs (1979) formulated an explanation of suicide in which the ‘individual’s violation of the sacred trust of life’ (p.158) and rationalisations to preserve an image as trusted persons underscore suicidal behaviour. The people in the Schwartz and Jacobs study were seen to ‘resolve a problem as absolute as life with something no less absolute than death’ (p.160). Schwartz and Jacobs (1979) claimed their study was empirically derived and ‘not one of analytic induction’ (p.158) but their study is flawed on several grounds.

The analysis and interpretation of the suicide notes by Schwartz and Jacobs (1979) took place in the absence of comprehensive life histories that would have provided a context for understanding. Therefore the claims of Schwartz and Jacobs to understand the significance of suicide for individuals are compromised by lack of contextual perspective. Furthermore, they state that the notes were ‘rational and coherent in character’ (p.156) and ‘the writers were rarely depressed or hostile’ (Schwartz and Jacobs, 1979, p.160). Such statements are questionable as there is possible denial of troubled emotional states, especially anger, inherent in suicidal acts (Valente, 1994; Hassan, 1995). The formulations of Schwartz and Jacobs appear superficial and simplistic because their interpretations of notes are made with apparent confidence but without acknowledgement of other possible interpretations. As an example, an adolescent who had diligently attended church abruptly stopped this commitment. The interpretation of Schwartz and Jacobs is that ‘he disposes of heaven and hell, makes death absolute, and secures for himself all the benefits of the nonbeliever with respect of the act of suicide’ (p.164). In other words, they argue that, in terms of religion, the young person is taking precautions to exclude this world’s problems from the next world. But the young man could have stopped attending church because he was too depressed to go, because he was feeling guilty or because he was avoiding someone. Hermeneutically, plurality and multiplicity of meaning are characteristics of interpretation but neither of these is recognised by these authors; interpretation always implies the exclusion of other equally cogent interpretations. Finally, Schwartz and Jacobs (1979) fail to position themselves and their inevitable biases in any way.

**Explanatory Models of Suicidal Behaviour**

A number of explanatory models have been developed to explain pathways to suicide and the complex interplay of factors involved. These include the work of Bonner and Rich (1987) (see the Prediction section earlier in this chapter), Shneidman (1993), Williams (1997), Beautrais (2000) and Williams and Pollock (2000).
According to Shneidman (1993), suicide is a solution to the problem of psychological pain. At the end of his 40-year career in suicidology, Shneidman said he could summarise all he knows about suicide in five words; ‘Suicide is caused by psychache’ (p.51).

Psychache refers to the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind. It is intrinsically psychological; the pain of excessively felt shame, or guilt, or humiliation, or loneliness, or fear, or angst, or dread of growing old, or of dying badly, or whatever (Shneidman, 1993, p.51).

In this model, people have different thresholds for enduring psychological pain. When the threshold is passed, suicide is their solution. Shneidman (1993) does not ignore the multifactorial complexity of human self-destructiveness however; he reduces the problem to one common denominator, escape from psychological pain.

Williams (1997) and Williams and Pollock (2000) offer a model consistent with Shneidman’s (1993) formulation. In their ‘cry of pain’ model, they interpret suicidal behaviour as an attempt to escape from feelings of entrapment. In this model, individuals believe they cannot escape from an external situation or an internal state of distress which is beyond help. The analogy of an animal caught in a trap is used. The emotional trajectory of protest, despair, defeat and cry of pain is represented in this psychological model in which reaction to circumstances is the primary component and communication of a ‘cry for help’ is secondary. In the explanatory models of Williams (1997), Williams and Pollock (2000) and Shneidman (1993), the influence of wider negative political and socioeconomic contexts is not given sufficient importance in suicidal behaviour.

In addition, models based on linear explanations (Bonner & Rich, 1987; Williams, 1997) lack explanatory power and are problematic, because complex human beings, situations and behaviours are reduced to linear processes assuming cause and effect. Statistical linear approaches fail to enlighten understanding whereas holistic approaches hold the possibility of understanding based on appreciation of whole situations; the sum of the parts and their interrelationships. This principle is hermeneutic and fundamental to interpretive work. Furthermore, models espousing a unitary explanation such as cry of pain, cry for help, gamble with death or longing for self-punishment (Hassan, 1995) are limited by binary logic in which
the problem is structured as psychological/sociological or ‘other’. Such either/or unitary theories privilege one discipline or issue at the expense of fuller approaches to understanding phenomena thereby restricting understanding of human behaviour within the prescribed boundaries of that framework.

More promising is the conceptual model of risk factors for suicide and attempted suicide postulated by Beutrais (2000), in which six domains of factors are clustered together: generic and biological; social and demographic; family characteristics and childhood experiences; personality traits and cognitive styles; environmental factors; and psychiatric morbidity. Being exposed to more domains corresponds to higher vulnerability. This model has potential for incorporating subjective perspectives but at present it is based almost entirely on quantitative data.

I argue that understanding attempted suicide must take into account the subjectivity and complexity of human beings as well as the structures and forces that shape their lives, for example, gender, culture, religion, socioeconomic situatedness and history. Furthermore, in studying the problem of suicidal behaviour, boundaries across disciplines must become seamless in order to illuminate hidden aspects of a human problem, and to facilitate understanding.

**Meanings of Suicidal Behaviour**

In the present study, understanding suicidal behaviour is based on first-person accounts. I therefore focus on studies eliciting the opinions of those who have experienced phenomena which illuminate the meaning of their suicidal behaviour. Seven nursing studies elicited data from people who had attempted suicide (Carrigan, 1994; Valente, 1994; Moore, 1997; Talseth et al. 1999; Samuelsson et al. 2000; Talseth et al. 2001; Tzeng, 2001). It should be noted, however, that understanding attempted suicide was not the main focus in these studies. They nevertheless, provide insight into understanding the phenomenon.

The phenomenological hermeneutic study of Talseth et al. (1999) and the content analysis study of Samuelsson et al. (2000) explore suicidal in-patients’ experiences of being cared for by mental health nurses. In both studies the need for confirmation as a person emerged as a significant characteristic of this patient population. Conceptualisation of this confirmation, however, is vague and requires further study. Talseth et al. (1999), for example, connect
confirmation with stability of self-consciousness, developing security, self-esteem and feeling more integrated in a social context. They state that confirmation occurs in ‘the ongoing dialectic of recognition and confirmation’ (Talseth et al. 1999, p.1041). On the other hand, Samuelsson et al. (2000) describe confirmation as sympathy, allowing action, understanding and competence. Both studies assert that confirmation is important and according to Samuelsson et al. (2000), patients associate the absence of confirmation with a ‘feeling of being burdensome, demands for discharge or even another suicide attempt’ (p.641).

In addition, interactions with nurses were significant in conveying, or not conveying, hope that life would improve (Talseth et al. 1999; Samuelsson et al. 2000). Patients also revealed that positive experiences with nurses made a difference when it came to not acting on suicidal urges. The implication is that these patients experienced disconfirmation and loss of hope as significant factors in their suicidal behaviour. Confirmation as human beings and receiving hope are thus highlighted as fulfilled needs that counteract suicidal feelings and illuminate understanding. Consequently the Talseth et al. (1999) and Samuelsson et al. (2000) studies provide insights into meaningful issues that may underlie attempted suicide.

Less illuminating is a similar qualitative study by Carrigan (1994), who identified psychosocial needs in six in-patients who had attempted suicide. These needs were for love, high self-esteem, control over one’s life and support. The study contributes little that is new and has methodological weaknesses. Specifically, Carrigan (1994) misunderstands the nature of interpretive research by erroneously referring to representativeness and the efforts of the researcher to maintain objectivity in interviews. Furthermore, the paper lacks clarity because findings and discussion are combined in one section.

Emotional suffering, feeling that nobody cared and loss of power, control and independence, emerged as themes in Moore’s (1997) phenomenological study of suicidal older people. These themes were subsumed under a broader theme of alienation, described as a separation of the self from others. Considerable psychic pain was experienced because of a loss of meaning in the lives of these older people through loss of connectedness with others and the capacity to give to others. The desire was not so much to die by suicide but to be free of overwhelming ‘psychache’; thus, Moore (1997) draws on Shneidman’s (1993) work. Moore (1997) provides a coherent, convincing and moving account and even though her participants were elderly, their experience illuminates human suffering and the temptation of permanent
release by suicide, which knows no chronological boundary.

A specialised technique was used to analyse suicidal messages in written, verbal and behavioural communications of male veterans, as recorded in clinical records (Valente, 1994). Six themes were identified: unbearable psychological pain (fear of future, depression discouragement, hopelessness, feeling trapped); interpersonal relations (dissatisfaction, lack of love); inability to adjust (difficulty solving problems and dealing with the self); cognitive restrictions (distorted perceptions, being controlled by emotions); rejection-aggression (violent wishes and anger); and indirect communications (contradictory messages about suicide) (Valente, 1994). This study provided interesting findings suggesting that the level of psychological pain was the only differentiating factor in messages from men who completed suicide compared with those who attempted suicide. The study, however, is restricted by use of preordained categories in the analytic technique, thereby avoiding the opportunity of identifying original concepts and developing different understandings from the texts/case records. In addition, there is an apparent overlap in conceptualisation within categories; for example, emotions were relevant to several categories but each category was rendered mutually exclusive. Nevertheless, the study yielded valuable recommendations for practice and highlighted the importance of patients’ relationships with staff.

The importance of culture in shaping meanings was emphasised in Tzeng’s (2001) study of ten mentally ill people who attempted suicide in the Taiwanese Han Chinese community. Symptoms consistent with depression and psychosis (American Psychiatric Association, 1994) and suicidal states were revealed. However, their meaning was embedded in cultural values about the self and family, specifically, mien\textita, ‘self-image formed by self-concept and others’ feedback’ and hsiao ‘a belief that orients adult children’s filial attitudes and behaviors towards their parents’ (Tzeng, 2001, p. 308). Suicidal behaviour offends against the principle of hsiao by damaging the body given by parents, causing loss of face to family and self. The principle of mien\textita is transgressed by damaging the social self and causing embarrassment, shame and guilt through insulting the social network, unless the act was for the common good. Tzeng (2001) describes this as being in the dimension between alienation and connectedness. In addition, Tzeng (2001) determined that suicide attempts resulted from feelings of entrapment in personal unbearable situations; this conceptualisation accords with the ‘cry of pain’ model (Williams, 1997; Moore 1997; Williams & Pollock, 2000). Despite illuminating discussion, Tzeng’s (2002) hermeneutic phenomenological methodology is
confusing. For example, Tzeng (2001) sought credibility of the final text by ‘asking for two participants responses to the findings and presenting them to psychiatrists who helped identify possible participants’ (p.303). In interpretive research, such external verification is unnecessary, as multiple, speculative meanings may be construed from the text.

Summary of the Literature on Motives, Reasons, Models and Meanings of Suicidal Behaviour

In relation to the above research, a few points must be noted. Studies of motives or reasons have been conducted using a variety of quantitative methods including self-reports and various measurement techniques. All such approaches fail to include or give prominence to first-person in-depth accounts, thereby limiting understanding of the phenomena of interest. Understanding attempted suicide (based on overt characteristics or self-report data obtained in research) is narrowly restricted by working within a designated conceptual framework and by the use of instruments and set questions as opposed to listening to the person’s story.

Furthermore, in relation to research with young people, responses to structured questions may be misleading because the young people are often embarrassed by their actions and deny or minimise suicidal intent (Valente, 1994); because they fear consequences such as parents finding out (Fry et al. 1999), being admitted to hospital or being stigmatised (Kerkhof, 2000); or because they exercise psychological defence mechanisms in which intentions are denied or concealed (Kerkhof, 2000). Valente (1994) also found contradictions in verbal and written suicidal messages. This is not surprising, given the ambivalence about suicide. On the other hand, voluntarily telling one’s story in response to a researcher’s invitation is more likely to result in open and authentic sharing/storytelling because those uncomfortable about self-revelation will decline participation. The clinical corollary is the finding by nurse researchers (McLaughlin, 1999; Talseth et al. 1999; Samuelsson et al. 2000; Aoun & Johnson, 2001) that clients who have attempted suicide, value, more than any other intervention, talking about their feelings and problems and being listened to. These studies promote understanding of attempted suicide. Regrettably, there are no such studies with migrants. It is therefore important to review a wide spectrum of issues relevant to suicidal behaviour in immigrants when seeking understanding of the phenomenon.

Migration and Stress in Young People

Migration is a dramatic life change accompanied by stress, which may be experienced directly
by the young person or indirectly by distress manifested within the family. Young migrant people and those born in Australia to migrant parents, particularly from non-English speaking backgrounds (NESB), negotiate two cultures: the dominant Australian culture in which they are educated and establish friendship networks, and the culture of their parents.

Factors related to migration which may cause stress in young people include: vulnerability to depression, parental conflict linked to the stress of migration, role reversal (to be family spokesperson in English), pressure to succeed academically, communication problems, absence of positive peer relationships and separation from or loss of family (Bashir, 1993; NH&MRC, 1997; Guarnaccia & Lopez, 1998); intergenerational conflicts (Bashir, 1993; Hepperlin, 1991); pre-migration experience (Hepperlin, 1991; Burvill, 1998); age on arrival, social background in country of origin, lack of availability of kin and community networks, lack of communication with the community of origin, financial pressures (Hepperlin, 1991); racism (Bashir, 1993; Hepperlin, 1991); and low English proficiency (Abbott, Wong, Williams, Au & Young, 1999). Common family problems of immigrants include sickness of a key adult, financial struggle and parental conflict or drinking (Guarnaccia & Lopez, 1998). Other less recognised factors are rigid gender roles and gender-based power relations which are embedded in the structure and functioning of many migrant families but which disadvantage women. These pressures are factors of culture and acculturation processes rather than of migration itself.

The impact of such stressors on young people is potentially great. For example, tensions and disparity of understanding result from intergenerational conflicts (Kids Help Line, 2000) because young migrant people acculturate more quickly than their parents (NH&MRC, 1997) and boys acculturate more quickly than girls (Guarnaccia & Lopez, 1998). Moreover, such family problems and conflicts over differential rates of acculturation are predicitive of psychological distress in children (Guarnaccia & Lopez, 1998). When young immigrants are severely conflicted and forced to make a choice between two cultures, identity crisis — which predisposes them to depression (Bashir, 1993), sadness and despair (Ladely & Puskar, 1994) — may be experienced. These negative emotional states arise because of the real or perceived threat of alienation and rejection from either family or the host society. Guarnaccia and Lopez (1998) suggest that family, as the nexus of support, growth and identity, is threatened by the stress and tension of acculturation. Women and girls are more vulnerable to this stress than men and boys because of the place of social relations in the development of a sense of self;
that is, males are protected from family dysfunction because of their greater social freedom. Whether the vulnerability of females resides in family disruption and consequent identity tension or in exposure to family trauma and lack of freedom is unclear. However, for a balanced and realistic view of the problem, arguments that focus on the impact of family conflict and dysfunction on female identity must take into account power differences.

**Mental Illness in Immigrants**

In attempting to understand suicidal behaviour in immigrants, it is vital to consider the evidence about mental illness because psychiatric morbidity is a risk factor for suicide (Cantor, 1994; Beutrais et al. 1997; Williams, 1997; Beutrais, 2000). The link between migration and mental illness, however, is unclear and suffers from a lack of research (Abbott et al. 1999). In this section, with reference to young people where possible, I review evidence pertaining to the incidence of mental illness, particularly with regard to depression and post-traumatic stress disorder, and consider possible links with suicidal behaviour.

On the incidence of mental illness in migrant groups there are conflicting reports and discrepancies in research. These may be attributed to methodological limitations and unreliable data, as many studies are based on hospital separation rates and service usage which are then erroneously extrapolated to incidence (Minas, 1990). There are also an absence of replication studies and a lack of coherent research programs. The NH&MRC (1997) states that evidence to support the idea that young migrant people have differential rates of mental illness compared with their Australian-born counterparts is inadequate. Consequently, the view by Krupinski (1989) that there is a higher incidence of schizophrenia in immigrants is questionable. Moreover, Minas (1990) noted that general comparisons of the rates of mental illness in immigrants and native-born groups reported in the literature are contradictory, simultaneously revealing higher, lower and no-difference findings in the prevalence of mental disorders. More recently, Stuart, Klimidis and Minas (1998) determined that ‘the treated prevalence of mental disorder and the use of psychotropic medication, were consistently high among those born in Greece and low amongst those born in the United Kingdom and Ireland or in Southeast Asia, compared to the Australian born’ (p.22). Southeast Asians had lower rates of treated disorders.

In a comprehensive epidemiological analysis of immigrants and mental health in Australia,
McDonald and Steel (1997) concluded that there is a lower rate of utilisation of psychiatric beds by people of NESB, with the lowest rate being for people from Asia and Southern Europe (p.3). These findings are consistent with: (a) lower rates of suicide in immigrants from these countries; (b) lower levels of community mental health service utilisation by immigrants as a whole (p. 79); and (c) lower overall rate of involuntary admissions of NESB people than the New South Wales average (p.120). However, on a population basis, people from Eastern European countries and the former USSR had significantly higher rates of involuntary admissions (p.120), consistent with higher suicide rates in people from these countries.

In relation to young people and psychological morbidity, Klimidis, Stuart, Minas and Ata (1994) determined there were no differences between immigrant, refugee and native-born adolescents in Australia. This study is compromised, however, by biased sampling and recruitment procedures as: (a) there were nearly twice as many female participants (414 compared with 217 males) and (b) the voluntary recruitment strategy may have led to self-exclusion of those with mental health problems. Furthermore, self-report studies of school children are subject to social desirability effects, especially considering stigma attached to mental illness and problems in many cultures. These results, therefore, should be considered inconclusive. Moreover, evidence to the contrary was reported in the 1999 study by Abbott et al. of Chinese migrants to New Zealand, that is ‘teenagers and young adults residing in a household without one or both parents ... had higher rates of mental disorder than those living in other situations’ (p.20).

In a rigorous study of immigrant and non-immigrant adolescents in Australia, Davies and McKelvey (1998) found that immigrant adolescents report fewer total and externalising problems and fewer competencies than native-born adolescents (p.658). Results were interpreted as possible reflections of strict immigration laws that prevent mentally ill people from immigrating, cultural differences in defining and recognising mental illness and different social expectations for adolescents’ behaviour.

Depression is the most common mental illness associated with youth suicide (Lipschitz, 1995; Hollis, 1996; Shaffer et al. 1996; Beauvais et al. 1997; Beauvais, 2000), with higher rates in females than males (ABS, 1997) and up to 15 per cent of depressed people committing suicide (Williams, 1997, p.63). However, there are few studies on depression and suicide in young migrant people in Australia and international studies of depression rates among
different ethnic populations are inconclusive (Bloch, 1999). For instance, in 1993, the National Health Strategy stated that, compared with Australian born, there is a 'higher incidence of depression among all immigrants' (p.43). In contrast, a more recent review of the Australian literature by the NH&MRC (1997) found 'little evidence to date of a higher prevalence of depression in immigrants or refugees than their Australian born counterparts' (p.119). This suggests that the stress of migration may not be as detrimental to mental health as previously postulated. In reality, the incidence of depression and mental illness in immigrants is unknown. After all, the NH&MRC (1997) states that no direct study of the rate of depressive disorder in immigrants has been undertaken and that research in the area of migrant mental illness is urgently needed.

Post-traumatic stress disorder (PTSD) is another mental health problem that must be considered in relation to migrant populations. In particular, refugees may have suffered trauma that is linked to mental health problems (Pittaway, 1999) and therefore constitute a higher risk for suicide (Kocijan-Hercigonja & Remeta, 1996). In a Swedish study by Ferrada-Noli, Asberg, Ormstad, Lundin and Sundbom (1998), the prevalence of suicidal behavior was significantly greater among refugees from various countries with a principal PTSD diagnosis than among refugees without PTSD. The PTSD patients with depression comorbidity reported higher frequency of suicidal thoughts while PTSD non-depressive patients manifested increased frequency of suicide attempts.

The interpretation of data on the incidence of mental illness in immigrants should be informed by culturally shaped influences. These might include: willingness to seek help; different understandings and recognition of the phenomena of mental illness; stigma of mental illness; and methodological considerations (including different methods, scales of measurement and social desirability effects in survey research). These considerations influence immigrants’ behaviour and experience of mental illness and have implications for health professionals and the provision of services (Fry & Nguyen, 1996). The lack of research on migrant and refugee mental health, including that of young people, and the relationship to suicidal behaviour, points to an unfortunate gap in knowledge that is becoming increasingly significant in Australia because of the policy of mandatory detention for all refugees. In the next section, I review our limited knowledge base on suicidal behaviour and immigrants.
Suicide, Attempted Suicide and Immigrants

In New South Wales, published information on the suicide of immigrants is poor (McDonald & Steel, 1997; Cantor et al. 2000). Furthermore, there are no studies of second-generation immigrant suicide in Australia (Burvill, 1998). However, the available limited information indicates diversity in suicide rates among ethnic groups (McDonald & Steel, 1997). Because of the complexity of information, I have attempted to enhance clarity by categorising the phenomena of suicide and attempted suicide according to different groups and comparisons.

Suicide Rates of Immigrants Compared With Suicide Rates in Country of Origin

The rank order of suicide rates of migrant groups in Australia corresponds to the rank order of rates in their countries of birth (McDonald & Steel, 1997; Burvill, 1998). Thus, Cantor et al. (2000) state that, ‘although migrants were suiciding at higher rates in Australia than their countries of birth, the general pattern of Western and European countries having higher suicide rates and Southern European countries having lower suicide rates, still emerged in migrant rankings’ (p.77). In relation to higher suicide rates in Australia, Burvill (1998) alerts us to ‘the important influence of pre-migrant social and cultural experiences in subsequent suicide rates in immigrants in their host country’ (p.201).

Suicide Rates among Immigrant Groups in Australia

In terms of comparisons of suicide rates among migrant groups in Australia, immigrants from Eastern Europe and Scandinavia have relatively high rates compared with those from Mediterranean countries, such as Malta, Greece and Italy (McDonald & Steel, 1997; Burvill, 1998). Higher risks of suicide were also found for both males and females from a range of countries, most notably English-speaking countries and those in Western, Northern and Eastern Europe and the former USSR and Baltic states (McDonald & Steel, 1997, p.148). In 1979–90, suicide rates for Irish immigrants were exceptionally high, especially for males, whose rates were the highest migrant rates recorded (Burvill, 1998, p. 203). Clearly, Hassan’s (1995) claim that English-speaking immigrants ‘have lower suicide rates than those who come from non-English speaking countries’ (p.159) is either mistaken or applicable only to pre-1970s data. The lowest suicide rates were for immigrants from Southern Europe, the Middle East and Egypt and Asia (McDonald & Steel, 1997).

Suicide Rates Compared between Immigrants and Australian Born
Claims are made that suicide rates in immigrants are higher in certain groups than those of Australian-born populations (Hassan & Carr, 1989; Barraclough, 1987; Hassan, 1995). Suicide rates in European immigrants for instance, other than Italian and Greek, were higher than Australian-born rates for the periods 1961–70 and 1979–90, for both genders (Burvill, 1998). British- and Irish-born immigrant suicide rates were identical with Australian-born rates for 1982–92, according to ABS (1994b) data (Cantor et al. 2000, p.77). However, no significant differences were found between suicide rates of Australian-born people and the overall total of those born overseas (Cantor et al. 2000, p.77) suggesting that differences in subgroups of migrants may be accounted for by factors other than migration, such as culture.

A comparison of suicide rates of young people aged 15–24 years, between immigrants and Australian born for the period 1979–92, was conducted by McDonald and Steel (1997). Findings revealed that in New South Wales, non-English speaking male migrants had lower suicide rates than the comparable New South Wales population. There were no differences in young female suicide rates. On the other hand, suicide rates for migrant youth born in English-speaking countries, Western Europe and Eastern Europe were higher than youth suicide rates for Australian born. Thus, migrants born in Southern Europe, the Middle East, and Southeast and Northeast Asia had suicide rates lower than those born in Australia. However, Cantor et al. (2000) note that these findings are now out of date and updated studies are urgently needed.

**Attempted Suicide Occurring in Immigrants to Australia**

In 1997, McDonald and Steel reported that data collected on people receiving hospital treatment for attempted suicide is limited, with few analyses, including country of birth. Indeed, in my research experience, staff frequently omit the fields ‘country of birth’ and ‘language spoken at home’, in data collection procedures (Fry et al. 1999). Analysis of available data for a six-year period between 1988–89 and 1993–94 was conducted by McDonald and Steel (1997) on New South Wales hospital separations as a result of suicide attempts. They found that 20 per cent were born overseas.

Overall, attempted suicide rates by people of NESB, below 64 years of age, were lower than the New South Wales average; attempt rates for young migrant females from Southeast Asia were 6 per cent lower. However, suicide attempts by immigrant females aged 15–64 years were higher than immigrant males of the same age. Notably, the rate for young males of 15–
24 years was 51.1 per cent lower than the state average but, in marked contrast, rates for young females aged 15–24 years from the Middle East/Egypt were 5 per cent higher. These indicators of vulnerability for some young migrant women, and the marked contrast with males, are consistent with findings from my earlier study (Fry et al. 1999), which provided the impetus for the present study. In terms of hospitalisation however, McDonald and Steel (1997) conclude that immigrants of NESB are generally at lower risk of being hospitalised following a suicide attempt, except for females from Denmark, Hungary and Turkey.

**The Relationship between Migration and Women’s Suicidal Behaviour**

Migration has a differential effect on suicide rates by gender, according to McDonald and Steel (1997). They examined male-to-female rates in New South Wales, and the country of origin, and determined the effect by dividing the rates in New South Wales by the country of origin. The majority of countries reviewed demonstrated a marked increase in the relative rate of female suicide following migration (McDonald & Steel, 1997, p.136). The effect was most marked for females from Eastern Europe and Greece. This deleterious effect of migration on females in contrast with males is explained tentatively by Kliwerer and Ward (1988) in terms of decision making, since the decision to migrate is often made by men and the women follow, albeit less aware and less prepared for the difficulties of relocation to another country and culture. Furthermore, women experience a greater drop in occupational and income status more often than men. The imbalance of decision-making power between men and women is thus highlighted as an underlying factor in migrant women’s suicide.

In relation to immigrant Indian communities, strong cultural identity and traditions are maintained even after generations of overseas residence (Raleigh & Balarajan, 1992). Elders have overriding authority and expect unquestioning compliance and deference from younger members, including conformity with rigidly defined gender roles. As a result, young women are often involved in disputes about arranged marriages, dowries and lifestyle and they experience extreme distress, sometimes leading to attempted suicide and self-burning. Raleigh and Balarajan (1992) suggest that such pressures are factors of culture and not migration as such. Similarly, Pakistani immigrant Moslem women studied in England by Roberts and Cawthorpe (1995) were constrained by strict culturally prescribed norms of acquiescence and subservience to men that mediated against expressions of anger. Norms and expectations for Pakistani men were less rigid. Not surprisingly, women were referred for psychiatric help more frequently. For young people, intergenerational conflicts with elders focused on ‘dress,
religious attitudes and extra-familial relationships’ (Roberts & Cawthorpe, 1995, p.255). Thus, it appears that cultural factors are influential when suicidal behaviour occurs. This is borne out when suicide rates of women in other countries are considered.

Women and Suicide in Other Countries

Epidemiology and suicide trends in Asia and the Far East are difficult to determine. As Cheng and Lee (2000) state ‘no vigorous examination of error in suicide ascertainment has ever been conducted, and many developing nations still lack standard demographic and vital statistics’ (p.30). They report, however, an emerging trend: the poorer the nation, the higher the suicide rate in young women. Females have higher rates of suicide than males in four countries (if we count the Middle East as one country), the reverse of international trends. The countries are China, with the highest overall rate of female suicide in the world (Bloch, 1999; Cheng & Lee, 2000), Western Samoa, Fiji (amongst Indian women) (Booth, 1999a; Booth, 1999b) and the Middle East, where rates are high for young women (Burvill, 2000). For the period 1979–91, the female suicide rate of 3.4 in Middle East countries exceeded the male rate of 1.7, in contrast with lower female ratios in Africa, Oceania, Australia, United Kingdom and Eire, North America, Europe and Asia (Burvill, 2000). In Britain, a disproportionately high number of young, female, Hindu, immigrants from the Indian subcontinent commit suicide (Raleigh & Balarajan, 1992; Neeleman, Jones, van Os & Murray, 1996; Patel & Gaw, 1996). Burr and Chapman (1998) state that suicide rates among Asian women aged 15–24 years in Britain is ‘more than double the national levels’ (p.431). Explanations for high female suicide rates across these disparate countries highlight cultural influences and therefore the need to understand suicidal behaviour within a cultural context.

I now focus on the literature concerned with women from India, Pakistan, China, Western Samoa and Fiji (Indians) as there are many commonalities in these countries regarding the status and experience of women. For example, Kerkhof (2000) observes that women tend to be more powerless to bring about changes in their living conditions in these countries. Marital problems led to attempted suicide in India, Pakistan, Malaysia, Sri Lanka and China (Kerkhof, 2000), while suicide was precipitated by marital and family conflict (particularly with in-laws), dowry problems, domestic violence (including repeated physical abuse), and, for young unmarried women, cross-cultural conflict with parents about sex-roles.

Higher female suicide rates in China were explained in terms of low female status (especially
for rural women), poor self-esteem, a lack of control over their own lives and as a traditional coping and revenge strategy for women (Cheng & Lee, 2000). However, factors which devalue women in Chinese society — particularly the prevailing one-child policy, female infanticide and preference for male offspring because of their greater earning potential and subsequent ability to care for aged parents — are not adequately recognised in the report of Cheng and Lee (2000).

Booth’s extensive studies (1999a, 1999b) reveal that gender and power in the context of social change are underlying determinants of high female suicide rates in Western Samoa and amongst Fiji Indians. Gender and power structures themselves do not constitute suicide causality but in the context of social change, women’s attitudes toward sexuality, marriage and childbearing, which are linked to high suicide rates, are changing, particularly amongst Fiji Indians. Social change includes young women’s access to education, improved literacy, employment, a trend toward later marriage and childbearing, and the possibility of sexual activity outside matrimony. In other words, women are claiming more autonomy and control, previously the province of men. Consequently, traditional patriarchal power and authority — especially regarding arranged marriages, expectation of submissive roles and early childbearing — are threatened. Young women’s efforts toward independence create intergenerational and gender-based tension and conflict, resulting in severe punishments and restrictions by male relatives in attempts to enforce compliance and to reinforce the low status and submissive roles of women (Booth, 1999a, 1999b). A typical example occurred in Australia when a young woman was punished by having her hair forcibly cut off by male relatives, including in-laws, for perceived wrongdoing. This punishment appeared to be accepted by the woman as the right of the senior males in the family, even though the accusations were unfounded. This abuse however, caused great distress and precipitated a serious suicide attempt (Fry et al. 1999; Fry, 2000). Booth (1999a, 1999b) argues that institutionalised gender roles and power structures, designed to maintain social order and
patriarchal power, are under challenge, thereby creating family volatility leading to higher 
suicide rates in young women.

Many reported suicides among women in Jordan, Pakistan and Bangladesh are in fact crimes 
of honour (Faqir, 2001). This phenomenon warrants further explanation, as it may link to 
suicidal behaviour of migrant women in Australia. There is little scholarly work available on 
honour killings (but see Faqir, 2001 for an overview in Arabic contexts, and 20 100 ‘hits’ on 
the Internet Google search engine on ‘honour killings’ as at 9 September 2002). Honour 
killing is the killing of women for suspected deviation from sexual norms imposed by society 
(Hassan, 1999; Faqir, 2001). Immoral behaviour may include marital infidelity, premarital 
sex, refusing to submit to an arranged marriage, demanding a divorce, flirting with or 
receiving phone calls from men, failing to serve a meal on time, chatting with a male 
neighbour or ‘allowing herself’ to be raped (Faqir, 2001; Amnesty International, Australia 
web site <http://www.amnesty.org.au/women/resources-honour-kill.html> viewed 16 
September 2002). Honour killings are the extreme end of the widespread spectrum of 
domestic violence perpetrated against women by men. Other honour killings are motivated by 
conflicts over dowries or inheritance or are used to cover up incest.

Most honour killings of women occur in Muslim countries (Hassan, 1999; Kamguian, web 
site <http://www.secularislam.org/women/honor.html> viewed 16 September 2002; Faqir, 
2001) and are committed by brothers (61.9 per cent), fathers (14.3 per cent), and nephews (10 
per cent) (Faqir, 2002, p.71). The cultural values underpinning honour killings have their 
roots in collectivist, tribal and traditional societies (Faqir, 2001). In such ‘neo-patriarchal’ 
societies, power relationships are not only influenced by gender, but also by class, clan and 
proximity to the regime. Such relations are ‘based on the subordination of the disadvantaged 
and the disfranchised’ (Faqir, 2001, p.67). Honour killings are symptomatic of a larger 
malady, namely the absence of participatory democracy and the unequivocal respect for 
human rights (Faqir, 2001). The important factor is the ‘respect’ the family is accorded by the 
community. Thus, when the social boundaries of the family are defined by its honour, an act 
of transgression by the female members threatens the status quo. Once the violation is made 
public, the male members of the family must take immediate action and purge the family’s 
dishonour to restore its social status. Furthermore, in Jordan, legal protection is afforded male 
killers of women in the name of honour under Article 340 of the Jordanian Penal Code which 
states that ‘he who discovers his wife or one of his female relatives committing adultery with
another, and he kills, wounds or injures one or both of them, is exempt from any penalty’ (Jordanian Penal Code, 1960/1991, p.96). There is no reciprocal law protecting women who kill male relatives under similar circumstances (Faqir, 2001). People coming to Australia today from cultures with their roots in ancient tribal law have internalised values and social norms that regard women as subordinate, lesser human beings who must be punished or killed if they shame the family.

**Summary of the Literature on Migration, Immigrants, Mental Illness and Suicidal Behaviour**

By exploring and critically analysing a wide scope of literature, I have sought to attain understanding of attempted suicide in NESB young women in Australia. Explanations arising from different methodologies and disciplines point to the complexity and diversity of this topic. In the summary below, I identify key diverse aspects explicated from the literature that illuminate understanding of attempted suicide. These include the current situation regarding suicidal behaviour in young migrant women, reasons for suicide, and cultural and gender influences.

First, in the data on attempted suicide, the literature confirms an over-representation of young migrant women in contrast with young migrant men (McDonald & Steel, 1997; Fry et al. 1999; Fry, 2000). Secondly, migration has a more deleterious effect on women than on men (Kliewer & Ward, 1988). Thirdly, because of the impact of cultural practices, these indicators of a problem in migrant communities may be extended to include first-generation Australian-born young women from NESB families.

The disparity between male and female suicide attempts in NESB young people is accounted for by several possibilities. These include power differences based on gender, especially in strong patriarchal cultures. The resulting gender-based inequality and double standards, and the devaluation of women, create conflict and stress in young women. They become caught between loyalty, respect and love of parents, and the need to achieve independence and to adjust to conflicting norms within the dominant peer culture. In addition, because the family is their centre of support, young women appear to be more vulnerable to family disruption and dysfunction, with subsequent implications for identity formation (Bashir, 1993; Guarnaccia & Lopez, 1998). In contrast, young men have more freedom and can escape domestic stress.
Thus, migration, acculturation difficulties and multiple related risk factors contribute toward the vulnerability of young women from NESB. Furthermore, hypothesised protective factors against suicide for young women are ineffective for many young NESB women.

As well as influences unique to migrant families, there are other factors important in understanding suicidal behaviour: gender, culture, politics, existential angst and risk factors. Socially and culturally constructed influences include: negative attitudes toward suicide based on gender (Canetto, 1997; Canetto & Lester, 1998); fear of insulting parents and ancestors (Tzeng, 2001); risk of loss of face for self and family (Tzeng, 2001); and the risk of incurring shame and guilt for insulting the social network (Tzeng, 2001).

Interpretive nursing research, using people’s accounts of attempted suicide, revealed the following unmet needs related to attempted suicide: (a) confirmation as a person (Talseth et al. 1999; Samuelsson et al. 2000); (b) hope (Talseth et al. 1999; Samuelsson et al. 2000); (c) love (Carrigan, 1994; Morse, 2001); (d) control over one’s life (Carrigan, 1994; Cheng & Lee, 2000); (e) support (Carrigan, 1994); and (f) relief from emotional suffering/psychic pain (Bancroft et al. 1976; Shneidman, 1993; Valente, 1994; Morse, 2001). In addition, loss of connectedness with others (Morse, 2001), conflicts with others (Valente, 1994), and loss of capacity to give to others (Morse, 2001) were identified as important issues in people’s suicide attempts. Cognitive restrictions and rejection–aggression dynamics were also identified by Valente (1994) as was the need for higher self-esteem (Cheng & Lee, 2000). Morse (2001) encapsulated the lack of fulfillment of certain needs as alienation (Morse, 2001) consistent with Durkheimian theory and Tzeng’s (2001) findings. Furthermore, the identification of unmet needs revealed insights about spiritual needs, such as the meaning of life, for many participants. Other studies identified motivations for attempted suicide, such as help seeking (Bancroft et al. 1976); escaping from unbearable situations (Bancroft et al. 1976; Williams, 1986; Michel et al. 1994); attempts at problem solving (Schwartz & Jacobs, 1979; Valente, 1994); trying to influence someone (Bancroft et al. 1976); and seeking revenge (Cheng & Lee, 2000).

**Conclusion of Literature Review**

It is apparent, in much of the literature, that causality and understanding are not clearly differentiated concepts. Understanding pertains to meaning but cause and effect do not.
Moreover, the concepts of causality and understanding highlight contrasting epistemological assumptions regarding knowledge construction, with implications for approaches to inquiry, and it is not valid to infer from one to the other. True understanding depends on apprehending subjective accounts of attempted suicide and the discerning appreciation of significant personal issues and life events. Lists of risk factors are not enough to illuminate understanding. The imposition of sophisticated theories on human behaviour is also not enough, and in any case, such theories may be fallacious. On the other hand, where understanding is sought, interpretive inquiry holds the possibility of illuminating meaning.

Having reviewed the literature on suicidal behaviour, especially with reference to adolescents and migrants, I can claim only a partial understanding of attempted suicide. Outstanding in all the findings is the significance of psychic pain. This alone, however, does not explain why some tolerate more pain than others, and some resist suicide whereas others do not. Protective factors do not always protect and risk factors do not always jeopardise. It is also clear that social and cultural contexts are powerful determinants of human vulnerability, while the interrelationship of factors is also important. The finality of death by suicide appears to raise spiritual fundamentals such as the meaning of life or, concomitantly, its loss, in suicidal people. Of great significance here are connectedness with others and loving relationships, or indeed their absence.

Young migrant women from NESB are more vulnerable to suicide than young migrant men. Youth, gender, lack of power and social pressures to conform to the cultural practices of their family and community, increase their vulnerability, which is not adequately counteracted by protective factors. Given this situation, it is surprising that no studies in Australia examine subjective accounts of attempted suicide in young migrant women. The present study will, therefore, contribute much-needed insights into the problem. I conclude with two aphorisms: (1) attempted suicide is best understood with reference to a person's subjectivity, and (2) understanding attempted suicide depends on appreciating the impact of social and cultural contexts.

**Next Chapter: Methodology**

In the next chapter I present Methodology. Understanding is explored from a philosophical hermeneutic perspective, based on the work of Hans Georg Gadamer. Included are narrative
approaches to inquiry using a life story perspective. I explain how the principles and philosophies therein have guided my entire project. In addition, I examine the concept of truth as it relates to the conceptualisation and conduct of the present study.
CHAPTER FOUR

METHODOLOGY: PHILOSOPHICAL HERMENEUTICS
AND NARRATIVE LIFE STORY

*It's simplicity makes it the hardest of all to make.* ... *(Shoji
Hamada, on hand-made pottery, in Birks, 1997, p.67).*

In this chapter, I flesh out philosophical hermeneutics and integrate aspects of narrative inquiry pertaining to life story, the combination of which guides the development, structure and conduct of this study. I concentrate on the work of Gadamer and his canons of hermeneutic thought. I attempt to clarify these canons as the elements of understanding and discuss their significance for the study by reporting how they were taken into account in the conduct of the study. I examine my understanding of truth in the light of narrative inquiry and philosophical hermeneutics. The chapter concludes with clarification of key concepts within narrative inquiry relevant to the present study. I omit topics that are well documented elsewhere, for example, the historical development of hermeneutics (see Palmer, 1969; Bubner, 1981; Warnke, 1987; Bleicher, 1980; Bohman, 1995; Inwood, 1995) and the hermeneutics of the modern German philosophers (see Heidegger, 1962; Palmer, 1969; Guignon, 1993; Grondin, 1994; Crotty, 1996; Koch, 1999).

**Combining Philosophical Hermeneutics and Narrative Life Story**

There is an harmonious complementarity between philosophical hermeneutics and life story research (the narrative study of lives). Both are concerned with meaning, and apprehending the comprehension of texts, and, concomitantly, with the lives of the story tellers. In turn, understanding arising from these methodologies is the product of a dialogic, personal, interpretive process. Whereas hermeneutic philosophy is ‘not concerned with method’ (Gadamer, 1960/1989, p.xxi) and offers little direction regarding its use in research (Palmer, 1969; Hekman, 1986; Geanellos, 1999), narrative life story is an applied hermeneutic mode of
inquiry (Josselson, 1999).

The complementarity of narrative and hermeneutic approaches is supported by Gadamer (1994) when he states that ‘hermeneutics encourages not objectification but listening to one another — for example, the listening to and belonging with (Zohoren) someone who knows how to tell a story’ (p.xi). Furthermore, Gadamer (1994) alludes to the relational character of story telling (there must be an audience as well as a teller) when he refers to people’s understanding one another and the essential quality of ‘inner’ conversation as the real foundation of hermeneutics (p.xi). Thus, conversation, reciprocity and reflection are endorsed in philosophical hermeneutics as dialogic interaction, inter-subjectivity and reflexivity, inherent components in the telling of a life story.

The relationship between narrative methods and hermeneutic philosophy is realised when the purposes of a life story and hermeneutics, as the philosophy of understanding, are brought together. A hermeneutic position holds that a life story is an interpretation of life (Plummer, 1983; Widdershoven, 1993). Therefore, telling the story of one’s life is synonymous with making sense of, and finding meaning in, that life (Plummer, 1983; Mishler, 1986; Widdershoven, 1993; Somers & Gibson, 1994; Josselson, 1999; Grbich, 1999). Grasping meaning, according to Gadamer (1960/1989), requires that we try to see what the experience has to say to us, that is, we try to apply it to the present.

Narrative method is therefore both a mode of reasoning and a mode of representation. Narratives (life stories) furnish us with a method of learning about the world, and of making sense of experience, and they provide us with a way to tell others what we have learned (Mishler, 1986; Gergen & Gergen, 1988; Berger, 1997) and who we are (Gergen & Gergen, 1988; Funkenstein, 1993; Rappaport, 1993; Widdershoven, 1993; Somers & Gibson, 1994; Alasuutari, 1997; Gubrium & Holstein, 1998; Lieblich et al. 1998; Mathieson & Barrie, 1998). The main application of the narrative life story method in the present study is the
inter-subjective creation of life stories, which are analysed and interpreted within a philosophical hermeneutic framework.

Philosophical Hermeneutics

Linguistic Roots and Definition

The linguistic roots of hermeneutics lie in the Greek verb *hermeneuein*, ‘to interpret’ (Inwood, 1995), together with *hermeneus*, ‘an interpreter’ (Bullock, Stallybrass & Trombley, 1988) and *hermeneia*, ‘interpretation’ (Palmer, 1969, p.12; Thompson, 1990, p.230). These terms are associated with Hermes, the wing-footed messenger of the Greek gods. Hermes not only delivered verbatim messages from the gods to the mortals but he also rendered them intelligible through interpretation (Bleichner, 1980). Hermes is thus associated with the function of ‘transmuting what is beyond human understanding into a form that human intelligence can grasp’ (Palmer, 1969, p.13). This function of transmuting, ‘to change from one nature, substance or form to another’ (Delbridge et al. 1991, p.1857), accords with modern definitions of hermeneutics which focus on concepts of understanding, interpretation and the meaning of texts. The historical role of the hermeneutic interpreter in the tradition of exegesis, however, was being engaged in a critical analysis or explanation of a text (Palmer, 1969; Schwandt, 2000) that conformed to an objective set of rules for interpretation, designed to avoid misunderstandings (Gadamer, 1960/1989).

In contrast, Gadamer (1960/1989, 1994, 1997) is not concerned with hermeneutic techniques and rules of interpretation but with the meaning of being through understanding as a philosophical question. According to Hoy (1993), Gadamer defines hermeneutics as the ‘philosophical enterprise for which the central question is, how is understanding possible’ (p.171). Understanding, for Gadamer, is a condition of being human. ‘Understanding is interpretation’ (Schwandt, 2000, p.194). Gadamer’s definition of hermeneutics draws on Heidegger (1962), when he acknowledges that the temporal analysis of human existence demonstrates that understanding is the way of *Dasein* itself.
Hermeneutics ... denotes the basic being-in-motion of Dasein that constitutes its finitude and historicity, and hence embraces the whole of its experience of the world. ... the nature of the thing itself makes the movement of understanding comprehensive and universal (Gadamer, 1960/1989, p.xxx).

Hermeneutics is, therefore, a theory or philosophy of the interpretation of meaning (Bleichner, 1990, p.1). For Gadamer, hermeneutics is ‘above all a practice, the art of understanding and of making something understood to someone else’ (Gadamer, 1997, p.17). In interpretive research, this understanding often arises through the interpretation of interviews transcribed into research texts.

**Texts**

Hermeneutics is concerned with understanding texts (Gadamer, 1960/1989; Palmer, 1969; Kvale, 1996) ‘and by analogy each other’ (Gergen, 1994, p.23). In the postmodern sense, text refers to all attempts at representation whatever form this may take, such as art, sculpture, architecture and written materials (Sim, 1998), as well as discourse and action (Kvale, 1996). Such human activities were seen as text by Dilthey (1911/1977) who defined them as a collection of symbols expressing layers of meaning. More classically, texts were conceptualised as enduring and unchangeable expressions of life (Gadamer, 1960/1989, p.387). As such, written biographies or oral records have various forms and constructions within the agency of language and are the most enduring texts.

In the present study, life stories are obtained in interviews, the transcripts of which become texts, the subject matter for analysis. Other materials may be used in constructing a life history such as ‘any record or document, including the case histories of social agencies, that throws light on the subjective behaviour of individuals or groups’ (Plummer, 1983; Denzin, 1989b, p.183). Case files from the mental health service were deliberately excluded as additional texts in the present study because they are not co-created and have no temporal distance from the events of attempted suicide. Such temporal distance is necessary as it lets the true meaning of events or text emerge fully (Gadamer, 1960/1989, p.298). Furthermore, medical records containing comprehensive psychosocial assessment and mental status examination by a mental health nurse or doctor are interpretations guided by prescribed
frameworks of psychiatry and mental health nursing and therefore impose preconceived ideas onto interpretive endeavours.

Hermeneutically, the legitimation of texts is not that they give aesthetic pleasure, but rather that they reveal being, which is achieved through interpretive understanding. Understanding of the ‘work’ is revealed not through analytic method but through openness to being, and to hearing the question put to us by the work (over and above what is already known through foreknowledge). Just as art is an interpretation of a perceived reality, so too are linguistic works or stories of life. In the present study, transcripts of interviews in which life stories are constituted and reconstituted, form the text from which I explicate knowledge and understanding about attempted suicide.

The Nature of Understanding in Gadamer’s Hermeneutic

In this section, I introduce Gadamer and discuss the nature of understanding according to eight ‘elements of understanding’ derived from his philosophical hermeneutics. I state these as propositions or canons. Where relevant, I integrate the narrative life story method into discussion and note its application to the present study. In addition, I introduce two metaphors of understanding (Thompson, 1990) central to Gadamer’s (1960/1989, 1994, 1997) hermeneutic, the hermeneutic circle and the horizon of understanding.

Gadamer

Gadamer, ‘one of the greatest exponents or interpreters of hermeneutics of our time’ (Hahn, 1997, p.xvii), seeks to ‘bring the phenomenon of understanding itself to light’ (Palmer, 1969, p.163) by asking, ‘How is understanding possible?’ In particular, he is concerned with how one comes to understand the meaning of a text (Feldman, 2000). Gadamer’s (1960/1989) purpose is:
to discover what is common to all modes of understanding and to show that understanding is never a subjective relation to a given ‘object’ but to the history of its effect; in other words, understanding belongs to the being of that which is understood (p.xxxi).

**Hermeneutic Circle**

Within hermeneutics, the hermeneutic circle is a key principle deriving from ancient rhetoric which held that ‘we must understand the whole in terms of the detail and the detail in terms of the whole’ (Gadamer, 1960/1989, p.291). Thus, the hermeneutic circle involves the process of gaining understanding as moving reciprocally back and forth between parts of the text and the whole text. Understanding the parts is contingent upon understanding the whole, and vice versa, in a reciprocal process that depends on interpretations upon interpretations.

Heidegger described the hermeneutic circle existentially, by claiming that ‘understanding the text remains permanently determined by the anticipatory movement of fore-understanding’ (Gadamer, 1960/1989, p.293). Gadamer further developed this idea, affirming that the circle of understanding is not a ‘methodological’ ‘circle, but an element of the ontological structure of understanding’ (Gadamer, 1960/1989, p.293). Understanding, according to Gadamer (1960/1989), depends on ‘fore-conception of completeness’ (p.294), which is an assumption or expectation of unity of the text based on the coherence of the separate parts. For Gadamer (1960/1989), this expectation of meaning proceeds from the commonality found in tradition. Thus, the ontological structure of the circle means that ‘every act of understanding is conditioned by its motivation or prejudice’ (Grondin, 1994, p.111); that is, seeking to understand through preconditioned expectations founded within tradition.

Therefore, understanding begins with awareness of one’s prejudices (preconceived understandings) and moves dialectically to and from particular aspects to various contexts and the whole text. The emergent meanings are thus contextualised and should stand out from one’s own prejudices which, according to Feldman (2000), occur within tradition which is not constant and stagnant but dynamic, shifting, transforming and reconstructing.
The hermeneutic circle thus characterises the interpretation of texts when meaning comes into being.

**Horizon of Understanding**

Every act of understanding occurs within a given context or horizon (the limit of our frame of reference prefigured by tradition). Tradition, and our place and time in history, shape our horizon which is part of us, like a frame of reference brought to bear on any experience in order to make sense of that experience. Our horizon shapes our being, is absorbed throughout life and can never be divorced from us. In interpretive research, despite the possibility of multiple interpretations, the common ground between interpreter and text allows accommodation of the new by extending our horizon to reach a different understanding. Thus, meaning occurs when frames of reference (horizons) intersect and fuse as a result of dialogue (Palmer, 1969; Thompson, 1990; Koch, 1999). Our horizon is therefore changing constantly with the willingness to be open to the perspective of another (Thompson, 1990). The fusion of horizons results in greater self-understanding and moral awareness, and enriches our understanding of the human condition (Thompson, 1990).

**Elements of Understanding**

Understanding is an ontological process that occurs in the revelation of being; is dialectical, prestructured, and situated in history and time; is based in language; has implications for self-understanding; and culminates in the revelation of meaning through the process of interpretation. I refer to these descriptors of understanding, as hermeneutic ‘elements of understanding’ based on the work of Gadamer (1960/1989, 1994, 1997) who holds that the task of hermeneutics is ‘to clarify the conditions in which understanding takes place’ (Gadamer, 1960/1989, p.295). What follows, is an examination of these elements of understanding and the conditions that influence understanding in the present study. Implications for self-understanding are dealt with in Chapter 2.

1. **Understanding is historical**

2. **Understanding is ontological**

3. **Understanding is dialectical**
4. Understanding is temporal

5. Understanding is linguistic

6. Understanding is inextricable from interpretation and meaning

1 Understanding is historical

In this section, I discuss Gadamer’s idea of understanding as effective history and the way that tradition and prejudice prestructure this understanding. The impact of tradition and prejudice may be positive or negative because both conditions are necessary for achieving understanding, yet they may also act as blinkers against perceiving new insights. The negative, however, may be counterbalanced by reason. The relevance of these aspects of Gadamer’s philosophical hermeneutics to the current study is then discussed.

History

Because we have established ways of seeing, and certain ideational preconceptions and prejudgments which are acquired over time through tradition and rational thought, Gadamer (1960/1989) emphasises the historic nature of understanding. Gadamer’s (1960/1989) thesis is that ‘the element of effective history affects all understanding’ (p.xxxiii). Historically effected consciousness embedded within the mind of the person, however, is an ambiguous concept. Gadamer (1960/1989) explains that it has two meanings: not only does history and its consequent tradition shape the way we think but we also have an ability to be consciously aware of this process, which implies the possibility of monitoring and limiting its effect. More specifically, Gadamer clarifies, in 1997, that historically effected consciousness is not a modified self-consciousness; rather, it is about the ‘limitation placed on consciousness by history having its effect’ (Gadamer, 1997, p.47). It is something we cannot go completely beyond. Here, Gadamer is referring to the way the nature of understanding is situated in being. Historicity is therefore an ontological precondition of understanding (Hughes, 1990).

More concretely, because of historical and cultural situatedness, we can engage in interpretive understanding. Our present understandings and conceptions of life open up the past so that we can have knowledge of it. Hughes (1990) states that ‘interpretive understanding is not reconstructing the past in and for the present, but is mediating the past in and for the present’
Thus, the continuity of heritage and tradition shapes our horizons and reveals our internalised assumptions and historicity, as new texts are negotiated.

Conversely, prejudices, questions and interests arising in the present also govern the reading of a text. Palmer (1969) describes the reciprocity of past and present hermeneutically: ‘there is no pure seeing and understanding of history without reference to the present’ (p.176) and ‘there is no standing place for the interpreter outside of history’ (p.211). The past operates in the present and the present is seen and understood only through the intentions, ways of seeing and preconceptions bequeathed from the past (tradition) (Palmer, 1969). This reciprocity of past and present affects all understanding, including our understanding of text.

**Tradition**

According to Gadamer, we are historical beings who live in tradition. Tradition includes the shared history, language and culture that shape prejudices (pre-understandings). We are always situated within tradition, which is not stagnant but dynamic, shifting, transforming and reconstructing (Feldman, 2000). Our situation is likened, metaphorically, to a stream in which we move and participate in every act of understanding (Gadamer, 1960/1989; Palmer, 1969). Tradition furnishes the stream of conceptions within which we stand and is ‘the fabric of relations, the horizon, within which we do our thinking’ (Palmer, 1969, p.183). It is not a permanent precondition however. As Gadamer (1960/1989) states, ‘we produce it ourselves in as much we understand, participate in the evolution of tradition, and hence further determine it ourselves’ (p.293). Philosophical hermeneutics thus holds that tradition is not something external, objective and past, something that we can divest; it is embedded in the fabric of our being.

Gadamer’s conception of tradition is central to his hermeneutic of understanding. He relates that tradition was conceived negatively during the Enlightenment and romantic periods of philosophy, as the antithesis of freedom and reason and the opposite of free determination. This view was based on the belief that tradition was not necessarily valid or related to reason (Gadamer, 1960/1989, p.281). Tradition consists, in part, in handing down self-evident traditional material (Gadamer, 1960/1989, p.xxxiii) which must be explicated from the shadows of ‘taken for granted’ knowledge and questioned before it can come into conscious awareness. In other words, when we accept unquestioningly what we ‘know’ as valid because it is traditional, we do so by suspending reason.
In conclusion, tradition is dynamic and changing, constantly being constituted and reconstituted (Gadamer, 1960/1989; Feldman, 2000) and challenged by experience. Confrontation of tradition occurs, according to Gadamer (1987), when experience sets something new against something old. Either the new will prevail or the old accustomed, predictable will be confirmed. ‘So it is with all experience. It must either overcome tradition or fail because of tradition. The new would be nothing new if it did not have to assert itself anew against something’ (Gadamer, 1987, p.88).

**Prejudice**

Gadamer developed a concept of prejudice as pre-understandings which reside in language and derive from culture, heritage and tradition (Palmer, 1969; Deetz, 1978; Koch, 1996, 1999). Prejudice is not something negative or something we should try to eliminate, rather prejudice is used to make contact with the world. Furthermore, as Koch (1996) states, it is not so much our judgments as our prejudices that constitute our ‘being’ (Koch, 1996). Prejudices are not necessarily erroneous or distortions of the truth. They are also called presuppositions, prejudgments or fore-understandings, which exist in and are a product of tradition. Therefore, just as tradition is dynamic and constantly being adjusted and renewed, so too are prejudices. We cannot separate ourselves from them as they are embedded within our conscious and unconscious mind. Prejudices have important implications for interpretation, as every attempt to understand or interpret a text is preceded by them and was generated from our fore-structures and interests (Thompson, 1990; Feldman, 2000).

Gadamer (1960/1989) advises that ‘a person who is trying to understand a text has to keep something at a distance; namely, everything that suggests itself, on the basis of his own prejudices’ (p.465) as the expected meaning. Prejudice enables, directs and opens the possibility of understanding, (Deetz, 1978; Grondin, 1994; Feldman, 2000). On the other hand, prejudices can constrain understanding by limiting and distorting our range of vision (horizon) and preventing us from seeing or understanding (Feldman, 2000). Feldman (2000) accuses Gadamer of failing ‘to probe extensively’ and adequately explain the blindness or blinkering effect of our prejudices. Nevertheless, the potential limits to understanding that prejudice imposes may be counteracted by openness and reason. Openness allows ‘present prejudices to be made visible (Deetz, 1978, p.18) and reason questions them by the appearance of alternative prejudices. Openness and reason facilitate transcending our
prejudices and appreciating something new through a dialectical process and interaction between text and interpreter.

A further criticism of Gadamer’s work is made by Gergen (1994), that is the presumption of inter-subjective similarity (‘I understand you because our experience is the same’) (p.24). Gergen’s (1994) accusation of Gadamerian solipsism rests on claims that because there is no obvious means of standing outside one’s own system of meanings or transcending tradition, it is not possible to ‘account for understandings at variance and change’ (p.23). Furthermore, Gergen (1994) suggests that attempts to understand texts are based on a priori suppositions that limit and prescribe the boundaries of interpretive efforts by their perpetuation and self-verification.

My position, in response to Gergen’s (1994) argument, is that there needs to be some common ground shared in order for fusion of horizon (understanding) to take place. But the common ground does not have to be extensive in order for understanding to move forward, however incrementally. Furthermore, Grondin (1994) states that ‘there can be no question of merely setting aside one’s prejudices; the object is, rather, to recognize and work them out interpretively’ (p.111). Interpretation requires one to become conscious of one’s prejudices, as far as possible, by reflexive activities. The importance of making one’s own situation transparent lies in the appreciation of the ‘otherness and alterity of the text’ (Grondin, 1994, p.97). As Gadamer (1960/1989) states, interpreters of texts do not rely slavishly on accidental prejudices, ignoring what the text is telling them just because it does not fit with what they know. Such ‘prejudice’, as Gadamer (1960/1989) points out, is unfounded, and further, ‘the tyranny of hidden prejudice ... makes us deaf to what speaks to us in tradition’ (p.270). The task of hermeneutic researchers is, therefore, to be critically aware of their prejudices, so that the text can present itself in all its otherness and assert its own truth against researchers’ own prejudices (Gadamer 1960/1989). As Palmer (1969) states, the hope of interpreting without prejudice and presupposition flies in the face of the way understanding, and therefore interpretation, operate.

Following on from this, I observe three misunderstandings made by researchers claiming to be guided by philosophical hermeneutics. These include: (a) the assumption that pre-understandings can be quarantined, evident in the work of Thomas, Smucker and Droppelman (1998); (b) that second and third parties can confirm or validate one’s interpretation, as
demonstrated by Diekelmann and Ironside (1998) and Tzeng (2001); and (c) that a reflective process is not required, as in Gallison’s (1992) work.

In accepting the inevitability of prejudice in interpretive research endeavors, it is notable that some interpretive researchers, still claim to ‘set aside’ their own prejudice, ostensibly to avoid contaminating the data. For example, Thomas et al. (1998), in their existential phenomenological study of women’s anger, describe how ‘each researcher took part in a bracketing interview to set aside personal anger experiences, biases and presuppositions about the phenomenon’ (p.313). Clearly the assumptions of Thomas et al. (1998) were based on Husserlian philosophy, that phenomena may be investigated by bracketing or excluding one’s presuppositions or pre-understandings about the existence or nature of an objective world (Thompson, 1990; Koch, 1999, p.1353). Gadamer (1960/1989) refutes this as an impossibility. My position is that it is impossible to separate oneself from the fabric of one’s personality, knowledge, and biases in order to examine a human phenomenon in others, particularly powerful emotions.

Anxiety to demonstrate validity has led other interpretive researchers (Diekelmann & Ironside, 1998; Tzeng, 2001) toward questionable measures. Diekelmann and Ironside (1998) employed a team of researchers to conduct interviews and interpret texts. Where conflicts arose among the researchers about varying interpretations, team members returned to the interview texts for evidence that supported or challenged their particular interpretation. They also invited interview participants to read interpretations of their interviews and all other interview transcripts to ‘confirm, extend or challenge the analyses (Diekelmann & Ironside, 1998, p.1349). Such group interpretations risk reducing final understandings to the most obvious or superficial insights or the prevailing opinion of the dominant personality, and fail to recognise that interpretations are necessarily subjective, multiple, speculative and partial in nature. Individuals may not verify another’s interpretation because they bring their own foreknowledge, language, history and reasons to bear. In addition, although at times similar interpretations may result, the significance of those interpretations may be different for each interpreter.

In another study, Gallison (1992) undertook analysis, informed by Gadamer’s philosophical hermeneutics, on transcripts of interviews with ‘Gay Men with HIV and AIDS’ (1992). Gallison (1992) took pains to capture meanings that were ‘true to the participants’. Her
method, however, failed to account adequately for the subjectivities of herself as researcher and those of several co-analysers involved in constructing the interpretations. Interpretation was viewed as an objective exercise to be divorced from the influence of one's own social and personal experience. This view is not supported by Gadamer, who holds that all interpretation occurs within tradition. Our pre-understandings are acquired through tradition in which we are situated reciprocally, with which we interact, and which we shape.

**Application of the historical nature of understanding to the present study**

The implications of Gadamer's (1960/1989) theory of historically effected consciousness include the requirement that, as an interpretive researcher, I attempt to become aware of my situatedness with respect to tradition, which linguistically, historically and temporally predetermines prejudice, and influences my interpretation of the text. The 'voices in which I hear the echo of the past' (Gadamer, 1960/1989, p.284), which subsequently influence my understanding, must be exposed as far as possible. The purpose of the Self-Reflection section in Chapter 2 is to achieve this level of exposure of my situatedness and prejudice in relation to attempted suicide. Here I reiterate why it was important to do that, and I illustrate the pitfalls of failing to do so in interpretive work.

While it is not possible to stand outside one's tradition and heritage, it is possible to be aware of them to some extent, and to reflect on their influence on the process of analysis and interpretation. Furthermore, it is important to reflect upon prejudices and discern between those which are fruitful and those which Gadamer (1960/1989) says imprison, and prevent us from understanding differently. It is also necessary to be aware of the limitations of my prejudices in order to be sensitive to the alterity of the text. I must be open to information that is 'different' in that it departs from what I think I know about the 'thing itself', that is the phenomenon of attempted suicide. I therefore endeavor to be alert to material from the text that is 'different' from my tradition, because it is this that illuminates the meaning of suicidal behaviour and allows, as Gadamer (1960/1989) would put it, for new meanings to emerge and prevail against those which are old and founded upon prejudice.

A problem lies in those prejudices that are inaccessible to conscious activity and which are beyond methodological control because it is impossible to know all the conditioning elements at work in our understanding (Gadamer, 1997). Nevertheless, to a great extent, the exercise of self-reflection is not only possible within the limitations of consciousness, it is also imperative
for the hermeneutic researcher because of the implications for textual interpretation. That is, the meaning of the text can only be grasped when new concepts are fused with an existing schema of our own ideas.

If I am unable to traverse a path through new material, and the things themselves in the text, and if I am stuck in the furrows of my heritage, unable to recognise anything outside it, I cannot interpret hermeneutically and I am unable to distinguish between my projections and true understanding. It is the points of contact between horizons and recognition of dissonances between old and new knowledge that yield fruitful insights. As Gadamer (1960/1989) states, ‘Working out appropriate projections, anticipatory in nature, to be confirmed “by the things themselves” is the constant task of understanding’ (p.267). This is achieved by holding prejudices in the light so that they do not obscure a new potential truth that may be found by questioning. Let me explain the trap of allowing thinking to be limited by the boundaries of tradition and my prejudices.

My foreknowledge concerning people with the diagnosis of borderline personality disorder, developed over many years as a mental health nurse, predisposed me negatively toward one of the first participants. Initially I rejected her story from the study as being outside the inclusion criteria (see Chapter 5, Methods) because of several episodes of self-harm, the possibility of dual diagnosis (personality disorder and substance dependency) and her seemingly total acculturation. (Mistakenly, I suspected the influence of her parents’ culture was negligible.) I also suspected her self-harming behaviours may have been an habitual way of relieving stress rather than true suicide attempts, but this too proved incorrect. Moreover, her story was particularly emotive and powerful and rendered me exhausted after two-and-a-half hours of interview, which may have deterred me from confronting her story again because of the discomforting exposure to psychological pain. Following discussion with my supervisor, however, I reversed this decision and some time later proceeded to analyse and interpret her story. I am extremely grateful that I did so because of the rich insights emerging from her unique and highly articulate narrative. Furthermore, in the process, my negative presuppositions and limiting propensity to diagnose disappeared as I allowed the text to speak for itself. In so doing, I learned a great deal about the anxiety of a sole migrant parent to provide for family, as well as personal humiliation, spirituality, emotional deprivation, prostitution, loss, grief and survival. Most importantly, I was privileged to be given an intimate connection with and understanding of another person’s life. This lesson impressed
upon me the importance of reflecting on one’s foreknowledge and identifying prejudices early in the research venture.

It follows then that to be a hermeneutic interpretive researcher it is necessary for me to:

- identify my presuppositions/pre-understandings, including my personal values, experiences as a nurse, attitudes, beliefs and behaviours regarding attempted suicide
- reflect on these prejudices in terms of their origins and legitimacy
- reflect on how they influence my interpretation
- respect the autonomy of the text and be open to that which stands out from my pre-understandings.

These points are followed up in Chapter 2 in the section, ‘Situating Myself as Researcher: Self-reflection, Suicide and Attempted Suicide’.

2 Understanding is ontological

Understanding occurs in the revelation of being. First I consider what this does not mean, then I address the nature of being and ontological revelation.

Gadamer moved away from the earlier concept established by Dilthey (Palmer, 1969), of hermeneutics as the methodological basis for social sciences. Understanding, for Gadamer, was not related to methods, methodologies and correct principles for interpretation but to accounting for understanding as an ontological process by overcoming methods (Palmer, 1969; Grondin, 1994; Koch, 1999). It is the kind of knowing which is not scientific; rather it is ontological, historical and linguistic. Hermeneutics, for Gadamer, involve the original form of being in the world, a universal principle of human thought; that understanding is part of human nature, equivalent to interpretation and discerning meaning.

Understanding is hermeneutically realised through ‘an historical encounter which calls forth personal experience of being here in the world’ (Palmer, 1969, p.10). ‘It is ... the way of being of man himself’ (Palmer, 1969, p.163). Being-in-the-world refers to the everyday activities of people and their understanding of this being. Being is manifested, for example, in life stories. As the subject matter of ontology, however, the nature of being is a complex issue. Being is the fundamental category of
existential thought, that is, the doctrine that contrasts human existence in its diverse modes and kinds, with that of objects in the natural world (Poole, 1988). Being is about experiencing the world (Thompson, 1990) and for Gadamer (1960/1989), experience is realised through interpretation and meaning making. Being is existence of which the person is conscious and therefore is able to think about and, to varying extents, influence its course (Lowe, 1995). Gadamer, however, emphasises the inability of humans to become fully consciously aware of the nature of some things. In this regard, Grondin (1994) points out, for example, that history and tradition ‘interpenetrates our “substance” in such a way that we cannot clarify it or distance ourselves from it’ (p.114).

**Application of understanding occurring in the revelation of being**

The methodological implication for the present study is not so much acquiring understanding through awareness of the phenomenological manifestation of things as they are; rather, it is discerning (ontologically) the inter-subjective fusion of horizons reached in a dialogue of interpretation (Hughes, 1990). This fusion is discerned through philosophical dialectics, which I discuss later. Now, however, I am concerned with awareness of my horizon and its enhancement by reflection on the nature of reality (ontology) (Koch, 1999). For interpretive researchers this involves reflection on our situatedness and horizon of understanding. (I address this in Chapter 2.)

Gadamer urges the hermeneuticist to go beyond the ‘tangibility of appearances’ and the ‘fixed determinates of the meant’ and reflect on what the thing itself is telling us (Gadamer, 1960/1989, p.466). In historical hermeneutics, Gadamer (1960/1989) relates that one can find what is obviously meant to be found in a text, but also, texts sometimes ‘betray’ more through the expression of words ‘without being intended’, that is, hidden knowledge to be disclosed (p.336). As Palmer (1969) states, ‘one must not be satisfied with merely rendering more explicit what is already explicit in the text; the text must be placed within the horizon of the question that called it into being’ (p.200). It is by being faithful to the content of the text that deeper interpretations of hidden meanings may emerge. In order to discover meaning I had to uncover what lay behind the literal meaning of the texts. This involved, as Gadamer (1960/1989) himself states, ‘not accepting the expressions of life in their intended sense but delving back into what was taking place in the unconscious’ (p.336). Subsequently, I strove to remain faithful to the autonomy of the text and open to the possibility of exposing hidden
meanings or issues of unrecognised significance. The implication for the current study is that superficial interpretations of texts should be avoided in favour of underlying contextual meanings. For example, one young participant described how she was rebellious and disruptive in school resulting in expulsion. What remained hidden to others however, were her experience of sexual abuse at home over several years, and her struggles with sexual orientation issues. Similarly, several participants described deliberately creating and perpetuating a happy false façade which masked their unhappiness and pain. On the surface, these behaviours could point to concealing shame and protecting abusers. At a deeper level of interpretation however, I speculate that these behaviours, recorded in the text, were unconscious strategies designed to create and preserve a social identity that protected the felt subjective sense of self and continuity. This interpretation represents a deeper revelation of being. Interpretation of these behaviours illustrates the importance of going beyond the superficial to a deeper understanding.

3 Understanding is dialectical

In this section, I discuss the co-creative endeavour of this study and clarify what the dialectic of Gadamer’s (1960/1989) philosophical hermeneutic is and is not. In so doing, I discuss understanding as questioning. Gadamer’s dialectic differs from the metaphysical dialectic of Plato and Hegel (Gadamer, 1960/1989). Dialectic, in ancient Greece, was a form of reasoning that proceeded by question and answer (Honderich, 1995). The term gradually came to mean logical argumentation.

The Hegelian dialectic of synthesising opposite theses did not underpin Gadmer’s hermeneutic dialectic either. Rather, Gadamer (1960/1989) argues that hermeneutic dialectic was founded on a speculative element, that is the ‘constant substitution of one thing for another’ (p.466). Hermeneutically, the claim of the text must be allowed to show itself. ‘The text must be allowed to speak, the reader being open to it as a subject in its own right, rather than an object’ (Palmer, 1969, p.197). The relationship between researcher and text therefore becomes a dialogue or dialectic. A question is addressed to the text, and, in a deeper sense, the text addresses a question to its interpreter. The selection of questions to be asked of the text and our capacity for openness to receive what the text offers us are manifestations of our horizon of understanding. In the interaction and subsequent fusion and expansion of horizons beyond old prejudices, the interpreter comes to hear the question which called the text itself into being (Kvale, 1996). The hermeneutic dialectic of question and answer in interpretation
of a text is therefore reciprocal and the interpretation grows out of the dialogic interplay between text and prejudice.

Gadamer further explains it is not so much a dynamic of questioning the text but rather being open to the question that the text poses. ‘To question genuinely, is “to place in the open” because the answer is not yet determined’ (Palmer, 1969, p.198). Effective questioning, then, presupposes openness, that is, admitting that the answer is unknown (Palmer, 1969). Every act of understanding, even self-understanding, is therefore motivated and prompted by questions that anticipate the boundaries of that understanding (Grondin, 1994). Furthermore, Gadamer (1960/1989) points to the link between questioning and interpretation when he states, ‘the sense of an interpretation is determined, like every response, by the question asked. Thus, the dialectic of question and answer always precedes the dialectic of interpretation. It is what determines understanding as an event’ (Gadamer, 1960/1989, p.472).

According to Widdershoven (1993), Gadamer radicalises the idea that the situation of the interpreter plays a role in the interpretation. Gadamer’s dialogical model of hermeneutical understanding is criticised by objection ‘to the personification of the text as if the text was a conversational partner’ (DiCenso, 1990, p.114). The basis for the objection is that the conditions of dialogue, that is the presence of the ‘interactive interlocutors’, is not fulfilled and Gadamer’s paradigm of authorial intent (the belief that one can know the mind of the author) is thus insufficient. This criticism is unfounded however, as Gadamer’s hermeneutics does not advocate authorial intent as a feature of interpretation. Gadamer states clearly that when we ‘try to understand a text, we do not try and transpose ourselves in to the author’s mind (as Schleiermacher suggested) but we try to transpose ourselves into the perspective within which he has formed his views’ (Gadamer, 1960/1989, p.292) to open ourselves to the horizon of the text. This perspective is constituted by the prevailing historical, social, cultural, and linguistic context; what Gadamer refers to as tradition.
**Application of hermeneutic dialectics**

Application of Gadamer’s philosophical dialectics to the current study concerns my dual role as co-creator and interpreter of the text; achieving authentic questioning and being open to the text. The text, the combined transcripts of all interviews, is the product of conversations in which questions and answers unfolded in a discursive manner. In the co-creation of the text in interactive interviews, the process was dialogic, reciprocal and shared. As such, I became both a co-creator and interpreter of the text. In other words, I am interpreting the text I co-authored and even though texts are inter-subjectively created, and therefore incorporate multiple horizons, the choices over multiple, competing interpretations were mine. Because I am integrated into the study in these two ways, co-creator and interpreter, it was a greater challenge to be open to new ideas emerging from the text through a dialogic process. This difficulty was not helped by the lack of temporal distance from the texts, as temporal distance facilitates correct interpretation (Gadamer, 1960/1989).

There were two ways in which I addressed this potential limitation: awareness of prejudices and achieving authentic questioning of the text. I had to be aware of my pre-understandings and monitor them so that I noted how they influenced the creation and interpretation of text. When interpreting, I resisted the temptation to categorise data according to conventional psychiatric ways of thinking about attempted suicide or in terms of psychopathology. Instead, I sought to recognise material that tugged at the boundaries of my horizon concerning suicide and related problems. Awareness of my prejudices was heightened by an ongoing reflection exercise which took into account, as far as possible, my heritage and cultural values as well as personal experience regarding care of suicidal people in my role as a nurse. I discuss the way in which I achieved this awareness of prejudices in Chapter 2 and I discuss interviewing in Chapter 5.

Authentic questioning of the text was enhanced by recognising my limited understanding of the phenomenon of attempted suicide in these participants; their unique contexts and the personal significance of events for them. I therefore remained open to the possibility of understanding suicidal behaviour in ways different from those that my psychiatric pre-understandings dictated. I asked constantly: What is the text telling me about attempted suicide? What is here that I did not expect to see? What does not fit with my pre-understandings of attempted suicide? What is going on in the lives of these young women that brings them to the point of suicide? What is the meaning of their behaviour and what can be
learned from their stories? What is the feeling conveyed in the text? What is the historical, temporal and cultural heritage (the tradition) of these young women that shaped their horizons? In seeking answers to these questions, it was important to obtain as full as possible an account of the stories of the participants, including their formative backgrounds and detail about their suicide attempts. Historical residues are embedded in reconstructed life stories, the telling of which serves to make sense of the young women’s experiences. In this process, the historical is manifested in the present through the lives of the participants. For example, two migrant participants described the power that fathers and brothers assume over them. This power dynamic is based historically and culturally in the heritage of Middle Eastern culture and Islamic religion.

In order to interpret the text from a truly historically conscious position, I need to take account of the prejudices of my own time. Thus, in an effort to understand the phenomenon, I must take into account historical cultural influences, and modern contextual issues, as well as my prejudices and ethnocentric value judgments. What is more important for the purposes of the present study, however, is not reconstructing the historical influences that gave rise to such attitudes and practices but understanding the meaning of the situation to participants and how it relates to the suicidal behaviour.

4 Understanding is temporal
In this section, I give a brief account of the temporality of understanding and draw implications for the present study. Understanding functions simultaneously in three modes of temporality: past, present and future (Palmer, 1969, p.181). Consequently, understanding temporally means the past can never be seen as object in the past with an absolute separation from the present and future. Seeing the past in terms of itself is ‘a dream running contrary to the nature of understanding itself, which is always in relation to the present and future’ (Palmer, 1969, p.180).

Hermeneutically, texts transcend time. ‘In the form of writing, all tradition is contemporaneous with each present time’ (Gadamer, 1960/1989, p.390). In contrast, oral tradition mediates past and present knowledge in the process of retelling, as in life stories. Understanding is ‘participating in the stream of tradition, in a moment which mixes past and present’ (Palmer, 1969, p185).
Life stories are not unadulterated accounts of the recent past but rather amalgamations of past events, traditional influences, present knowledge and future projections. As such, narrative life stories, are temporal constructions that typify the transcendence of time, even though the time frame is brief in contrast with the texts of antiquity that Gadamer (1960/1989) refers to. Temporal distance is filled with the continuity of custom and tradition, in the light of which everything handed down, presents itself to us (Gadamer, 1960/1989, p.297). The objective temporal division between past, present and future blurs in the telling of a life story, or personal experience narrative (Denzin, 1989b, p.199). In a story, a sequence of events within a time period are related as a temporal production (Denzin, 1989b). Furthermore, all stories deal with a temporal order of events, ‘some being anterior to or simultaneous with other events, while some are posterior, or come after other events’ (Denzin, 1989b, p.185). In reality, in interpretive approaches to life stories, lived time is not linear; it is circular and interactional (Denzin, 1989b).

The implication for understanding, according to Gadamer, is that understanding is always relative to the interpreter and the interpreter’s particular time and place. The tension between present and past is central to hermeneutics, in which understandings reside somewhere between the past and present, between the strangeness of the old and familiarity of the known in the present.

**Application of temporal considerations**

Temporal proximity to the co-created text and its interpretation raises issues in research. Modes of temporality are recognised in the accounting of a life story in which tradition is embedded (past, present and future projections). When a chronological structure is imposed on a life story it leads to contemporary states (present) and articulates aspirations (future). These temporal distinctions lose their delineation however, as a life is discursively laid open in its construction and reconstruction during the research interview. In this way, the person’s life, containing a fusion of time, is taken into account in the search for meaning of the suicide attempt.

Gadamer (1960/1989) states that the intrinsic content of a text appears only after it is divorced from the circumstances that gave rise to it. He further suggests historical understanding requires the closure of the historical event, which ‘allows us to view it as a whole and from a distance from contemporary opinions that determine its import’ (Gadamer, 1960/1989, p.298).
Closure of an event refers to the absence of contemporary interest in an event which is of historical interest only. It is the function of time to eliminate what is inessential, allowing the true meaning that lies hidden in a thing to become clear. It does this by allowing prejudices arising in time and history to fade out, and by causing those that lead to a true understanding to come forward (Palmer, 1969; Grondin, 1994). Temporal distance is a filter that is constantly moving and extending, explains Gadamer (1960/1989), although true understanding is never finished because it is an infinite process (Gadamer, 1960/1989, p.298). Hence, over time we come to see things differently.

In the present study, there can be only limited closure of historical events and distancing from opinion because the events are contemporaneous and therefore exist phenomenally in the recent memories (and prejudices) of participants, and objectively in the social structures, religious and cultural mores or ongoing violent political strife, for example, that intersect with the lives of participants. The past, and human interactions, may be viewed differently at different points of time because of the dynamic nature of tradition and the development of narrators. This dynamic nature and development is true regarding the texts of the present study. Temporal distance from the suicide attempt was achieved to some extent by interviewing participants approximately six to twelve months after the incident. In this regard, the time gap between the suicide attempt and participation in interviews allowed for resolution of the crisis and for emotions to settle in some, but not all, participants. Simone, for example, expressed regret at her suicide attempt and displayed resolution of the anxieties about her mother’s serious illness that had precipitated her overdose. This temporal distance is valuable because presumably, with the passage of time, the significance of the suicidal attempt emerges with greater clarity and meaning.

But people are different. Angela remains angry and unremorseful, stating, *If I was back on that day I’d do it again*. Jasminda still perceives, her suicide attempt as a recent event, even though it occurred nine months prior to our interview. Anguish and anger are constant companions for Jasminda who recounted her childhood experiences of betrayal and abuse. There is no divorce from the circumstances that gave rise to her story, no emotional distancing, no closure of the event. Her understanding as an older adolescent is different, however, from her confusion as a child, and may be different again as an adult. Theoretically, then, contemporaneity may obscure the unity of events surrounding the suicide attempt and
hamper the emergence of ‘true’ meaning. When contemporaneity gives way to the productivity of temporal distance however, is unknown. This must be an individual matter.

5 Understanding is linguistic

Gadamer (1960/1989) states that language and understanding are inseparable. He emphasises the primacy of language (embedded in the fabric of life in all its aspects) and in our efforts to understand life. History, culture, ontological being, self-understanding and relationships all meet in the common ground of language. For Gadamer and Heidegger, language, history and being are interfused so that, according to Palmer (1969), ‘the linguisticsality of being is at the same time its ontology — “its coming into being” — and the medium of its historicality’ (p.177).

Language speaks to us from the tradition in which we belong. Within language the cumulative experience of a whole historical people is hidden and stored; it is inseparable from experience and being (Palmer, 1969; Thompson, 1990; Grondin, 1994). Understanding results from belonging to an ongoing tradition as part of dialogue; when something speaks to us from that tradition we begin to understand (Grondin, 1994). The power of language to disclose transcends time and place, and as such, language has a universality that enables us to understand other persons, traditions and places.

Gadamer (1997) says language is a medium, ‘the element in which we live, as fishes live in water’ (p.22); the ‘medium in which substantive understanding and agreement take place between two people’ (Gadamer, 1960/1989, p.384). Language is not a tool, a system of symbols or signs. For Gadamer, it is non-instrumental in character. Language is something that belongs not to the person but to the tradition in which she is situated. The speaker does not invent the words that belong to a situation; they are learned gradually through immersion in the stream of heritage (Palmer, 1969). As Reeder (1988) puts it, ‘a basic assumption underlying hermeneutics is that language possesses its own reality and power while referencing the world in which we live’ (p.194). In contemporary terms, language is not just the exclusive production of the individual; rather, language shapes the individual’s subjectivity within her tradition (Richardson, 2000). Furthermore, what something means depends on the discourse available to persons. Language does not reflect social reality, but produces meaning and creates social reality (Richardson, 2000).
We and the text belong to language and because of this belongingness, a common horizon becomes possible. In hermeneutics, there is no imposition of one’s horizon onto the text but rather a fusion of horizons, without any one horizon excluding the insights and knowledge of the other. In addition, there is an inner dialogue consisting of that which is not said, according to Grondin (1994). ‘The essential linguisticality of understanding expresses itself less in our statements than in our search for the language to say what we have in our minds and hearts … in summoning the word and the search for a shareable language’ (Grondin, 1994, p.120). It is through participating and hearing that one gains access to the deeper ontological dimensions of the world through language. The attitude of the researcher must, therefore, be one of openness to the fruits of the text (Gadamer, 1997).

**Application of the linguistic nature of understanding**

Application of the linguistic nature of understanding is best achieved through concretising some issues in relation to participants’ life stories. I do this with reference to Buken (1990), and Devault’s (1990) feminist perspectives on language, and to Richardson’s (2000) observation that certain discourses are appropriated by some and unavailable to many others.

The language of both participant and researcher is important because it is through conversation that: (a) prejudices as products of our social reference groups and heritage (Thompson, 1990) are made manifest; and (b) shared meanings, or fusion of horizons, become possible. Yet, when the horizons of participants and researcher are differentiated by culture, class, education, mother tongue, age, maturity and the ability to articulate ideas and abstractions, this is a complex process. For example, there is considerable distance between world views and language and therefore scope for misunderstanding, as it is through language that we think and articulate ideas. The level of participants’ articulation varied considerably with Jasminda, Maria and Chantelle displaying a capable and extensive grasp of the English language. In contrast, Anna struggled with English as a second language, often unable to find the right word to express her meaning. Similarly, the younger participants, Simone and Angela, had a limited repertoire of language, and therefore concepts, upon which to draw.

Furthermore, if participants have no access to certain discourses, they are unable to think with reference to the ideas and concepts of those discourses, thereby limiting the ground for fusion of horizons. Their understandings are linguistically created (within their traditions), and meaning is subsequently constrained and bounded within the limits of their language, which
may not include notions arising in another tradition (culture, history, society). For example, the power that fathers and brothers exercised over two migrant participants, from different Middle Eastern Muslim countries, was not described in terms of power relations, inalienable rights, feminist or democratic ideologies, but rather in terms of the immediate restricting effect it had on their lives and the consequent emotional impact. Their understanding of the situation, and their subjective construal of events, was limited to their linguistic repertoire. However, through the process of acculturation, it will not take long before their rapidly developing grasp of the English language, in which Western cultural tradition is embedded (Australian style), surpasses that of their parents, thereby creating the potential for more distant horizons of understanding between generations. This occurs because the understanding of migrant parents, embedded in their language, often remains fixed at the time of their departure from the home country. As stories are constructed with language in which tradition and social values are concealed and transmitted (Buker, 1990; Devault, 1990), it plays a part in perpetuating values in which gender inequality is accepted. For example, in Arabic countries, liberation movements lag behind Western progress, ‘more than half of Arab women are illiterate’, and women’s participation in political and economic life, rates as ‘the lowest in the world’ (United Nations Development Programme, 2002, p.3). Thus, cultural and traditional residues which devalue and subordinate women are carried into the daily lives, through language (and customs) of Arabic migrant families in Australia.

A further linguistic consideration in the attempt to conduct scholarly inquiry into lives, pertains to my language as an academic researcher. First, in my conversations with participants I avoided professional jargon, which could be a barrier to communication. For example, it would be inappropriate to ask participants to tell me about their ‘risk factors’ and ‘protective factors’; rather conversation was encouraged by questions formulated in neutral language, such as ‘tell me what was happening at the time’. I was also aware in the interviews (interpretive dialogic exercise) that I was thinking with concepts emerging from Western psychiatry. In order to recognise the subjective experience of the participants, I had to concentrate on not imposing my psychiatric, psychological and nursing constructs onto the text. At the same time, however, I used those constructs to gain access to the worlds of the participants and be open to the possibility of fusing horizons.

In addition, Devault (1990) states that women researchers can be blinkered by the language of research paradigm and disciplinary jargon which have largely been made by men in male established traditions. Devault (1990) urges women academics to peek outside the given
frameworks of language prescribed by tradition and open our minds in order to truly hear and listen to the stories of women. Standard vocabulary of academic researchers needs to be transcended not just in analyses, but also in the ways we converse in interviews. By speaking in ways that open the boundaries of topics, ‘we can create space for respondents to provide accounts rooted in the realities of their lives’ (Devault, 1990, p.99). It is important to describe women’s lives in ways that move beyond standard vocabularies ‘by using rich and complex description’ (Devault, 1990, p.111). Hermeneutically, by observing the autonomy of the text and striving to understand it on the basis of its own frame of reference (Kvale, 1996) and by avoiding imposition of my professional and personal prejudices, I can resist the conceptual blinkers of my tradition and hear the voices of participants. Thus, in this study, the words of participants are highlighted in an effort to capture their reality and move closer to their horizon. Only in this way can the meaning of attempted suicide be understood.

6 Understanding is inextricable from interpretation and meaning making

Understanding and interpretation are essential features of human nature (Gadamer, 1960/1989) and making meaning throughout life is a human imperative. In this section I introduce and elaborate on the concepts of interpretation, making meaning and understanding which are linked inextricably as part of the same process. Indeed these concepts are defined in terms of each other in Delbridge et al. (1991). Hermeneutically, however, subtle distinctions may be made. Throughout this discussion, I integrate concepts from philosophical hermeneutics and the narrative study of lives and apply them to the present study.

Interpretation and speculativity

‘Interpretation is not an occasional, post facto supplement to understanding; rather, understanding is always interpretation, and hence interpretation is the explicit form of understanding’ (Gadamer, 1960/1989, p.307). As Feldman (2000) states, ‘no matter what we do, we are always and already interpreting’ (p.55). Hermeneutically, interpretation means bringing ‘one’s own preconceptions into play so that the text’s meaning can really be made to speak for us’ (Gadamer, 1960/1989, p.397). As previously explained, in order to explicate new ideas from the text, they must be thrown into relief against what is already known so as to distinguish them from prejudice and allow them to ‘affirm their own validity’ (Grondin, 1994, p.111). The subsequent tension between the new and old is resolved by fusing horizons into a new perspective. The depth and breadth of pre-understandings is negligible, however, if we are not open to the autonomy of the text. Clearly, to try and ignore one’s prejudice in
interpretation is not only impossible but limits our horizon and the ability to perceive the new and understand it. Self-awareness and openness, therefore, are hermeneutic principles necessary for interpretation; a never-ending process. Furthermore, the life story is part of a history of interpretations, which changes the meaning of the life in the telling. In doing so, the story itself becomes richer, as it is filled with life experience (Widdershoven, 1993).

Because self-awareness, prejudices and capacity for openness are personal attributes, it follows that all interpretation is subjective and therefore speculative; that is, it becomes my ‘best bet’ all things considered, about the meaning of the text. Speculativity is the ability to let new possible relationships speak to us and address our understanding. As previously discussed in the section on Dialectics, we speculatively substitute one interpretation for another until one ‘speaks to us’ and resonates with our tradition and the text. Settling for the obvious interpretation, however, is neither hermeneutic nor particularly productive in terms of addressing social issues. Furthermore, what we see at first may not be real. As Kvale (1996) states, ‘Interpretation goes beyond the immediately given and enriches understanding by bringing forth new differentiations and interrelations in the text, extending its meaning’ (p.50). When interpreting the texts it is easy to choose the first and ‘obvious’ interpretation, which is usually superficial and more descriptive than interpretive.

**Application of the notion of interpretation and speculativity**

A superficial reading of 16 year old Simone’s life story, suggested she was in denial and not coping with the central issue in her life, her mother’s serious illness. On looking below the surface, however, the opposite meaning was discerned. Specifically, at the end of the interview, Simone spontaneously shared a story about herself as a toddler being accidentally locked alone in the family flat (apartment) for several hours, while her mother frantically tried to gain entrance. During the debacle, Simone calmly went about feeding herself and curled up on the table and fell asleep while the drama escalated outside until the fire brigade arrived and gained access. I interpreted this story to mean that subconsciously she knew she had adequate strength and self-sufficiency to cope and self-nurture in the event of her mother’s death, even though inevitable grief and drama in the family would ensue. This interpretation resonated with my foreknowledge of the subconscious, and moreover, it cohered with the whole life story. Hermeneutically however, it remains speculative and other interpretations of the story could be made, such as Simone defending herself against her anxiety by regressing to the unawareness of a toddler.
Meaning making

Meaning making occurs in research as participants interact with the interviewer to co-create and make sense of their life stories. It is then the researcher’s task to explicate meaning from the text during the analytical interpretive process. Meanings that emerge are not objectively fixed and unchanging (Thompson, 1990) but fluid and responsive to different configurations of the elements of understandings, and to the interpreter’s position. In the following discussion, I consider the aims and structures of meaning, how meaning is actively pursued, sociopolitical implications and multiplicity of meaning, and the hermeneutic nature of meaning.

Gadamer (1960/1989) explains that meaning can be achieved only through discursive thinking processes that incrementally supersede one-sidedness, partial propositions and contradictions. In relation to narrative conversations, meaning is sought and created (Morse & Field, 1995), constructed and reconstructed (Lieblich, 1997), interpreted and reinterpreted (Lucas, 1997), uncovered, described and interpreted (Lieblich & Josselson, 1997), ‘negotiated mutually’ (Schwandt, 2000, p.195) and identified by distinguishing the essential from the inessential (Widdershoven, 1993). Clearly, meaning making is not a passive enterprise but actively and communicatively assembled (Lieblich, 1997) and emerges from the interpretive effort.

However, within the complexities of social structure, history and concrete experiences (Lieblich, 1997) contained within the text, meaning does not emerge readily and with clarity, nor does it arrive in a linear fashion. Rather, meaning making relies on forms of knowing that are not easily captured in linear representation (Sandelowski, 1991; Josselson, 2000). As Sandelowski (1991) states, about the process of telling one’s life story, ‘events are selected and then given cohesion, meaning and direction; they are made to flow and are given a sense of linearity and even inevitability’ (p.63).

Meaning is ‘pre-eminently defined in terms of individual signification’ (Gergen, 1994, p.19). I assume, however, that meaning is significant for both individual and society because lives intersect with society and culture(s) and reveal knowledge. It is, after all, the function of interpretation (in hermeneutics) to make explicit the meaning of a text to the present (Gadamer, 1960/1989; Widdershoven, 1993). Subsequently, personal and sociopolitical implications are included in my elaboration of meaning. Of some relevance to the present study is the way meanings and understanding of attempted suicide inform mental health
nursing practice in its role both of providing health care to troubled clients and their families and as a health profession within a sociopolitical and economic context.

Issues disclosed also have relevance to the broader context of society and culture. Chase (1996) and others claim the aim of narrative analysis is not to impose immutable or definitive interpretations on participants’ stories or even to challenge the meanings participants attach to their stories. Rather, its goal is to determine the import of taken-for-granted sociocultural influences, values and customs embedded in the everyday processes of storytelling (Rosenthal, 1993; Gergen, 1994; Holstein & Gubrium, 1995; Morse & Field, 1995; Chase, 1996; Kvale, 1996). Chase (1996) regarded meaning as deriving from ‘how the story is communicated within or against specific cultural discourses and through narrative strategies …’ (p.55).

**Application of meaning making**

In determining the import of sociocultural dimensions of meaning, I turn to the contextual accounts of the lives of the participants. While attempted suicide is intensely personal, its ramifications may impact on multiple private (family, home, friendship networks) and public (hospital, health service, school, community) contexts and is therefore significant to wider society. For example, to varying extents, the young migrant women in the study experienced being different from the dominant culture. In particular, family tensions relating to cross-cultural and intergenerational clashes were revealed. More concerning was evidence in some stories of culturally reinforced devaluation of women, the extreme expression of which occurred within families as physical, emotional and sexual abuse. The texts are thus testimonies of the powerful influence of gender, culture, pressures of acculturation and family dysfunction, which in turn affected the lives of these young women. These issues of social importance alert mental health nurses of the need to appreciate inequalities in society and power differentials between minority and dominant groups. Furthermore, there are implications for the preparation of migrants coming from cultures vastly different from the Australian culture to facilitate settling into the new country. Thus, the acculturation of children and anticipation of cultural clash within families should be a special focus.

**The speculative nature of meaning**

Hermeneutically, more than one meaning can be generated (pluralism) and indeed many may be produced (multiplicity) in interpretation. The many processes of making meaning, listed
previously, point to its dynamic nature and demonstrate that meaning is ‘never fixed, but always changing in and though interpretations’ (Widdershoven, 1993, p.12). Meaning is fluid, complex and emerges from the shadows and illuminations of stories and the interaction between individual and society. Each time the text addresses us, understanding is different, and according to Gadamer(1960/1989), because other factors always interact in the process, potential meanings are limitless. Consequently, there can be no unequivocal interpretation as hermeneutic and post-modern modes of understanding allow for a legitimate plurality of interpretations (Kvale, 1996).

**Application of the speculative nature of meaning**

The potential for multiplicity of interpretation is illustrated by closer examination of Theme 5 in Chapter 6, Findings, ‘Expressing the self by attempting suicide’. I placed the six sub-themes under this interpretation and considered two other interpretations as possible names for this theme: ‘reaching the limit of endurance’ and ‘enforcing change’. Both names are legitimate and represent some of the complex dynamics operating in the text but I rejected ‘reaching the limit of endurance’ because applying it to all participants stretched the interpretation further than I was willing. Also, this name suggested defeatist, negative connotations. ‘Enforcing change’ was more positive, and delved below the surface of participants’ words and actions but it did not satisfy the goal of the final name. In choosing, ‘expressing the self’ I highlighted the act of attempted suicide as a statement of self-assertion, protest, action (not passivity), and, paradoxically, of being even though it challenged non-being. Hermeneutically, for each interpretation, there is another plausible, cogent interpretation; the difference is determined within the inter-subjectivities of interpreter and text.

**Understanding**

‘Understanding is the true centre of hermeneutic inquiry’ (Gadamer, 1960/1989, p.30); it is ontological, historic–traditional, linguistic, temporal and partial and depends on being open to the claims of the text. ‘Understanding is not a method which results in objective knowledge, rather being situated within an event of tradition, a process of handing down is a prior condition of understanding’ (Gadamer, 1960/1989, p.309). The ontological nature of understanding is expressed by Josselson (2000), with reference to meaning making, as ‘an inner knowledge, an awareness of insight, and an enlargement of the sense of self and, because of its affective and intuitive base, is often difficult to express in language’ (p.89).
This level of interpretation, however, does not operate independently of the content of the text.

We have the ability to open ourselves to the superior claim of the text and to respond to what it has to tell us. ... Hermeneutics ... consists in subordinating ourselves to the text’s claim to dominate our minds (Gadamer, 1960/1989, p.311).

It is the responsiveness or resonance at a deeper level to the message of the text that tells us that understanding is being experienced. Furthermore, Gadamer (1997) states that ‘hermeneutic philosophy does not understand itself as an “absolute” position but as a path of experiencing’ (p.36). This path changes as we change.

**Application of understanding**

Understanding is always changing. For example, a child’s understanding of being abused, experienced by Jasminda, Anna and Kajol, or of parental conflict experienced by Angela, Kajol, Hasnaa, Chantelle and Anna, differs from that of the young adult. As a person changes, matures and develops, that person’s interpretations of the world encompass greater complexity and ambiguity. As Everett and Gallop (2001) observe, people reconstruct the past for meanings ‘that could not have been known at the time, given the child’s limited cognitive capacities. They also create meanings by super-imposing present day adult knowledge on top of past images’ (p.205). Furthermore, links between cognitive, emotional and social maturation represent the personal sphere of life, which inevitably intersect with the public, cultural, traditional, linguistic and historical. For example, in a society where cultural values demean and objectify women and abusive language exists, it follows that abusive behaviours are the expression of such tradition. In this way the hermeneutic elements of understanding coherently illuminate the progression of abuse against women and children.

In addition to its changing nature, understanding is also always partial. Twenty-seven years after the publication of *Truth and Method*, Gadamer (1997) claims that no matter how many questions are posed to the linguistic or artistic creation, ‘one can never completely understand it’ (p.43). He refers to the inability to finally know the answer irrespective of the questioning approach. ‘One cannot fully harvest the information that resides in an artwork, or linguistic work, so that it is, so to speak, consumed, as is the case with communications that merely
advise us of something’ (Gadamer, 1997, p.43).

**Summary of interpretation, understanding and meaning**

Meaning is the dynamic process of making sense of events in relation to other events within particular temporal and sociocultural contexts. It includes the significance placed on events in terms of their implications for change in a life or for wider society. Furthermore, as the interpreter or narrator of a life story grows and develops, and their life circumstances change with the passage of time, so too do meanings change. Meanings are not grasped superficially but emerge speculatively from deeper levels within texts. There may be plural or multiple legitimate meanings and it is also possible to misinterpret. The processes of meaning making, interpretation and understanding converge in the ontological nature of human beings, and as such, are inextricable. Meaning is discerned narratively and hermeneutically. Meaning is never complete but always partial and there can be no certain claim to correctness or truth.

**Truth in Narrative Interpretation**

Interpretation may faithfully represent or misrepresent the text depending on the appropriateness of prejudices. It follows that truth is not necessarily an outcome in interpretive research in which truth value is more of a philosophical than a scientific issue. Accordingly, the truth value in narrative interpretive research is considered in this section. Gadamer’s (1960/1989) frequent references to ‘correct’ interpretation imply the possibility of incorrect interpretation. Notwithstanding the multiplicity of interpretation and that ‘meanings are not fixed or stable in all contexts’ (Feldman, 2000, p.58), it is possible to have an incorrect interpretation for several reasons. Understanding can be misled by ‘erroneous foreconceptions, wrong prejudices and misleading biases’ (Grondin, 1994, p.112) and the concealing effect of history (Grondin, 1994). This concealing effect refers to historically influential interpretations that need to be overcome. Other pitfalls that may produce mistakes include ‘arbitrary fancies, limitations imposed by imperceptible habits of thought, that in which the gaze is misdirected away from the things themselves, the texts’ (Gadamer, 1960/1989, p.267). In addition, the failure to reflect upon interpretive understanding and to challenge presuppositions that orient the interpreter toward a certain interpretation must be avoided.
Temporal distance is thought to hold the possibility of distinguishing true prejudices, by which we understand, from false ones, by which we misunderstand (Gadamer, 1960/1989). However, temporal distance is a potential benefit not accessible to research projects limited by short time frames. Within the present study, the issue of correctness in interpretation is addressed by observance of rigor; I pick up this issue again in the Chapter 5, Methods. Here, I briefly review arguments on the problematic — and some say indefinable (Davidson, 1996) — concept of truth for which there is no universally accepted definition but many theories, including truth as scientific fact, the universality argument, the subjective reality argument and truth emerging from tradition.

*Truth as Correspondence*

The most common theory of truth is based on positivistic notions of science in which it is defined as ‘correspondence between a proposition and the fact, situation, or state of affairs that verifies it (Bullock et al. 1988, p.876). In traditional epistemologies, if there is correspondence between statement and fact, then it is deemed true; if not, false and meaningless. In correspondence theory truth is static, unchanging, immutable and based on the premise that things are immediately apprehended in an ontic manner, that is unreflexively by reference to antecedent interpretive frameworks (DiCenso, 1990). The possibility of verification of truth is a contentious proposition, which for some depends on sense–datum evidence but for others may be acquired by inference. Concrete evidence, however, may not be forthcoming or ambiguous, and inference may be based on logical argument but be unsound. Consequently, evidence in support of truth determined by correspondence is sometimes suspect.

*Truth as Universality of Belief*

The question of what is real or true may be determined by a commitment to a common belief system (Streubert & Carpenter, 1995). The question of truth is thereby explained in terms of commonality or universality of belief. For example, one of the great commonalities in all cultures throughout human history is the belief in god(s) or the presence of a spiritual world (Evans, 1993). Equally, there are those who hold that such a proposition is false. Furthermore, the construal of truth as a commonly held belief, discounts individual truths (ways of knowing) because they may not be shared universally. Indeed, many ideas espoused by individuals were once negated and rejected because of lack of common agreement but have since been verified; for example, Copernicus’s promulgation of a sun-centred universe as
opposed to an earth-centred universe., Truth based on universality is therefore uncertain because it is a quasi-statistical determination of truth and relates to truth as shared beliefs, which suggests there is a relationship between the extent of the shared belief and the veracity of belief; the more believers, the more likely to be true, which is clearly absurd. One only has to think of the once commonly held belief that the earth was flat to discount the argument. A more subtle variation of truth as commonality is defined by Guba and Lincoln (1990), ‘as that most informed and sophisticated construction of which there is consensus of individuals most competent (not necessarily most powerful) to form such construction’ (p.86). However, being more informed and sophisticated and supported by consensus does not make a proposition true, just harder to challenge.

**Truth as Subjective Reality**

Another approach to defining truth is based on individual subjectivities. All realities are construed as subjective in the light of an individual’s interpretation, attribution of meaning and understanding of events (Boyd, 1993). Interpretive methodologies are based on the notion that truth, or reality, is determined according to personal perception or construction of reality. The interpretive researcher attempts to reveal the experience of the other through explication of phenomena and thus discern what is true from his or her point of view. The emphasis is on subjective meanings rather than on facts alone. Subjective truth, however, is open to question when the facts do not support the subjective experience. This occurs when it is contradicted by correspondence notions of truth. For example, a person may ‘hear’ a voice but there are no external observable stimuli to verify the experience by a third party (correspondence). Nevertheless, the person has heard a voice so that is their subjective reality, their truth. Subjective reality thus conforms to the mind of the person. Ascertaining a person’s reality, however, does not make a belief true according to correspondence or universality theories. Furthermore, there is a rational limit to ‘truth’ based on conformity to the mind, as every mental health nurse who has cared for a delusional patient knows.

**Truth Emerges through Tradition**

Hermeneutically speaking, truth cannot be derived through methodological science; rather, it is acquired through the tradition and wisdom of others. However, ‘it is not tradition but reason that constitutes the source of all authority’ (Gadamer, 1960/1989, p.272). Tradition is dynamic and needs to be affirmed, embraced and cultivated. Being situated in tradition does not mean reason cannot be used against prejudices and situatedness. Absolute reason,
however, is not a possibility because of its limitations. That is, reason is dependent on the limits of language, tradition and prejudice, which constitute and direct understanding (Feldman, 2000). On the other hand, Allwood (1989) claims that, to the extent that rationality correlates with truth, ‘the understanding accumulated in tradition gradually comes closer to the truth and becomes more rational as new generations make their contribution to tradition’ (p.309). This may be an optimistic view however, because not only may change in tradition mean that old mistakes are weeded out but also that mistakes may be included and old truths eliminated (Allwood, 1989). The notion that truth emerges from tradition is obviously uncertain.

Having considered several explanations of truth, I am not confident of any although, I lean toward the subjective view in which truth becomes the best approximation of reality that we can construct, a ‘loyal representation of inner reality’ (Palmer, 1969, p.122). At the same time, it remains an inadequate grasp of truth. Furthermore, examination of the concept becomes increasingly complicated and obfuscated by abstract philosophical argument, which is unhelpful in the current study. My purpose is better served by discernment of what is important in the present rather than abstractions about truth. Accordingly, I refer to the value of narratives or texts for what they teach, the lessons inherent or indeed their meanings, which links me back to hermeneutics.

**Truth and Philosophical Hermeneutics**
As an ontological process truth is discerned through hermeneutic philosophy, the emphasis of which is on the philosophical effort to account for understanding (Gadamer (1960/1989). Truth is embedded in this process. For Plato, truth is the ‘primordial self-manifestation of true being’ ... the coming out of concealment, an unveiling, expressed by Heidegger as the ‘throwing open of being’ (Moller, 1970, p.311). Coming out of concealment refers to overcoming truth as correspondence by reflection and the conscious awareness of values and subjective, imaginative and evocative meanings. This conception of truth engages the whole person in their history, tradition and language, to capture, as Bruner (1986) suggests, how experience is endowed with meaning. Hermeneutically, this truth arrives through dialogical reasoning (Moller, 1970; Watson, 1996). Such reasoning often occurs in research not as a unitary ‘interpreter wrestles text’ effort, but in dialogue with other human beings in discursive interviews. Therefore, truth must be inter-subjective rather than subjective.
The life stories that emerge in interviews are a way of organising experiences and memories of human happenings in story form. As such, Bruner (1991) states that narrative constructions can only achieve verisimilitude because they are a version of reality. Such a type of truth is not verifiable in terms of logico-scientific fact finding. At the same time, a person, in all good faith, can render a ‘true’ account of their story ‘which may be at odds with corresponding facts whose acceptability is governed by convention and narrative necessity rather than by empirical verification and logical requiredness’ (Bruner, 1991, p.5). Narrative thus operates as an instrument of mind in the construction of reality. When inconsistencies arise there are conflicting attitudes as to their import.

**Application of issues regarding truth in narrative hermeneutic research**

Initially, for example, I held concerns about the veracity of Angela’s life story. Doubts emerged primarily because of inconsistencies, such as denying the existence of any social life but later elaborating on the relationship with a boyfriend. The parent had also informed me that the daughter told lies and further attempted to discredit her by making a gesture indicating that she was mad.

My concerns about veracity, however, were relegated into unimportance when the nature of narrative and hermeneutic understandings were more fully understood. In addition, as I established rapport with Angela during the interview, her guard dropped and she relaxed and opened up, becoming more expansive and expressive. Furthermore, although the possibility of self-deception or interviewer deception can never be excluded in research (Minichiello et al. 1995), as a matter of respect and goodwill toward the participants, I operated in good faith and assumed their reciprocal good faith and integrity and subsequently accepted their stories as the best construction of reality that they could offer. In relation to Angela, I concluded that the parent’s efforts to discredit her revealed more about parental negative attitudes than it did about Angela. Furthermore, in hermeneutic research, interpretations are made on the basis of multiple stories and are not dependent on the veracity of any one story.

Minichiello et al. (1995) recommend a strategy of cross-checking the consistency of stories in subsequent interviews as one way of verification. In contrast, Sandelowski (1996) points out that inconsistencies in a life story do not point to untruths but rather the revisionist nature of storytelling. In telling and retelling something about one’s life, efforts are constantly made to clarify, articulate and make sense of it. This is a dynamic process, subject to change over time.
and with maturation. Furthermore, discrepancies in accounts are opportunities or analytic directives to explain why and if indeed they really are different (Sandelowski, 1996). In narrative inquiry, therefore, what matters is the facilitation of ‘as full a subjective view as possible, not the naive delusion that one has trapped the bedrock of truth’ (Plummer, 1983, p.14).

In addition, the story of one’s life is a socially constituted product, and what is remembered and how events are structured, according to Gergen and Gergen (1988), are vitally dependent on the social processes in which people are immersed. Memory is not so much individual as a social process. In telling one’s life story there must inevitably be selectiveness as to which events are included and how they are ordered into an intelligible sequence/made to seem intelligible, even if actions/events were not intelligible at the time. As such, truth resides not only in the mind of the informant but is also consistent with the informant’s behaviour and, concomitantly, consistent with the wider cultural realm, a level of rationality. Therefore, behaviours at odds with the norms and values of wider society initially engender disbelief and challenge one’s sense of truth and rightness about the world, for example stories about parental and family abuse, lack of love and the human capacity for hurtfulness, revealed by the participants. These truths are confronting and shocking, as they don’t fit with normal expectations and behaviours in our society. Nevertheless, to deny their existence would be naive and further deny the narrators’ life stories and identities. Moreover, these testaments go a long way in facilitating understanding about the phenomenon of attempted suicide.

**Conclusions on Truth**

There can be no certainty that truth is ever realised. Truth construed with reference to correspondence, universality, subjectivity or tradition is questionable, and temporal distance as a filter for discernment of truth is fallible. Nevertheless, a dimension missing in these perspectives is a view of truth that grows within relationship as an inter-subjective hermeneutic experience. Josselson (2000) alludes to this in her thoughts about a subjective sense of union and a connected form of knowing that grows out of relationship. Truth emerges in the intimate connection with another human being as an inter-subjective, ontological form of knowing.

Whereas I agree, ‘there is neither a single, absolute truth in human reality nor one correct reading or interpretation of a text’ (Lieblich, Tuval-Mashiach & Zilber, 1998, p.2), I also
agree that ‘truth is something that happens to us, above and beyond any method or specific technique, in the experience of understanding’ (Thompson, 1990, p.248). I venture to state my position about how this truth is derived; that is truth emerges from a synthesis of the subjective, the inter-subjective and the ontological/spiritual nature of being. Truth is therefore reality gleaned holistically through my combined cognitive processes, intuitive grasping, affective experiencing and interaction with another, which becomes ontological knowing.

Texts are the records of the inter-subjective co-creation of life stories produced through interviews by researcher and participants who are situated in their time, tradition and consciousness. It follows that the same participant working with another researcher would produce different aspects of the phenomenon of interest (perspective on truth) in their story because of the different constellation of elements of understanding, questions and discursive path followed. In hermeneutic research, the text becomes important in its own right in its claim to truth (Gadamer, 1960/1989) but not in isolation from the inter-subjective dialogic and ontological process of the interpreters’ efforts to understand. I take the text, and therefore the person, seriously in their ‘claim to truth’ (Gadamer, 1960/1989, p.297). Such claims are represented in their life stories.

**Narrative Inquiry**

In this discussion, I concentrate on narrative inquiry as methodology, particularly on life-story approaches toward investigation. Narrative inquiry is currently embraced into the epistemological frameworks and research repertoires of diverse disciplines such as psychology, sociology, anthropology, history, philosophy, theology, literature, medicine, law, biology, physics and nursing (Plummer, 1983; Polkinghorne, 1988; Sandelowski, 1991; Riessman, 1993; Josselson, 1993; Somers & Gibson, 1994; Gubrium & Holstein, 1998; McCance, McKenna & Boore, 2001).

It must be noted, however, that caution in definitive approaches should be exercised in this field. Denzin (1989a), for example, suggests definitive approaches represent a ‘logocentric, scientific bias’ (p.47) and as such are antithetical to interpretive work. Moreover, Lieblich (1994) states:
At this stage of the exploration of meaning, which precedes theory building, determining the boundaries of the concept [narrative] and its exact meaning can only be harmful to progress in the field. We are not yet at the stage of having a theory of the narrative in the social sciences. We are not after definition, but after intelligent applications of the use of narrative and its use for the understanding of human lives (p. x-xi).

Thus, narrative inquiry remains relatively undefined and there is still no set of ground rules for this new method and style of reporting narrative work (Lieblich, 1997; Lieblich et al. 1998). Nevertheless, a closer look at the ways in which terms are explained in the literature is warranted, in order to articulate the path followed in the present study. This is necessary because certain terms (life history and life story for example) are sometimes used interchangeably (Grbich, 1999) in the literature.

Narrative inquiry is a generic term that refers to examining the lives of people via the medium of life story or life history research (Lieblich et al. 1998). The subjectivity of experience is the essence of the narrative approach which advocates getting close to individual participants, accurately picking up the way they express their understanding of the world around them and analysing such expressions (Plummer, 1983). It involves enabling a view of the ‘totality of the biographical experience’ (Minichiello et al. 1995, p.120). Totality refers to the multiple contexts which impinge upon a life and in which that life is lived. These include the contextual dimensions inherent in philosophical hermeneutics such as history, language, tradition and all the ‘religious, social, psychological, political and economic ideas available to them in their world’ (Minichiello, 1995, p.120). The aim of all narrative inquiry, therefore, is the discovery of meanings in the lives of the storytellers (Plummer, 1983; Mishler, 1986; Lieblich, 1997; Grbich, 1999). Examination, illumination, and theoretical understanding of human lives and social issues are thus promoted. Narrative inquiry is characterised by fertile ambiguities and ‘allows individual thinking and writing a great deal of freedom and creativity’ (Lieblich, 1997, p.x). In contrast, claiming an objective format, Hagemaster (1992) recommends guidelines which provide a recipe for doing ‘life history’ that deals with
reliability and validity. Her approach, however, denies the influence of the researcher on process and interpretation and is antithetical to hermeneutic philosophy and interpretive work.

**Life Story**

Life story is encompassed within narrative life history, along with a wide genre of writing: oral history, personal history, case history, autobiography, biography, self-stories and personal experience narratives life stories, the testimonio and autoethnography (Plummer, 1983; Denzin, 1989a; Tierney, 1999). These terms ‘define one another in terms of difference. The meanings of each spill over into the meanings of the other’ (Denzin, 1989a, p.47). Grbich (1999) places ‘oral biography’ as the superordinate concept but immediately equates it with oral stories and without qualification moves into the term ‘life history’, thus failing to relieve the conceptual confusion. I, therefore, review the literature for clarification of the terms, ‘life’ and ‘story’, and determine a definition of ‘life story’ as the approach used in the present study. A life refers to the lived experience of the person. Denzin (1989b) defines it as ‘an unfinished project belonging to a person, given meaning by the person and his cultural and emotional associates’ (p.184). There are twelve meanings of the word ‘story’ in Delbridge et al. (1991) including: ‘narrative, either true or fictitious, in prose or verse, designed to interest or amuse the hearer or reader, a tale’ as well as ‘a narration of the events in the life of a person …’ (p.1725)’. Narrative is thus equated with story, a representation of events, experiences or the like occurring over time (Bruner, 1991; Berger, 1997). Polkinghorne (1988) defines narratives as ‘the kind of organisational scheme expressed in story form’ which may refer to the process of making a story, the cognitive scheme of a story, or ‘the result of the process — also called ‘stories’, ‘tales’ or ‘histories’ (p.13).

Rosenthal (1993, 1997) defines life story as the narrated life, as related in conversation or writing. The life story represents an inner reality which combines experience, emotion, opinion, and expectation, ‘connecting disparate parts into a coherent meaningful whole’ (Holstein & Gubrium, 1995, p.28). Lieblich et al. (1998) state that life stories are ‘reconstructed around a core of facts or life events, yet allow a wide periphery for the freedom of individuality and creativity in selection, addition to, emphasis on, and interpretation of … remembered facts’ (p.8). As such, representations of a life do not simply represent, but rather (re)construct lives undergoing continuous alteration as interaction progresses (Gergen & Gergen, 1988; Sandelowski, 1991; Somers & Gibson, 1994). Stories are thus constantly revised in each retelling as people strive to present and (re)present their experience and clarify
as they go. They are therefore referred to as social constructions comprising social reality and the person’s experiential world (Gergen & Gergen, 1988; Rosenthal, 1993; Holstein & Gubrium, 1995; Chase, 1995). Life story thus, is the individual’s construction of their experience and the relationships among self-relevant events across time (Gergen & Gergen, 1988; Rosenthal, 1993; Holstein & Gubrium, 1995; Chase, 1995).

There is no distinctive or privileged structure of a life story (Gubrium & Holstein, 1998) although some attention is placed on structure in the literature on narrative inquiry. Riessman (1993) reports that ever since Aristotle said that a narrative has a beginning, a middle and an end, scholars agree that sequence is necessary for narrative. Indeed, Riessman (1993) suggests that ‘Western, white, middle-class interviewers expect temporally sequenced plots and have trouble hearing ones that are organised episodically’ (p.7). A life story, however, may be presented discursively, passing rapidly or irregularly from one subject to another in a rambling or digressive manner (Delbridge et al. 1991). Rigid conformity to sequence and structure is undesirable in narrative research because it denies the value of some data within interviews which are outside the story structures and therefore considered inconsequential discursive (McCance et al. 2001).

The term, life story, is therefore used in the present study, to denote the representation of events and contexts related about one’s life. I favour this approach because it recognises the totality and inclusiveness of the narrators’ choices in the telling, and acknowledges their ownership of their stories — which they chose to share — while simultaneously providing context essential to understanding attempted suicide. The life history approach signifies respect for the person whose life is unfolding and being explored in interview.

**Application of discursive life story**

In this study, I valued all discourse regardless of apparent relevance or form because, potentially, it provided detail or context that could shed light on the person and the phenomenon. A segment of discourse may be symbolic or metaphorical and prove to be rich and illuminating, such as that presented by Simone in her diversionary but revealing tale about her toddlerhood. Another example was a spontaneously offered sub-story about a participant’s grandmother. Emanating from the cultural traditions of the Indian subcontinent and Asia, the grandmother was kidnapped at age thirteen to marry an older man. Taken to another country without the opportunity to farewell her family, she subsequently produced
many children. It emerged later, in the participant’s own narrative, that this tale of culturally endorsed objectification of women and denial of rights paralleled her own story in which she was objectified and abused for the sexual gratification of another older man, her father.

**The Relationship between Narrative and Identity**

The construction and communication of a life story is intimately linked to self-identity because it tells us and others who we are (Gergen & Gergen, 1988; Funkenstein, 1993; Widdershoven, 1993). Narrative identity is the totality and coherence of a person’s life as it is experienced and articulated in stories that express this experience (Gergen & Gergen, 1988; Widdershoven, 1993).

Whereas there is disagreement about the structure of narratives, uniform emphasis is placed on the need for continuity and coherence to emerge from the life story. In developing a self-narrative, the individual attempts to establish coherent connections among life events to understand them as systematically related. They are rendered intelligible by locating them in a sequential or unfolding process. One’s present identity, therefore, is not a sudden and mysterious event, but a sensible result of a life story that is expressed orally or in writing. Furthermore, creations of narrative order may be essential in giving one’s life a sense of meaning and direction. In this way, a person is ‘capable of making him/herself intelligible as an enduring, integral, or coherent identity’ (Gergen & Gergen, 1988, p.35).

Narrative identity is described by Somers and Gibson (1994) as ontological rather than representational. That is, representational forms of identity are categorical, essentialist construals of identity, incorporating dichotomous dualisms that are internally stable concepts; for example, being black or white, male or female, heterosexual or homosexual, educated or non-educated. On the other hand, a conceptual narrativity elaborated by Somers and Gibson, (1994) refers to narrative as ‘an ontological condition of social life’ (p.38) in which dimensions of time, place, relationality and power are incorporated into the core conception of social identity. These dimensions shift over time and space and are inextricably interwoven into history, knowledge, and institutional and cultural practices, and amalgamate into a life story, a narrative identity. The point is illustrated by Funkenstein (1993) who uses the term narrative to refer to his acting in the world as a ‘continuous plotting of a narrative, interpreting the past and projecting the future according to my image of myself. Acting in the world involves and construes my identity continuously, and my identity is a narrative, my narrative’
The idea that narrative life story is the expression of identity emerged as a pivotal construct within this study. It not only provided a thread that guided appreciation of the lives of the young women participants in their multiple contexts, it also prompted me to consider the link between identity and attempted suicide, the link that emerged as the continuity, coherence and relationships embedded within the life stories followed a trajectory that led to attempted suicide. In addition, according to Somers and Gibson (1994), the life story guides action, that is, ‘people are guided to act by the relationships in which they are embedded’ (p.67). Behaviour, therefore, says something fundamental about a sense of being in the world at a specific time and place. When this behaviour is turned against the self, the challenge is to understand its significance.

Conclusion of Methodology Chapter
In this chapter, I explained elements of understanding based on the work of Gadamer. These are that understanding occurs in the revelation of being, is dialectical, historical, temporal and linguistic; it is situated in tradition. I also outlined implications of these elements as they relate to the conduct of this study. The inextricability of interpretation, meaning and understanding are discussed as progressive parts of the one process. Throughout this discussion, I sought to explain and integrate aspects of the narrative life story method. I also used specific examples from the present study to illustrate theoretical points. I conclude therefore, based on the work of Gadamer (1960/1989, 1987, 1994, 1997), that understanding occurs from a certain perspective and context. It is realised through a specific cultural and historical position and through concepts and questions (language); through self-reflection and through efforts to increase awareness of the self, of the effects of history and of my prejudices. By clarifying a tripartite meaning of truth, I have arrived at a means of understanding that honours an inter-subjective fusion of horizons. This hermeneutic fusion illuminates one understanding of attempted suicide, respects the autonomy of the text and accounts for my influence as the interpreter.

Next Chapter: Methods
In the next chapter, on Methods, I explain the strategies employed to conduct the study and the rationales behind them. These rationales include sampling, recruitment, interviewing, analysis and ethical aspects. In addition, I consider criteria for determining good narrative
hermeneutic reports. Finally, I situate myself as researcher through critical self-reflection on suicide and attempted suicide.
CHAPTER FIVE

METHODS: EXPLICATING THE PHENOMENON

It is extraordinary how the once clear demarcations between methods of making have become blurred, and how the most dynamic modern work is now almost always the fruit of combining techniques ... Most extraordinary is how all techniques can be employed to exploit the magical possibilities ... (Birks, 1997, p.7 ... on pottery).

The challenge in using an interpretive hermeneutic approach to inquiry lies in apprehending the nature and criteria of understanding, the relationship between researcher and participant and the rigour with which the inquiry is conducted (Koch, 1996). Philosophical hermeneutics and narrative life history provide the philosophical and theoretical underpinnings of the present study. In this chapter, I explain the strategies employed to conduct the research inquiry, specifically: sampling, recruitment, interviewing, analysis, ethics and the evaluation of narrative hermeneutic work. I endeavour to demonstrate congruency between strategies and methodology in support of the claim for validation of the research and its findings.

The Sample

Sample Size

Narrative life history approaches to research are based on data elicited from one or a small number of individuals. Morse (1994) and Minichiello et al. (1995) suggest five or six participants whereas Crabtree and Miller (1991) stipulate ‘no more than eight’ (p.145). Kvale (1996) states that the number of subjects depends on the purpose of the study. For example,
he says that if the aim of a study is to obtain general knowledge, it is best to focus on a few intensive case studies.

In order to determine the appropriate number of participants for the present study, 16 narrative studies using the life history approach were reviewed for sample size (many of these samples were drawn as sub-sets from larger studies). The sample sizes in the 16 studies are listed in Table 5.1, in alphabetical order, with a brief description of the participants.

<table>
<thead>
<tr>
<th>Author</th>
<th>Date</th>
<th>Sample Size</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben-Ari</td>
<td>1995</td>
<td>2</td>
<td>A gay man and his mother</td>
</tr>
<tr>
<td>Bar-On &amp; Gilad</td>
<td>1994</td>
<td>3</td>
<td>Three generations of a Holocaust survivor’s family</td>
</tr>
<tr>
<td>Bennett &amp; Detzner</td>
<td>1997</td>
<td>20</td>
<td>Older Southeast Asian refugee women</td>
</tr>
<tr>
<td>Cole &amp; Knowles</td>
<td>1994</td>
<td>2</td>
<td>Teachers</td>
</tr>
<tr>
<td>Elizion &amp; Niv</td>
<td>1994</td>
<td>10</td>
<td>Senior managers</td>
</tr>
<tr>
<td>Fagermoen</td>
<td>1997</td>
<td>6</td>
<td>Nurses providing care to patients</td>
</tr>
<tr>
<td>James, Liem &amp; O’Toole</td>
<td>1997</td>
<td>4</td>
<td>Female adult survivors of childhood sexual abuse</td>
</tr>
<tr>
<td>Lieblich</td>
<td>1993</td>
<td>12</td>
<td>Immigrant students from USSR at Hebrew University, Israel</td>
</tr>
<tr>
<td>Miller</td>
<td>1994</td>
<td>10</td>
<td>People with borderline personality disorder</td>
</tr>
<tr>
<td>Mkhonza</td>
<td>1994</td>
<td>5</td>
<td>Domestic workers in Swaziland</td>
</tr>
<tr>
<td>Pamphilon</td>
<td>1999</td>
<td>9</td>
<td>Aged women ‘making the best of life’</td>
</tr>
<tr>
<td>Rosenthal</td>
<td>1993</td>
<td>24</td>
<td>Members of the Hitler Youth organisation</td>
</tr>
<tr>
<td>Welland</td>
<td>1995</td>
<td>1</td>
<td>An academic</td>
</tr>
<tr>
<td>Wiener &amp; Rosenwald</td>
<td>1993</td>
<td>12</td>
<td>People who ‘kept diaries’</td>
</tr>
<tr>
<td>Wiseman</td>
<td>1995</td>
<td>4</td>
<td>Lonely university students</td>
</tr>
<tr>
<td>Zohar</td>
<td>1995</td>
<td>12</td>
<td>Gifted mathematicians</td>
</tr>
</tbody>
</table>

There are 1–24 participants in the above studies, with an average of eight. Consistent with sample sizes in studies employing similar methods and methodologies, eight young women were recruited for the present study.

**Recruitment**

Selection of participants was based on three sets of criteria: theoretical, pragmatic and ideological (Minichiello et al. 1995). Theoretically, I sought a purposive sample of participants who had particular characteristics and experiences. Pragmatically, access to such participants was challenging but feasible and worthwhile. Ideologically, I was committed to representing the voices of marginalised young women from migrant and non-English speaking backgrounds living in disadvantaged socioeconomic areas. In the interest of mental health nursing practice, I wanted to expand the knowledge base on female suicidal behaviour.

Inclusion criteria for participants were:
• female (age range 14–25 years)
• history of attempted suicide
• ability and willingness to tell her story
• current psychological stability, as per the advice of the case manager
• from non-English speaking background

Exclusion criteria were:
• active psychotic symptoms
• active suicidal ideation
• inarticulateness (in my clinical experience, some young people are unable or unwilling to articulate their life story).

Participants were recruited initially from a previous study (Fry et al. 1999) but because the numbers were insufficient, I extended recruitment to other young women meeting the criteria. The planned method of recruitment was questioned by the Area Human Research Ethics Committee who suggested I recruit by using posters on hospital walls advertising the study (see Appendix). However, I negotiated successfully in favour of my preferred method of recruitment, which was more proactive and involved identification of potential participants by either the Liaison Psychiatry Nurse (LPN), who provided services to the emergency departments, or by me. As a member of staff in a conjoint academic role, and as project manager of an earlier study on suicidal young people in these settings (and having obtained approval from two Human Research Ethics Committees), I had access to emergency department lists of patients seen for ‘deliberate self-harm’.

After identifying a potential participant, I discussed her suitability as defined in the inclusion and exclusion criteria, with the case manager, who had been provided with written and spoken information about the study. If the woman was considered appropriate for the study, she was contacted in the first instance either by phone or in person by her case manager and told about the opportunity to participate in the study. Potential participants were reassured that there was no obligation on their part to participate and that refusal would not affect their relationship with either their case manager or the health service. Coercion was not used. If a young woman agreed to participate, I contacted her by phone, discussed further the requirements of the study
then made an appointment for the interview to be held in one of three places: her home, my hospital or my university office, according to her preference.

Thus I removed myself directly from the recruitment process and avoided any possibility of subtly pressuring the young women to be interviewed. I assumed case managers were the most suitable people to recruit for the study because they are client advocates sensitive to their clients’ current mental states, and they have no personal investment in the research. This strategy protected potential participants from any element of force, duress or coercion and protected me from any such accusations.

Recruitment was difficult, with many possible participants failing to meet all the criteria. Other difficulties included parental refusal of permission (for those under 17 years of age), reservations of the case manager based on a young person’s mental state, refusal or reluctance of young women to participate, inability to locate the young women identified as suitable or failure of young women to keep arranged appointments.

The final sample comprised eight young women of NESB (listed in Table 5.2) who presented to one of two hospital emergency departments having overdosed or ingested a poisonous substance. Four of the young women had immigrated to Australia with their families and one came alone as a young adult. For ethical reasons (see Ethical Issues, p.156), country of birth is indicated by ‘region of birth’. The religious affiliations were Muslim, Hindu or Catholic. The quote in italics which appears under each young woman’s name in Table 5.2 is extracted from my interview with her and symbolises her story. No participant was admitted for psychiatric in-patient care following the attempted suicide, although one was admitted to an intensive care unit following her overdose. All the young women were living in the community at the time of their interviews, which occurred up to 12 months after the attempted suicide. Each participant is introduced in Table 5.2 but in spite of initial plans to elaborate each life story, I determined, for ethical reasons — specifically safety and harm minimisation — that it was imperative to minimise personal details. (See Ethical Issues, p.156, for further explanation.)
Table 5.2 Participants’ demographic information

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>REGION OF BIRTH</th>
<th>MIGRATION OR NESB</th>
<th>PLACE OF INTERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hasnaa</td>
<td>22</td>
<td>Middle East</td>
<td>Migrated as older child to Australia</td>
<td>Hospital office</td>
</tr>
<tr>
<td>Jasminda shredded childhood</td>
<td>18</td>
<td>Southeast Asia</td>
<td>Migrated as young child</td>
<td>Hospital office</td>
</tr>
<tr>
<td>Simone facing things</td>
<td>16</td>
<td>Australia</td>
<td>Parents from Middle East</td>
<td>Participant’s home</td>
</tr>
<tr>
<td>Angela no time for me</td>
<td>14</td>
<td>Australia</td>
<td>Mother from Asia-Pacific, father from Europe</td>
<td>Participant’s home</td>
</tr>
<tr>
<td>Kajol gutter girl</td>
<td>19</td>
<td>Asia-Pacific</td>
<td>Migrated as older child</td>
<td>Hospital office</td>
</tr>
<tr>
<td>Anna they doesn’t let me sing</td>
<td>18</td>
<td>Middle East</td>
<td>Migrated as older child</td>
<td>Hospital office</td>
</tr>
<tr>
<td>Maria I don’t need you to ruin my life</td>
<td>21</td>
<td>Southeast Asia</td>
<td>Came to Australia in late adolescence</td>
<td>University office</td>
</tr>
<tr>
<td>Chantelle great saint — great sinner</td>
<td>25</td>
<td>Australia</td>
<td>Mother Mediterranean</td>
<td>Hospital office</td>
</tr>
</tbody>
</table>

Hasnaa

Hasnaa was a young Muslim woman who migrated from an Arabic country in mid childhood. At the time of the overdose, she lived with her family. Her story illustrates cultural conflict and generational clash experienced in a migrant family struggling to manage in a new foreign country. She was well groomed, intelligent and hardworking and held aspirations for a professional career.

Jasminda

Jasminda was an older adolescent who migrated as a young child from a Southeast Asian country with her family. She was an articulate, spontaneous, insightful and intelligent young woman. She was sexually abused for some years and described her childhood as ‘shredded’. Her adolescence had been a struggle to cope with the aftermath of years of abuse and the
damage to herself and family. She impressed as being a sad but courageous young women dressed in fashionable style. Jasminda had clear aspirations for her future.

**Simone**

I interviewed Simone at home. The house had bare timber floors and was clean and simply furnished. On my arrival, the aroma of fresh roast meat wafted about and children helped themselves to generous portions of meat, salad and breads laid out on the kitchen bench, as the mother looked on. Simone was a young adolescent dressed in school uniform. She was sweet natured, warm, friendly, open and courteous. She was responsive but not expansive. Her mother had a serious illness. When I left the home, I was aware of a sense of great sadness that stayed with me for some time. Simone was born in Australia but her parents had migrated from the Middle East.

**Angela**

Angela was a very young adolescent. I interviewed her at home, which was bare, cold and dark. The lounge room was dominated by the television and a couch upon which the mother lay full length. She did not stand to greet me. Angela initially had no expression, her affect was completely flat and she did not speak. We went to her bedroom for the interview and she sat on the floor and so did I. She was slow to draw out but gradually warmed up and had a lovely smile and could articulate quite well. During the interview, she fidgeted constantly. I sensed sadness, loneliness and anger. She had ambitions to go to university and have a lucrative career. Angela was born in Australia and lived in a household with her mother, who had migrated from an Asian-Pacific country, and some other adults.

**Kajol**

Kajol, an older adolescent, was born in an Asian-Pacific country but came to Australia in her pre-teen years to join her mother. The separation from her homeland precipitated considerable grief issues for Kajol. When I met her she had been physically and emotionally abused and had sought refuge on the streets of Sydney. Her manner was friendly, open and engaging. She struggled for some years with substance dependence but when I interviewed her, she was successfully making an independent life for herself in which friendships were very important.
Anna
Anna migrated from the Middle East to Australia as an older child, with her family. Her life is marked by family hardship, multiple abuse (physical, sexual and emotional) and geographic instability. She presented as a fashionable, good-looking young woman who was nervous but cooperative and eager to talk. She had a job and was trying to improve her English. She was receiving help and support from the mental health service. I was concerned about her vulnerability.

Maria
Maria was a young adult who came on her own to Australia from Southeast Asia to study. She was highly intelligent and academically successful. Maria impressed as warm, articulate and friendly. She came from a large loving family and described a privileged childhood. She was distressed and struggling to cope with her relationship with a young man who was drug dependent and abusive.

Chantelle
Chantelle was a young adult who launched into the story of her life with determination and considerable detail. Her mother was a migrant woman from a Mediterranean country. Chantelle’s story was one of loss, loneliness, and struggle with emotional disturbance, prostitution and later alcohol dependence. She had been emotionally abused. She had great intellectual potential but had never completed any course of studies. At the time of interview, she was stable and optimistic about her ability to cope with her future.

Interviewing in Hermeneutic Narrative Inquiry
In this section, I discuss the interview style used in this study. Interviewing was guided by two goals: first, to elicit the young women’s life stories and within this context to explore the inner world leading to attempted suicide. The second goal was to explicate social, cultural and historical influences. Interviews were transcribed verbatim and constitute the texts (data) for analysis. I commence by defining the in-depth interview and then discuss how the two goals were met, including techniques used, the relationship between researcher and participant, and the recursive manner of interviewing and listening. This interviewing method is predicated on the belief that people make sense of their experience and communicate meaning through narration (Josselson, 1993; Chase, 1995). In addition, the construction and communication of a life story is intimately linked to self-identity because it tells us and others who we are
(Gergen & Gergen, 1988; Funkenstein, 1993; Widdershoven, 1993), an important perspective in apprehending context in people who have been suicidal.

**The In-depth Interview**

In studies underpinned by hermeneutic philosophy, co-creation of life stories, interpreting and understanding are necessary for realising the nature of human beings in the world. Interviews provide a means of accessing the substantial reality of the interviewee. Furthermore, as social encounters, interviews are productive sites of reportable knowledge which reveal how the subject matter is organised and assembled in each participant’s experience, and the linkages and horizons of each participant’s orientation to interview topics and questions (Kvale, 1996; Holstein & Gubrium, 1995).

In narrative hermeneutic research, the interview is an inter-subjective exercise, a co-elaborated act between participant and researcher (Miles & Huberman, 1994; Minichiello et al. 1995). In-depth interviews are face-to-face encounters between the researcher and participant, directed toward understanding the participant’s perspective of experiences or situations as expressed in his/her own words (Taylor & Bogdan, 1984, p.77). The researcher may conduct multiple interviews over several months or, according to Morse and Field (1995), a life history may be obtained within relatively short interview periods. In the present study, I interviewed each participant once and interviews lasted 1–2.5 hours. Participants were invited to share their life stories as a longitudinal perspective is necessary to establish context when a researcher is interested in attempted suicide.

**Eliciting Stories**

The first goal of interviewing was to elicit the participant’s life story, with particular interest in attempted suicide. In research interviewing, the first interaction between interviewer and participant influences the tone of the relationship. Thus, receptivity was encouraged by my showing a lack of hurry, by engaging in preliminary chatter and by appearing to enjoy any detailed accounts from the start of the interview (Askham, 1982, p.570). Such engaging talk, designed to cultivate rapport, can also be ‘viewed as an active, consequential part of the interviewing process’ (Holstein & Gubrium, 1995, p. 41). In keeping with the principle that engaging talk is purposeful, I set the tone by taking an informal and friendly demeanour, especially with younger participants. I engaged in easy conversation at the beginning of
interviews in order to establish rapport. For example, I offered, or accepted refreshments or commented on neutral issues such as transport or parking problems.

At the commencement of each interview, participants were thanked for their involvement and given the opportunity to ask questions about the study. Then participants were invited to tell their life story in loosely chronological order. The chronological structure allowed the development of considerable conversation about their life, usually before any sensitive material arose, thus giving time for rapport and confidence to grow. I used a conversational tone, illustrated below from my interview with Simone.

I’m interested in studying young women of non-English speaking background who have at some time self-harmed. But I don’t have any special list of questions. My approach is just to ask you to tell me your life story, talk about yourself, and then I’ll ask you to tell me a little bit about what happened to you when you did something to harm yourself. How does that sound?

Sub-stories spontaneously emerged at times in all interviews. For example, Anna related a story of an outing with friends when she was pursued by male relatives and ordered to go home and Jasminda related the dramatic story of her grandmother’s marriage. Thus, the impulse to narrate is integral to human experience and participants will tell stories even if they are not encouraged to do so (Mishler, 1986; Riessman, 1993). Stories that obtain concrete detail are most important, as intellectualisation and abstractions detract from the quality of the story. In addition, generalisations and ideas disconnected from concrete events, and speculative theorising, detract from the value and utility of the story. Consequently, the concrete life story was needed as a basis from which to work. Specifics and detail from life events were elicited by exploration and elaboration of the topic. For example, Angela, aged fourteen, began the interview cautiously and responded with brief or monosyllabic answers. It took some time to draw her out. I encouraged expansiveness by asking open-ended questions requiring more detail such as:

Anne: What happens when you want to go out?
Angela: I ask my Mum.
Anne: You ask your Mum? What happens then?
Askham (1982) reports that, in her study, people invited to share their stories did not tell stories that covered a broad expanse of time, such as a whole life, because this invited generalities and lack of specificity, which did not constitute a story. Such accounts became ‘little more than strings of sentences about events; admittedly put in temporal sequence but without an organising theme or any relating of one event to another’ (Askham, 1982, p.559). On the other hand, Holstein and Gubrium (1995) focused on the participant’s life as a whole. They commenced their study of elderly residents in a nursing home with a broad ranging invitation, ‘Everyone has a life story. Tell me about your life, in about 20 minutes or so, if you can. Begin with whatever you like’ (p.40). The emerging life story provided an empirical basis for inviting elaboration on anything relevant to the study from the person’s past, present or future. The success of this opening line may be accounted for by the proclivity for reminiscence by older people with an abundance of time, rather than the technique itself. Insecure adolescents were less aware that they have a story to tell and sensitivity to their abilities was required. Nevertheless, they were all willing to tell their story.

Askham (1982) states however, ‘explicit requests for stories are rarely used by interviewers’ (p.562). Moreover, as some questions elicit stories and others disincline participants to respond with a story, it is necessary to encourage story telling by using certain questioning devices. People tend to respond to open-ended questions; to questions asking for a record or description of an action, attribute or feeling they will usually respond with stories (Askham, 1982; Riessman, 1993). I used a broadly chronological approach for eliciting an overview of the participant’s life story.

*Let’s go back to the beginning. Tell me about your early life.*

Asking participants for examples of generalisations that they made during conversation also encouraged stories. Similarly, inviting the interviewee to talk in detail about how an event occurred encourages stories (Askham, 1982; Holstein & Gubrium, 1985). Holstein and Gubrium (1995) suggest such simple, general devices as ‘tell me what you think about ...’ (p.29), while Riessman (1993) endorses the use of certain kinds of open-ended questions. Questions that incorporate ‘what’ are far more likely to elicit stories than questions using ‘when’ or ‘why’. I encouraged participants to tell stories by using prompts, requests for clarification and comments. For example, *Can you tell me a little bit more about what happened?*
Another situation upon which an interviewer can build in order to elicit stories arises not from any obvious connection to questioning, but more from the participant's own train of thought. For example, sometimes, participants hesitate, lose the train of thought or otherwise appear to thought block. Devault (1990) suggests interviewers should explore incompletely articulated aspects of experience, encouraging participants to develop topics in ways relevant to their own experience. Consequently, techniques used must be devices that help participants recall, construct and recount their own stories.

Another successful strategy reported by Askham (1982), referred to a specific time period, such as a month before a significant event, and an invitation to fill in the events occurring within that time frame. I used this technique when eliciting detail preceding the attempted suicide, by asking questions like:

*Can you tell me what happened in the week before you took the overdose?*

This was a useful technique as it set the parameters of a story within a time frame as well as within its wider context.

*Recursive Interaction in Narrative Hermeneutic Interviewing*

The manner of conducting a narrative hermeneutic interview is collaborative, conversational and interactive, involving telling, listening, clarifying and understanding (Chase, 1995). As the goal is to elicit stories, the direction of the interview is not determined by a set of prior expectations or interpretations. Rather, it follows the line of interest identified by the participant within the parameters set at the beginning of the interview; in this study, a loosely chronologically based life story with elaboration on attempted suicide. Hence, a schedule of questions was not used because, as Mishler (1986) notes, that tends to suppress participants’ stories. An unstructured approach to interviewing is therefore favoured in narrative research, that is, a recursive model of interviewing.

Recursive questioning relies on continuity in the relationship between the current remark and the following one. Prior interaction, therefore, determines the interviewer’s response. However, in order to prevent the conversation from becoming too tangential, a transitional comment may be used, that is making connections between the participant’s point and the researcher’s focus of interest (Minichiello et al. 1995; Holstein & Gubrium, 1995).
Recursive interaction is consistent with hermeneutic interviewing because 'hermeneutics is inter-subjective and meaning is co-created' (Geanellos, 1999, p.40). Thus, dialogic interaction is an engaged form of conversation, in which the phenomenon of interest is allowed to reveal itself. This approach requires openness to hearing what is offered in the text (dialogue) without imposing predetermined questions or allowing prejudices, in the form of expectations, to intrude. This approach is consistent with Chase's (1995) advice 'to orient questions directly and simply to life experiences that the other seeks to make sense of and communicate' (p.12). The resulting facilitating context in interviews is one that affords freedom in interaction to both interviewer and interviewee (Riessman (1993) and, less structure is more conducive to freedom.

The following excerpt from my interview with the youngest participant demonstrates the fruitfulness of following a recursive pathway in conversation, particularly after numerous monosyllabic responses to questions seemed unproductive.

Participant  
My stepdad lied to me earlier, which made me really angry cause I don't like being lied to.

Interviewer  
What do you mean, he lied to you?

Participant  
Because he bought a mobile phone, and I was begging him to get me a mobile phone

Interviewer  
Mobile phone?

Participant  
Yeah. 'Cause all the girls at school have one.

Interviewer  
Mmmm

Participant  
Yeah. And he said, oh, he was going to get me one. Like he got one before me. So I asked him if I could borrow it from him, you know, just for the day or something. And he said it was all right. And Mum said it was all right and everything. And then when it came down to him giving it to me he said, he started yelling at me and making up all these lies and saying I was irresponsible and all this other stuff. And he was saying that the only reason — 'cause I got top in the class recently, in my English class — was because I was sluting around in it. It was a class full of sluts, or something. And that's why I got top of the class. And, just made me really stressed out. So I went in the bathroom, took the stuff out, went outside and I told her,[mother] you know, 'Tell the truth or I'll drink it'. And she didn't tell the truth and they just laughed at me. So I drank it.
Eliciting Information about Multiple Contexts

The second goal of interviewing was to elicit information about the wider sociocultural and historical influences in the life of the participant, as these depict the ways in which people are ‘connected with the world’ (Koch, 1996, p.175). Furthermore, understanding the complexities of attempted suicide precludes anything less than a deep appreciation of the history, life experience and contexts of the person’s whole life because attempted suicide does not arise in a social or historical vacuum. As Gadamer (1960/1989) would put it, tradition both precedes and shapes us.

Participants’ linkages between events and horizons of understanding are made visible in interviews (Holstein & Gubrium, 1995). Thus, their orientation to interview topics and questions is exposed. These linkages and horizons are embedded in narrative contexts that suggest other linkages. Examination of linkages embedded in the participants’ responses to questions, reveals, in their content and connections, how the participant structures experiential meaning. For example, one participant expressed deep distress and anger toward men (boyfriend and also clients in a sex parlour where she worked). Insightfully, she linked this anger to her feelings about her emotionally abusive stepfather, but failed to connect it with being ‘abandoned’ as a small child by her real, much-loved father.

Participants tell stories that are products of many factors including the influence of their cultural, social, demographic and historical contexts. ‘Culture marks, shapes, and/or constrains this narrative; and the ways in which this narrator makes use of cultural resources and struggles with cultural constraints’ (Chase, 1995, p.20). Interpretive biographical approaches such as Denzin’s (1989a; 2000) more recent work relegate external influences as significant only in so far as they feature in the participant’s subjective representations and priorities. In philosophical hermeneutics however, context is embraced as imperative. Thus, the interviewer is obliged to explicate the multiple contexts of the participant’s life and their influence on the phenomenon under investigation.

Within the research interviews, information about context arose as a consequence of the interview format, which invited a chronological account of each young woman’s life story. In the historical progression of the accounts of their lives, context emerged as background to the lived experiences of participants. As researcher, I was challenged with recognising the significance of particular contexts, of interpreting and understanding background events.
Failure to do so, according to Forester (1980), arises from poor listening and risks distorted communication and therefore, misunderstanding. Furthermore, the juxtaposition between words and contexts can change the significance of words, depending on the import of a situation as defined by the participant. For example, one participant constantly referred to 'our own kind' which had either positive or negative connotations depending on the context within her story. The phrase was positive in the context of her social relationships within an ethnic community, but negative in relation to her values and feelings about arranged marriages. Interviewers thus require sensitivity and alertness to ambiguities and cues indicating changes in context. What is important in one situation may be inconsequential in another.

The importance of context in the background of one participant, posed a dilemma in the study, as follows. I deduced that at the time of the attempted suicide, this participant was pregnant. The potential ramifications were significant for her because of the implications of shame and rejection, not only of herself but also of her family by their ethnic community. She chose not to disclose this information to me and I respected her right. So while this knowledge allowed a deeper appreciation of the urgency of her personal and cultural situation, it does not appear in the text (transcript of the interview). I resolved the dilemma of whether and how to use the information by remaining faithful to the text, in keeping with hermeneutic principle, and did not include it in interpretation.

Throughout the study, the importance of locating stories and their tellers within their multiple contexts, proved illuminating and vital toward understanding attempted suicide.

**The Relationship between Researcher and Participant**

The relationship between researcher and participant is important to the outcome of the interview venture and to the ontological nature of self-discovery through dialogue (Miller, 1996). This relationship is a human encounter between researcher and participant, implying an egalitarian concept of roles, although, as Minichiello et al. (1995) state, it is pretence to assume that a contrived interview for the purposes of research is equivalent to a spontaneous conversation between equals. In addition, as Kvale (1996) points out, there is an asymmetry of power in which the interviewer defines the situation, introduces the topics and usually directs the conversation. Nevertheless, the interview can approximate warmth and spontaneity
such as that which sometimes occurs in the private and social world of the participants. For this reason, Riessman (1993) suggests it is in giving up control and, symbolically, power over the interview process, and by taking a conversational approach, that the generation of stories is most fruitful. Thus, successful interviewing in hermeneutic narrative research requires conversational art balanced with the skill of the inquisitor (Riessman, 1993).

Even though the relationship between participant and researcher is dependent on the quality of the interaction, in philosophical hermeneutics, the task is to understand the text not the author (participant) (Palmer, 1969). The text communicates subject matter (the phenomenon of interest). In the present study therefore, the subjectivity of neither participant nor researcher is the real reference point as they are secondary to grasping historical meanings. While the purpose is to understand the meaning of a particular phenomenon (attempted suicide), the process is practically and ethically dependent upon a respectful and rapport-oriented relationship. As such, I was genuinely concerned for these young women, aware of their social disadvantage and cultural restriction and had to consciously resist taking a therapeutic role. Gadamer (1960/1989) endorsed respectful and careful attention to the other by maintaining openness to their message.

My orientation of interest and caring however, was probably more important than the actual questions asked in encouraging participants to talk, according to Chase (1995). This is because, in order to elicit good quality information in the form of stories, the responsibility for the telling needs to shift onto the participant. The interviewer’s interest and caring facilitates this process. In this regard, Chase (1995) suggests that to orient the interview toward the researcher’s own interests invites reports rather than meaningful stories. I tried to avoid this by encouraging participants to tell the story they really wanted to tell, not the one they thought I wanted to hear. I thus provided an opportunity for participants to indulge in a focus on self and self-interest by telling whatever was important to them.

The interested and caring attitude of the interviewer has potential therapeutic value for participants because the interaction of participant and researcher, in the process of telling a life story, can change lives (Widdershoven, 1993) through healing and recovery, catharsis, restructuring, sensemaking, ownership and identity (McRae, 1994; Miller, 1994; Josselson, 1996; Miller, 1996; Lieblich et al. 1998; Everett & Gallop, 2001), and through gaining insight by consciousness raising (Streubert & Carpenter, 1995). The concept of healing however, is
expressed by Everett and Gallop (2001) with reference to people who have been abused in childhood. They confirm that telling one's story in the presence of an attentive witness has enormous healing power. 'When traumatic events are given meaning and historical context, they begin to lose their grip on survivors' current day lives, allowing them to live more fully, and with more control, in the present' (Everett & Gallop, 2001, p.206). The storytellers' right to end the story when they choose is emphasised and the recommendation is made that they should not be pushed. Thus, all my interviews came to a natural close and no participant openly refused to discuss anything in particular. Although the interviews were research and not clinically motivated, I nevertheless believe that participants gained therapeutic value through the experience because of their positive and warm farewells at the end of each session.

One dynamic toward achieving a positive experience is characterised by the openness of the exchange, which is crucial to the hermeneutic co-creative endeavour. This notion is termed 'existential presence' by Koch (1996), who explained that openness means being aware of body language and concentrating on the process of attentive listening (Koch, 1996). However, it means much more than that. Openness also means being real, natural and genuine and may include self-disclosure. For example, one participant tested my reaction to her being gay by alluding to it several times, 'It [cause of her problems] was a little something else too, but I don't want to talk about it'. I said that was fine, and later, very hesitantly, she disclosed her homosexual orientation and linked it to social isolation and identity issues. I reassured her by encouraging this line of thought and revealed that I too was gay. Her response was an immediate relaxation of tension and enthusiastic opening up. The rationale for my disclosure was consistent with self-disclosure in therapeutic relationships (Knox, Hess, Petersen & Hill, 1997; Marcus, 1998; Rachman, 1998; Deering, 1999; Mahalik, Van Ormer & Simi, 2000; Shawver, 2001) that is, to relieve anxiety, to recognise an important personal issue, to normalise feelings and to establish genuine openness in recursive conversation. I was also influenced by my awareness that gay and lesbian youth are at increased risk of suicide (Beautrais, 1999; Bagley & Tremblay, 1997; Remafedi et al. 1998). My openness not only created a positive human connection and affirmation but also yielded a reciprocal opening up that provided an abundance of rich depth and detail. Nevertheless, had the relationship been clinically and not research defined, I may not have risked self-disclosure because of the potential for boundary violation, misinterpretation or, as Marcus (1998) suggests, the capacity for unconscious projection which has the potential to be harmful. However, as Marcus (1998)
also notes, every intervention, including silence, has the potential for harm. Therefore, by maintaining an open and caring responsiveness, the potential for harm was minimised.

**Listening, Language and Silences**

In order to achieve deep understanding of human experiences the interviewer must listen. Listening demands that the interviewer interacts personally with people and their contexts, 'so that he or she can hear people’s language and observe behaviour in situ' (Minichiello et al. 1995, p.12). Alternatively, Forester (1980) emphasises a contrast between hearing and listening. Listening is active, denotes involvement and is hard work. It is an aspect of the relationship and ‘respects ambiguity of meaning as fundamental to self-reflection and so nurtures its exploration’ (Forester, 1980, p.222). Hearing, on the other hand, is described as auditory, passive, safe, uninvolved, and dismissive of ambiguity. Attentive listening therefore conveys respect and care for the other and establishes the possibility of true understanding in the encounter. Conversely, failure to listen allows distortions in communication, for example, a focus on utterance not on the person, the use of jargon, inappropriate demands for precise definition, and insistence on correcting irrational statements (Forester, 1980). Although I aspired to quality listening, at times I missed cues, possibly because I allowed the person to continue talking and we never returned to the point or the conversation steered in another direction.

Language and its inherent limitations, especially for women must also be considered a barrier to listening and therefore to understanding, according to Devault (1990). This, she states, is because the names of experiences often do not fit for women. For example, ‘difficulties arise in an attempt to apply the terms “work” and “leisure” to most women’s lives as many domestic activities cannot easily be put into either category’ (Devault, 1990). If words do not quite fit, then women who want to talk of their experiences must ‘translate’, either saying things that are not quite right or using the language in non-standard ways (Devault, 1990, p.97). To some extent, language can never fit perfectly with individual experience. Nevertheless, this linguistic incongruence is greater for some than others. For example, young women in subordinate roles in male-dominated families, limited by lack of education as well as having learned English as a second language, are in a disadvantaged position in trying to grapple with language to express their experience. This results in incompletely articulated aspects of experience that may signify the most salient issues of all to be addressed. For
example, one participant could not find the word she needed to explain an idea. Sadly, she
was trying to express the idea that she was called slut, whore or prostitute by her father. Thus:

*He* [father] *goes, ‘You like [sex]’ I don’t know how to say that word. ‘You
are really bad.’*

Another’s speech tended to be hesitant and non fluent although always logical. She
repeated the phrase ‘*you know*’ 443 times in one interview.

In order to address these limitations, Devault (1990) recommends that the interviewer listen
‘around and beyond’ words. Such an approach is consistent with hermeneutics in that
listening is concerned with the interpretation of meaning, which resides beyond the surface of
the words, whereas hearing, in the superficial sense, is not hermeneutic but understands the
meaning of words at face value. Alertness to hesitant, semi-articulated speech therefore, was a
cue to vital experiences that the young women were unable to articulate using conventional
language. Devault (1990) suggests that hesitant groping may be an important hint towards
concerns and activities that are generally unacknowledged because the underlying issues may
be fraught with painful associations. On the other hand, avoidance and superficial treatment
may reflect a desire to avoid that pain rather than expose it. Consequently, the interviewer’s
probes may be deflected as a defensive measure and the interviewer should respect the
interviewee’s boundaries and give some choice about how much detail will be discussed. For
example, the life history perspective was important in this regard because gradually and
hesitantly, it became clear, in Angela’s story, that she felt deeply saddened and angry about
the loss of her father’s love.

Silences and omissions in in-depth interviews may also be significant. What is not said in
interviews may be as important as what is articulated. Silences, omissions and avoidances
may submerge a significant story, embedded between the lines of the obvious dialogue, and
may illuminate the boundaries of the social issues of interest. The omission by one participant
to tell me of her pregnancy at the time of her overdose presents a classic example.

Silence may be charged with meaning, and it is challenging for interviewers to uncover
meanings while at the same time respecting the integrity and rights of the participant to
choose what is revealed and what will remain hidden, either by design or default. As Poland
and Pederson (1998) advise, 'silence constitutes a coherent sub-text that therefore begs for an interpretation or an analysis of its own (or in relation to the said) to reveal the nature of its coherence' (p.293). In their analysis of silence in in-depth interviewing, Poland and Pederson (1998) suggest that one way of approaching the issue is to explore the multiple meanings that silence may have. These may include silence as a cultural mode of expression (Chase, 1995; Poland & Pederson, 1998), as withholding or resistance, as a reflection of what is taken for granted or what goes-without-saying, or as a representation of 'that which cannot be said, the unthinkable' (Poland & Pederson, 1998, p.294). Silence may also serve the purposes of the researcher, who, according to Kvale (1996), may use silences or pauses in the conversation to allow participants to remember, associate and reflect on their responses, thereby providing richer 'grist to the mill' of qualitative inquiry. I used silence at times for this purpose, for example, quietly accepting and 'being with' Jasminda's tears shed over her loss of mother.

The interviewer needs to attend to what may be culturally problematic about a story and what may produce narrative difficulties or complexities. When silence, as a prolonged pause in conversation, is construed as a problem, it reflects Western ways and Western ways of knowing. Talk and action are valued over silence and listening in the West. In the Eastern tradition, silence is valued as a meditative form of introspection which may lead to self-knowledge and spiritual growth (Poland & Pederson, 1998). Thus, omissions and avoidances by women respondents in Chase's (1995) study were not accounted for by psychological or personal reasons but rather by cultural and discursive imperatives. For example, Chase (1995) noted that in her study, educated, successful women high school teachers had difficulty bringing together two distinct experiences of self; namely, the positive experience of achievement and success, and the negative one of gender and racial inequality. These two discursive realms did not belong together in American culture. Similarly, Holstein and Gubrium (1995) noted the common cultural link between women and feelings, or the traditional cultural opposition of clear thought and emotionality (p.15), which may be a 'communicative contingency' influencing how the participant is perceived and how his or her information is filtered and delivered. Thus, Chase (1995) suggests that the cues in the interview process which may point to pertinent cultural issues are silences, gaps, disruptions and contradictions. In this regard, I discuss the striking omission or minimisation of racist experiences manifested in several interviews (see chapter 7, Discussion).
Enculturated silences also refer to the inability to hear or be heard because one's life experience is sufficiently different that one does not know the customs and language of a particular social world (Poland & Pederson, 1998, p.298). Hermeneutically, when horizons of understanding have little overlap, clarification and expansion must be sought or misunderstanding will arise. Such cultural deafness, however, may be a factor of the generation gap rather than of ethnic difference, especially in the present study in which I as an older person was working with young women mostly in their teens. Youth culture was initially far removed from my experience, thus creating a lack of familiarity with the world view of the young participants (although, becoming the foster carer for a teenage girl at about this time rapidly compensated for this lack). In spite of efforts to counter disparate horizons and lack of a system of shared meanings, it is possible that certain messages may have escaped me as the researcher.

**Summary on Interviewing**

In conclusion, I interviewed eight NESB young women, using a discursive, unstructured approach toward eliciting life stories and sub-stories. During interviews, suicide attempts, in particular, were examined in some depth. Philosophical hermeneutics and life-story methods guided the interview techniques. In this regard, I set a friendly non-threatening tone in the interview, used a chronological approach to provide participants with a wide frame of reference, asked open-ended questions, and requested examples, clarifications and comments. I used a recursive, non-structured style of interaction, as opposed to a structured form of questions, thereby allowing maximum freedom for interaction, expression of ideas and feelings, and for participants to follow their own line of interest. I was respectful and warm and accepted silences, tears and mobile phone calls (fortunately, with only one participant). In addition, I used self-disclosure once, with good effect. Interviews were transcribed verbatim and constitute the text for interpretation.

**Analysis**

The analytic method used to discern meaning in the present study is thematic analysis. This approach to analysis was influenced by Gadamer's philosophical hermeneutics, life-story methods and the techniques of Miles and Huberman (1994). Thematic analysis across a group of stories is a recognised strategy in analysing narrative data (Polkinghorne, 1995; Bruner, 1991; Lieblich et al. 1998). In this section, I explain how common elements across the life
stories of eight young women were synthesised.

Analysis of Narrative Data

There is no standard set of procedures in narrative analysis compared to some types of qualitative data analysis. Analysis may focus on content, form, or both, and use a multi-analytical approach toward the same data (Lieblich et al. 1998; Riessman, 1993). Process and form focused analysis includes microanalysis of grammar and linguistic devices, and explications of how knowledge concerning the topic is narratively constructed (Holstein & Gubrium, 1995, p.56). These sociolinguistic approaches were used by Mishler (1986) who analysed narratives emphasising textual matters or the syntactic and semantic devices internally connecting parts of the text. Gergen and Gergen (1988) suggest that in order to construct intelligible narrative, certain narrative components must be included, such as end points, events relevant to goal states, ordering of events, establishing of causal linkages and demarcation signs of beginnings and ending. These components outline the traditional narrative forms of comedy, romance, tragedy and monomyths and allude to limitless plot variations. These plots are converted to linear forms with respect to their evaluative shifts over time, that is, through stability, progression and regression. In the present study, however, concern is primarily with interpretation and meaning construction. In this regard, analysis guided by philosophical hermeneutics, which focuses on content, is concerned with understanding and is open to all possible interpretations and paradox. As Lieblich et al. (1998) state, the hermeneutic approach to analysis can ‘reach more profound realms of understanding lives and experiences’ than other methods of qualitative analysis such as content analysis (p.139). In the next section, I explain textual interpretation using the technique of thematic analysis.

Thematic Hermeneutic Analysis

Two approaches to induction (the logic underpinning thematic analysis) are represented in the literature. Ryan and Bernard (2000) define analytical induction as a ‘formal, non quantitative method for building up causal explanations of phenomena from a close examination of cases’ (p.786). Their emphasis on establishing causal links however, is more consistent with positivistic science and deductive analysis, which is contrary to the nature of interpretive work concerned with understanding and meaning construction. Consequently, techniques that involve predetermined analytic strategies such as content analysis, and overly small units of analysis such as single words, were avoided. Furthermore, complex coding systems such as
those that encourage multiple encoding for all pieces of raw data were also avoided, to resist
flooding the researcher with detail to the point where induction is hampered (Thorne,
Kirkham & MacDonald-Eames, 1997). Sorting, filing, and combining vast quantities of small
data units (using mechanical techniques or computer software) may occur at the expense of
the inductive thinking required in hermeneutic interpretation, so these methods were not
favoured.

In contrast, the present analysis is consistent with Armstrong’s (1987) explanation of
analytical induction, which allows generalisation beyond the case studies and leads to the
development of a theory or model that explains and describes the relation between themes and
categories of information found in the data. Claims for causality are omitted. In addition, in
analysis underpinned by philosophical hermeneutics, the autonomy of the text takes
precedence over the story of the individual or predetermined theories, such as psychoanalysis
or the sociological theory relevant to suicidal behaviour. As Kvale (1996) states, the text
should be understood on the basis of its own frame of reference, by explicating what the text
itself says about a phenomenon. Induction requires studying the relationship between the
particular and the general, corresponding to the hermeneutic circle in which the whole
receives its definition from the parts and, reciprocally, the parts can only be understood in
reference to the whole (Palmer, 1969). Thus, suicide attempts are contextualised in the social,
historical and personal world of each participant.

Inductive researchers usually choose not to precode any datum until a view is obtained of how
it functions in its context, and how many varieties there are (Miles & Huberman, 1994). In
this way, analysis proceeds cautiously. Also, interpretation informed by philosophical
hermeneutics avoids the imposition of pre-existing schema or theories such as those suggested
by Hagemaster (1992), who advises analysts to ‘begin categories for analysis with concepts
from the selected theory’ (p.1127). Hermeneutic interpretation depends on what emerges from
the text. Subsequently, interpreters must be open to the dialogue of the text, taking into
account logical contexts. Secondly, as discussed in chapter 4, Methodology, interpretation
informed by philosophical hermeneutics must take into account the subjectivities of the
interpreter, that is, foreknowledge. For example, I strived consciously to avoid
conceptualisation and categorisation of data according to my psychiatrically derived
knowledge base. Accordingly, I tried not to think in terms of diagnostic categories, signs and
symptoms, etiology, illness trajectories and so forth. I sought to listen to the voices of
participants and honour their representations of experience, often using their language, such as 'misery' or 'being shattered'.

**Steps in Thematic Analysis**

The main steps of the techniques employed for this type of interpretive analysis, based on Miles and Huberman (1994), are data reduction, data display and conclusion drawing. Data reduction commences with coding, which Miles and Huberman (1994, p.56) equate with analysis. Codes serve as both data labelling and data retrieval devices, applied at different levels in the process. Data are reduced by coding, which is a way of distilling the data and 'forces the researcher to make judgements about the meanings of contiguous blocks of text' (Ryan & Bernard, 2000, p.780). Analysis moves, therefore, toward synthesis of layers of conceptual schemas, which allows first for connections to be made between ideas, and subsequently, for interpretation, which is embedded and continuous throughout the process.

Thematic hermeneutic analysis was conducted on each of the eight life stories obtained in the present study. There were five levels of textual interpretation. First, each text was analysed by selecting meaningful chunks of text (phrases, sentences or paragraphs). Next, I further analysed these by reducing them into smaller units of meaning, 'preliminary' sub-themes. These were then gathered across all eight cases before selecting a final set of 30 sub-themes which were then organised into five major themes. Finally, one meta-theme was identified by crystallising themes into an overarching superordinate abstract concept. In an attempt to visually demonstrate the fact and rigour with which the analysis was undertaken, data reduction is presented quantitatively in Table 5.3. In the next section, I also explain the process in more detail.
Table 5.3 Thematic analysis: word counts of stages in data reduction

<table>
<thead>
<tr>
<th>Participant</th>
<th>Transcript</th>
<th>Level 1 Chunks</th>
<th>Level 2 Preliminary Sub-themes</th>
<th>Level 3 Cross-case Final Sub-themes</th>
<th>Level 4 Themes</th>
<th>Level 5 Meta-theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Hasnaa</td>
<td>15 042</td>
<td>3 537</td>
<td>349</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Jasmina</td>
<td>18 571</td>
<td>6 722</td>
<td>719</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Simone</td>
<td>8 913</td>
<td>4 507</td>
<td>959</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Angela</td>
<td>7 985</td>
<td>3 441</td>
<td>935</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Kajol</td>
<td>8 447</td>
<td>4 253</td>
<td>1 035</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Anna</td>
<td>16 623</td>
<td>4 454</td>
<td>757</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Maria</td>
<td>12 880</td>
<td>5 426</td>
<td>749</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Chantelle</td>
<td>22 314</td>
<td>7 970</td>
<td>1 335</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORDS</td>
<td>110 775</td>
<td>40 311</td>
<td>6 840</td>
<td>155</td>
<td>29</td>
<td>5</td>
</tr>
</tbody>
</table>

First-level Analysis: Selecting Meaningful Chunks of Data

I read each transcript several times highlighting and selecting phrases or chunks of information that resonated with some significance for that life story, and that held the potential to illuminate an aspect of attempted suicide. For example:

*I went out with guys, here and there but I mean my parents didn’t know about it, cause they had a big thing about how, you know, we shouldn’t talk to guys just in case someone sees you and then they’re gonna think there’s more to it.* Hasnaa

*They don’t let me to go out with the boys. They don’t like me to be friend with anybody.* Anna

Choosing pieces of significance made the transcripts more manageable. For example, one transcript was reduced from 15 042 words to 3 537 words. The chunks of information were identified by numbers relating to page and line so that they could be traced back to the precise place of origin in the interview transcript. Thus retrieval points were identified and the pathway for audit was established. The process was repeated for each transcript.

Second-level Analysis: Identifying Preliminary Sub-themes

Pattern coding is a way of grouping Level 1 chunks into smaller sets by ‘pulling together a lot of material into more meaningful and parsimonious units of analysis’ (Miles & Huberman,
Pattern codes are explanatory or inferential codes that identify an emergent theme and as such are consistent with the interpretive process. They may also be words or phrases that describe, infer or represent phenomena metaphorically. All are selected according to the meaning distilled from the context. In the present thesis, they are referred to first as ‘preliminary’ sub-themes and are analysed for each text separately. They are selected to represent the text faithfully and to explicate understanding of attempted suicide.

Level 1 chunks of data were processed several times in an effort to identify the most cogent preliminary sub-themes and constructs and to avoid premature closure, which risks misinterpretation. For example, I chose the following as a preliminary sub-theme from the first transcript ‘Parental loss related to migration’. Gerunds were sometimes used to signify meaning units to indicate process. Originally introduced by Glaser (1978) in relation to grounded theory, gerunds are useful devices for identifying social processes defined as something which occurs over time and changes over time in at least two clear emergent stages and which accounts for ‘variations in the problematic pattern of behaviour’ (Glaser, 1978, p.97) for example, ‘despairing’.

Third-level Analysis: Cross-case Analysis and Identifying Sub-themes

Pattern coding completed in second-level analysis laid the groundwork for cross-case analysis by surfacing preliminary sub-themes and directional processes (Miles & Huberman, 1994). The amount of data in this level of analysis was immense (6840 words) and I had to reanalyse and further reduce it by subsuming and collapsing information and refining commonalities and categories. Throughout this process, simultaneous and inevitable interpretation continued as I sought to construct an understanding of attempted suicide. Inevitably, certain data fitted within the framework of my foreknowledge on suicidal behaviour and others went beyond my horizon; this represents the hermeneutic situatedness of myself as researcher/interpreter. Thus, preliminary sub-themes gathered across all eight cases were distilled into 30 sub-themes.

Fourth-level Analysis: Identifying Themes

The thirty sub-themes were grouped into five themes. Themes are abstract constructs (Ryan & Bernard, 2000) and may pertain to the whole life story or segments, for example, the suicide attempt. Themes are induced from the text by identifying and examining the sub-themes.
Themes are described variously in the research literature as perspectives, categories (Lieblitch et al. 1998), elements (Geanellos, 1997) or meaning units (O’Brien, 1996). These are all terms for attributing meaning to and inferring meaning from selected clusters of information.

Themes are not mutually exclusive entities. They arise in particular contexts of a life story or incident and do not represent discrete threads but rather interwoven threads which necessarily overlap. In looking for the threads that tie together bits of data, a cognitive map, an integrated schema representing stories emerges and illuminates the phenomenon of interest. Naming sub-themes and themes is important in interpretive research (Devault, 1990; Muller & Dzurec, 1993). It is not only a political act (Devault, 1990) but also has powerful implications for knowledge construction and scholarly recognition.

Precisely how directional processes emerge from the masses of data or common themes surface and are named, however, are not addressed in many studies (Coggan, Patterson & Fill, 1997; Gallison, 1992; Talseth et al. 1999; Walsh, 1997). Indeed, these studies are vague about the process of progressing from data mass to themes, the most common number of which is four. Other studies refer to identifying sections of transcripts or sub-elements that reflected meaning (O’Brien, 1996) or shared meanings (Geanellos, 2002) relevant to the phenomenon of interest. Alternatively, some interpretive studies use content analysis, which is a method of quantification of recurring aspects of information (Lieblitch et al. 1998; Burns & Grove, 2001).

Miles and Huberman (1994) suggest that enough data must accumulate to support a concept unequivocally. Identification of sub-themes according to frequency of appearance, however, is more positivist than interpretive, while hermeneutically, the frequency with which an item or issue appears is important if the researcher deems it important in their interpretation. For example, a participant may mention an issue only once, even though it is crucial to her suicide attempt and pivotal to her story. Rejection by a loved parent may be so emotionally painful, for instance, that the participant defends herself against shame and emotional retraumatisation by downplaying it. In this way, Angela’s deepest feelings about her father’s disinterest were hidden behind a façade of hostile indifference, which surfaced only rarely.
Fifth-level Analysis: Identifying the Meta-theme

A meta-theme, in which themes are crystallised into an overarching abstract concept, may also be called a meta-element or pattern (Diekelmann & Ironside, 1998). Within the present study, the meta-theme (Paradoxically asserting the indefinite self) offers an interpretation of the phenomenon of interest. It is the single interpretation that emerged above all other possibilities as the strongest, most cogent and meaningful way of capturing an understanding of attempted suicide. It is present in all the texts (interviews) and expresses the relationship among themes and sub-themes (Diekelmann & Ironside, 1998). In this regard, the meta-theme provides an interpretive integration of the parts (sub-themes and themes) of the phenomenon, and the whole of the phenomenon (the entire text), thereby bringing attempted suicide by young women from non-English speaking backgrounds into understanding.

In summary, moving from Level 1 chunks to preliminary sub-themes, to cross case-analysis and final sub-themes, and the selection and naming of themes and a meta-theme involved complex processing. Tradition, which shapes interpreter pre-understandings, co-creation of texts, and cultural difference interacted in the process of my apprehending meaning. The result, the findings, are a construction of ontological truth, albeit speculative and one of many possible versions.

Ethical Issues

Approval to conduct this study was obtained from the Area Health Service Human Research Ethics Committee and the University of Western Sydney Human Ethics Review Committee (see Appendix). No deception was used in the study. In keeping with legal obligations, research data will be retained for a minimum period of five years. Audiotapes and transcripts are kept in a locked filing cabinet. Only I have access to the raw data, and consent forms are kept separate from the data, in my hospital office in a locked filing cabinet.

‘Doing narrative research is an ethically complex undertaking’ (Josselson, 1996, p.70). Thus, Widdershoven and Smits (1996) suggest that applying the general normative principles of ethics: autonomy, beneficence, nonmaleficence and justice is complicated by situatedness, emotion, reason and chance. While acknowledging the complexities of doing ethical research and the importance of all these principles, in this section, I concentrate on the ethical issue of safety and harm minimisation, that is beneficence and nonmaleficence. This is because, as the
study developed, my overriding concern became the need to protect participants, as far as possible, from the risk of psychosocial harm (or even physical harm) should they be identified.

It is possible that some participants could be at risk of harm if their stories were recognised. For example, extreme punishments by Korean and Arabic men (fathers, uncles and brothers) of young women (wives and daughters) in Australia, for perceived insults to honour, are documented by court reporters in Australian media (Pryor, 1998; Power, 1998; Lawson, 2000; Clifton, 2000). Two of these examples include attempts to procure 'hit men' to kill young women for shaming the family (Pryor, 1998; Clifton, 2000). Disparate horizons of understanding between people of different cultures results in bewilderment and stress. Behaviours accepted by many, particularly in Middle East cultures but also Asian and some Mediterranean cultures, are considered abhorrent in Australia. Cultural clash is highlighted in families when young women step outside the boundaries of the old tradition into the new. Therefore, I decided not to present elaborated life stories, as originally planned, but to provide a brief introduction to each participant, with general contextual information, in this Methods chapter.

Throughout this thesis, I endeavour to protect the identity of participants. My concern is based on awareness of the vulnerability of participants who have histories of abuse and harm inflicted upon them by their families, including death threats. In addition, they are local young women with relatives who may attend the local university and access this thesis. Most importantly, in light of evidence on honour killings in certain cultures, the risk of harm must be taken seriously because of the possibility, however uncertain, that representations in the thesis may be identified and construed as affronts to family honour.

I attempted to protect participants' confidentiality in this thesis by omitting or changing information that could lead to identification. In copies of correspondence from human research ethics committees (see Appendix), I deleted specific identifying data such as hospital names. However, while attempting to camouflage identity, I did not lose the import of particular religious, cultural and racial issues integral to the lives of participants. Rather I addressed them in chapters 6 and 7, Findings and Discussion. As I was very slow transcribing audiotapes, I engaged the services of an expert transcriber with whom I discussed the importance of confidentiality. I attributed most quotes to the pseudonym of the participant but
at other times, deliberately left the source of the quote unidentified as an added measure of protection.

**Harm Minimisation Measures**

The ethical principle of *beneficence* means that the researcher does good and does no harm to a participant (Kvale, 1996; Burns & Grove, 2001). Accordingly, I recognised the possibility of psychological discomfort and psychosocial harm arising because of participation in the study, and took measures to minimise such risks.

Arousing emotional distress or psychological discomfort was a likely possibility during or after each interview because of the nature of recalling emotive, personal events and sensitive issues. On the other hand, as Josselson (1996) also found, many participants were relieved by the cathartic effect of the interview. I did not need to terminate any interview prematurely and when tears were shed, I accepted this as natural, healing and not alarming. Nevertheless, I put a number of measures in place to safeguard participants. First, as an experienced community mental health nurse with a foreknowledge founded in studies in mental health nursing and psychology, and informed by psychiatry, I was aware of signs and symptoms of psychosis, anxiety and suicide risk. I subsequently ensured that the psychological defences of participants were maintained intact by exploring, but not challenging their meanings or probing extensively. I was sensitive, gentle, warm and affirming and monitored mental states for indications of undue distress. I was very open about checking their emotional wellbeing during interviews by asking how they were feeling.

Participants’ privacy was also protected by controlling the interview environment in order to ensure optimum conditions for deep and personal disclosure (Holstein & Gubrium, 1995, pp.11, 14). Also, participants were advised that they could have a copy of their interview or read the thesis, but no-one has yet requested this. Case managers were aware that their clients were participating in the study and understood that interview transcripts were private research documents and thus not accessible by them.

In addition, I arranged independent supervision for myself by a clinical psychologist, for discussion of any concerns I had about ‘anonymous’ participants. As it was, I did not need to use this service. In keeping with the conditions of participation and the ethical obligations of a researcher, however, I advised one young woman that I was concerned about her (because of
suicidal ideation) and would talk with her case manager to arrange an appointment for the next day. She accepted my decision and appeared to appreciate my openness about the matter. I also arranged referral procedures for participants to see a counsellor, should the need arise, but no-one expressed interest in this offer.

The potential for psychosocial harm, arising from the disclosure of private information, was minimised by a number of measures. Informants were advised:

- You may turn the tape recorder off at any time during the interview.
- You may erase parts of the taped interview.
- You do not have to talk about anything you do not wish to.
- You can withdraw from the interview at any time without any problems.
- Pseudonyms will be used to ensure confidentiality and protect your identity.
- Identifying data will be changed to protect your privacy.
- The stories will be analysed and some anecdotes may be used.

No participant asked for the tape to be turned off nor for anything to be erased. Some were offered the opportunity to close the interview early but all were keen to finish their story, although Kajol became restless and wanted to rejoin her boyfriend so I terminated her interview earlier than expected. I spent a few minutes debriefing participants at the end of each interview by checking their emotional state, formally thanking them for their valuable contribution and focusing on practicalities such as transport.

**Evaluating Narrative Hermeneutic Research**

Evaluation implies the use of criteria as standards of judgement or criticism by which the worth of an inquiry is assessed. However, 'criteria' construed as a set of rules raise the spectre of positivism which is philosophically at odds with interpretivism. Indeed, preoccupation about rigour and rule-governed approaches is a legacy of positivist epistemology in which an externalist foundational reality is assumed (Koch & Harrington, 1998; Angen, 2000). Gadamer (1960/1989), however, was not concerned with methods and rules for interpretation but with accounting for understanding as an ontological process. The kind of knowing to which he refers, is not accessed 'scientifically'; rather it is a socially constructed, perspectival and partially interpreted reality. It is derived intra- and inter-subjectively and interpretively.
Thus, inquiry underpinned by Gadamer’s philosophical hermeneutics must be evaluated in its entirety as both process and product.

Nevertheless, some signposts about quality are needed because, practically and morally, my claim for the legitimacy of the knowledge produced in this thesis must stand up against something and someone. The ‘something’ must therefore be articulated as standards indicative of good interpretive research. In determining appropriate standards, I ignored tenets of rigour arising from positivistic research because they have been discussed extensively and are not relevant to interpretive work. Selection was problematic however, as there is no canonical approach to interpretive work; no recipes, formulas or sets of ‘how to’ rules (Riessman, 1993; Josselson, 1993). A hermeneutic position holds that life stories are interpretations of life in which meaning emerges. Interpretation is thus central to philosophical hermeneutics and evaluation standards must be determined within the same frame of reference or horizon of understanding in which the research was conceived and conducted.

I therefore turned toward recent reconceptualisations of evaluation (Mishler, 1990; Angen, 2000) and concentrated on the language of evaluation relevant to interpretive research underpinned by philosophical hermeneutics and narrative inquiry. In selecting these standards, I draw on a number of contemporary researchers (Riessman, 1993; Josselson, 1993; Kvale, 1996; Sandelowski, 1996; Koch & Harrington, 1998; Lieblich et al. 1998; Emden & Sandelowski, 1999; Angen, 2000; Richardson, 2000; Smith & Deemer, 2000) and a philosopher, Gadamer (1960/1989, 1997). The standards emerging from the literature are not discrete but overlap in their conceptualisation and apply to the thesis in its entirety. Above all, criteria become the standards for evaluating the trustworthiness of a study (Mishler, 1990; Angen, 2000) which depend on pragmatic validation, breadth, coherence, aesthetic merit, scholarship and persuasiveness. Finally, I discuss the problem of member checking in interpretive work.

**Pragmatic Validation — Trustworthiness**

Validation is conferred by other scholars according to the degree to which they can rely on the concepts, methods and findings of a study as the basis for their own work (Mishler, 1990; Riessman, 1993; Angen, 2000). Thus, being able to trust the study affords it pragmatic value (Riessman, 1993). Accordingly, as a whole, it must generate confidence as a work of integrity.
and have generative promise (Peshkin, 1993; Angen, 2000), that is, be fertile, raise new possibilities and questions and stimulate new dialogue (Gadamer, 1960/1989). Furthermore, Angen (2000) states ‘we have a human moral obligation to take up topics of practical value, and we must do everything in our power to do them justice’ (p.391). The usefulness of the study is all that matters, according to Avis (1995), and Angen (2000) suggests this usefulness is inextricably linked to issues of ethical validation and thus requires that the research provide some practical answers to the ‘so what’ question. As Gadamer states, ‘practical wisdom and philosophical hermeneutics arise out of praxis and are a waste of time without it’ (Gadamer, 1997, p.57).

The present study focuses on a substantive issue, attempted suicide, and is thus relevant to mental health nursing and other health disciplines. This is especially so as it is based on the lived experience of real people and their interface with society and the health service system. In particular, it challenges mental health professionals to understand the complexities of attempted suicide of young women within cross-cultural contexts and to become aware of our own situatedness and how we mediate understanding. Furthermore, within the thesis, meaningful suggestions are made about how to apply findings to practice and proceed with further investigations. The limits of pragmatism, however, demand humility and recognition of the post-modern criterion of uncertainty, that claims about research are inevitably and always tentative (Emden & Sandelowski, 1999) and fallible (Smith & Deemer, 2000).

Coherence

Coherence is that quality of the thesis which yields a ‘complete and meaningful’ picture yet does not compromise or artificially simplify the complexity and contradiction inherent in the lives under study (Josselson, 1993; Riessman, 1993; Sandelowski, 1996; Lieblich et al. 1998). Coherence is expressed hermeneutically by the concept of gestalt. The language of the text must cohere with the final explication of understanding, which is the elucidated meaning. This concept is illustrated in chapter 6, Findings, where three levels of interpretation (sub-themes, themes and the meta-theme) are explicated, then discussed in chapter 7, Discussion, the final chapter. Gadamer (1960/1989), stated that ‘the harmony of all the details with the whole is the criterion of correct understanding’ (p.291). In light of the metaphor of the hermeneutic circle, coherence is achieved in interpretation when the explication of texts reaches a point of conclusion when ‘one has reached a sensible meaning, a valid unitary meaning, free of inner contradictions’ (Kvale, 1996, p.47). There should be an internal consistency throughout the
thesis between philosophy, methodology and methods. The quality of coherence demands that the thesis as a whole ‘hangs together’. Thus, I have attempted to bring Gadamer’s philosophical hermeneutics and narrative life history together in the production of texts through recursive interviewing, and later through synthesis within Discussion.

Scholarship and Aesthetic Merit

Scholarship is more than skilled writing, it includes substantiveness (Richardson, 2000) and external coherence (Lieblich et al. 1998). This refers to lifting the narrative from its storytelling status and linking it with some theoretical context, previous knowledge or disciplinary field that contributes to our understanding of social issues (Josselson, 1993; Lieblich, 1994). I have thus located this study in the context of literature pertaining to suicide, attempted suicide, cross-cultural issues and identity. In addition, methodology is based on philosophical hermeneutics and narrative life story. I also draw on mental health nursing, existentialism and post-modernism in the final synthesis of ideas.

Excellent scholarship, therefore, becomes compelling, powerful and convincing. This also occurs through aesthetic appeal, an elusive and necessary condition for meaning-making. Good narrative enhances the intuitive, holistic way of knowing that transcends the rational (Josselson, 1993). Richardson (2000) recommends that aesthetic quality opens up the text and invites interpretive responses. Furthermore, aesthetic writing is artistically shaped, satisfying, complex and not boring. Boring writing is unesthetic and lacklustre and inhibits turning the next page; reading then becomes a laboured chore. Koch and Harrington (1998) recommend cultivating writing skill in creating the text.

I have attempted to achieve excellence and aesthetic appeal in my work by several means, including: locating the phenomenon of interest within a range of comprehensive scholarly literature; developing and applying a hermeneutic awareness of my prejudices and influence throughout the study; clearly expressing ideas; smoothly synthesising ideas into an original contribution to the literature; faithfully representing the voices of participants through selected, interesting quotes; and challenging myself and the reader to think in new ways about an ancient social problem. In addition, I sought feedback on my writing from my scholarly supervisor.
Persuasiveness

Persuasiveness, according to Riessman (1993, p.64) refers to whether the interpretation is reasonable and convincing. As such, it coincides with Richardson’s (2000) criterion called ‘expression of reality’. In other words: ‘Does this text embody, a fleshed out, embodied sense of lived experience? Does it seem true — a credible account of a cultural, social, individual, or communal sense of “real”?’ (Richardson, 2000, p.937). The criterion ‘expression of reality’ resonates with Koch and Harrington’s (1998) ‘being convincing’ or Angen’s (2000) evocation of ‘an immediate feeling of authenticity … a smile of recognition’ (p.391).

The question of convincing the reader, however, is problematic because it depends not just on the overall quality of the findings and the overall thesis but also on calling into play the responsiveness of readers, situated in their own tradition, prejudices and ways of being in the world. As previously noted, there may be minimal shared understandings about certain issues among people of different cultures. And while difference can be transcended by recognising our shared humanity, if the horizons of people are governed by rigid ‘truths’, understanding is inhibited. On the other hand, if emotiveness is an indicator of persuasiveness, there is an abundance of evidence of the pain, suffering and courage of the young women in this study reinforcing a sense of lived experience. Furthermore, the capacity of the findings to reveal the phenomenon of interest and the power of interpretation to resonate with understanding in the minds of readers constitute a strong measure of persuasiveness.

Another way of achieving persuasiveness is by incorporating a reflexive account into the thesis which informs the reader about ‘what is going on’ while researching (Koch & Harrington, 1998). This strategy accords with Josselson’s (1993) suggestion of explaining the relationship between the author and the chosen topic. Furthermore, as the research topic is engaged in and pursued throughout the study, transparent ongoing self-reflection contributes to the substantive validation of the work as a necessary pre-condition of all further understanding (Angen, 2000). Hermeneutically, understanding arises out of our prejudices which should be held in the light, in order to gauge how our horizons change as a result of the process.

Throughout the thesis, I have engaged in self-reflection, particularly in relation to my pre-understandings about attempted suicide, as a hermeneutic way of illuminating my thinking processes (see Chapter 2, p.30).
The Problem of Member Checking

Lincoln and Guba (1985) and Riessman (1993) agree with the technique of member checking as a means of establishing credibility. In this procedure, the final analysis, interpretation and conclusions are tested with participants, who are asked to review meanings interpreted from transcripts as a means of validation. Member checking relies on the foundational assumption of a fixed truth or reality against which the account can be measured (Angen, 2000), but it is my belief that there is no fixed truth because understanding is inter-subjectively created within an historical and linguistic tradition. Moreover, a person’s conception of truth (as understanding) is not static but changing constantly, through continual, partial and multiple interpretations, as is the nature of being human in the world. Member checking also erroneously gives interpretive authority to the participant, not the researcher. Clearly, texts are co-created interactively but the final analysis, the interpretation, belongs to the researcher in all her particular situatedness, traditions and personal prejudice. It is, therefore, a rejection of this process, and a misunderstanding of the nature of interpretive research, to ask another to affirm one’s interpretation. Other individuals cannot verify an interpretation because, as Gadamer’s (1960/1989) hermeneutic holds, others bring their own foreknowledge, language, history and reasons to bear.

Conclusion of Methods Chapter

In this chapter, I accounted for the processes through which the study was conducted and for the principles which guided those processes. In particular, I addressed sampling and recruitment methods; data collection through interviewing; data analysis using a thematic analytic technique; ethics, with emphasis on safety and minimising the potential for psychosocial harm; and the evaluation of narrative hermeneutic research.

Next Chapter: Findings

In the next chapter, I present the findings of the data analysis including sub-themes, themes and a meta-theme explicated from the text. The claim toward understanding attempted suicide in this thesis is based on faithfully representing the autonomy of the text. Evidence in the form of verbatim extracts from the texts is provided in support of each level of thematic interpretation.
CHAPTER SIX

FINDINGS
UNDERSTANDING ATTEMPTED SUICIDE:
THEMATIC ANALYSIS

The way of clay is to understand the nature of clay, its wonderful plastic response when handled with love and care, and its collapse and disintegration when maltreated, overworked and strained beyond its capabilities ... (Memmott, 1970, p.16).

Themes explicated from the texts are presented in this chapter. The meaning of attempted suicide for the eight young women participants is constructed on the basis of these themes. The meta-theme, themes and sub-themes facilitate understanding. In this process, wider sociocultural influences in the lives of participants are highlighted, such as norms of behaviour for young people in Australia.

Five themes emerged from the texts which are verbatim transcripts of interviews of eight life stories incorporating the attempted suicide. Each of the five themes is presented and explained in terms of the sub-themes of which it is constituted. Verbatim excerpts from texts are used throughout to illustrate themes and support chosen interpretations. Selection of quotes was difficult because choosing what to include entailed omitting other equally cogent quotes. I tried to strike a balance and ensure that each voice was heard at various points. This is important because, aesthetically, it honours individuals, and methodologically, it expresses diverse subjectivities integral to the interpretive paradigm. I also indicate the context in which some quotes arose in order to facilitate understanding and continuity. For example, when introducing a quote I preface it by an orienting comment.
Because of the multiplicity of possible interpretations recognised in hermeneutics, decisions were made at all levels about competing interpretations and naming emergent themes. Naming was determined by my interpretation of the predominant message of the text. The more I worked with the stories, constantly revisiting them throughout the analysis, the more clarity emerged. I also tried to do justice to the texts not only by explicating dominant themes but also by indicating exceptions where relevant.

The order of presentation is based loosely on the emergence of themes from the texts corresponding with a life history context. Themes are not discrete entities but rather overlapping and intertwined strands within the lives of participants. Abuse, emotions and relationships, for example, are clearly interdependent but are teased out separately because of their import. Understanding attempted suicide would be incomplete if any theme were omitted, as each is relevant to the final interpretation.

All quotes are verbatim, in italics and usually attributed to the speaker. Sometimes I deliberately withhold the name of the speaker as added protection against identification. Proper nouns are changed or neutralised in order to protect identity. Repeated words, for example, ‘you know’ are edited out and indicated by an ellipsis (...) for the sake of brevity. Points that I understood in the context of the interview are specified within brackets to facilitate clarity and understanding by the reader.

Five themes and their constituent sub-themes are listed below, with the meta-theme.

**Theme 1. Being in a gap between cultures and creating space for themselves**
- Migrating: struggles and disappointment
- Traversing cultural tensions
- Struggling for freedom: loyalty versus deception
- Transcending difference within the dominant culture
- Fitting in: language and responsibilities
- Being isolated and unconnected
Theme 2. Being traumatised and diminished by abuse
Being powerless against intrusion and insult to the body
Being negated and disbelieved
Being humiliated by emotional abuse
Being abandoned
The intersection of culture and abuse
Putting on a happy face: concealing shame and protecting abusers
Attempting to manage the unmanageable

Theme 3. Surviving dangerous relationships
Living in a disturbed family: disunity and instability
Enduring paternal power: forcible fathers
Ambivalently loved mothers
Being the object of jealousy
Living with fraternal negativity
Being sustained by protective relationships

Theme 4. Suffering psychic pain
Burning with anger: inexpressible feelings of pain and injustice
Suffering loss and grief
Being sad
Feeling afraid and anxious
Losing hope: the misery of despair

Theme 5. Expressing the self by attempting suicide
Being triggered by conflict
Acting against the self
Explaining why: seeking change
Individualising and reconstructing intentions
Reflecting on the consequences of attempted suicide: I’m different now
Expressing hope through career aspirations
Meta-theme
Paradoxically asserting the indefinite self

Theme 1: Being in a Gap between Cultures and Creating Space for Themselves
The sub-themes are:
1. Migrating: struggles and disappointment
2. Traversing cultural tensions
3. Struggling for freedom: loyalty versus deception
4. Transcending difference within the dominant culture.
5. Fitting in: language and responsibilities
6. Being isolated and unconnected

Four participants migrated to Australia as children between the ages of five and thirteen years. Another came to Australia as a student at age twenty. Two had lived in a third country before settling in Australia. The remaining three had migrant parents and lived in families steeped in their parents’ culture of origin. As such, a particular ethnic culture formed the background of their lives but became foreground at times of cultural clash. The experience of living in two cultures, inevitably gave rise to tensions, often precipitated by conflicts about social freedom. These conflicts, as expected from the literature, were embedded in socially and culturally defined gender expectations. The lived experience of the young women entailed social and personal adjustment as they tried to negotiate two cultures: that of the home, parents and family tradition, and that of school, new friendships and the dominant society. In this section, I interpret their experiences of being within two cultures in terms of expectations, adjustment, struggle, challenge, ‘differentness’ and social isolation. Poignant insights into the complexities of migration and acculturation are revealed and the inexorable need for young women to find their own path within, between or outside two cultures.

Migrating: Struggles and Disappointment
Migrating and looking for a better life refer to the reasons for migration, circumstances surrounding migration and individual or family aspirations. This sub-theme reveals what migration means to these young women and/or their understanding of their parents’ experience. Migration held mixed blessings for most participants but negative experiences predominated.
For two families, migration was precipitated by war and not freely chosen. In both cases, the families became refugees fleeing war zones.

Hasnaa is aware of her parents’ loss of status and its significance for them, who were once ‘big people’:

_We left there because of the war. You could hear bombs and gunshots and everything like that, and just rockets, like, you know firing up in the air. It was scary. Mum and Dad didn’t really want to leave [country]. Back home they were big people, they had good jobs and they earned good money and then you know come here, it’s like they’re nothing. Their qualifications are just not recognised here._ Hasnaa

Anna witnessed traumatic scenes in childhood as her family lived in the midst of a war zone. Exposure to danger, death and dying were recounted in her story. She describes fleeing from war as refugees:

_All the houses get break down, blown up except our house. Nothing happened to us. We went 10 day, and 11 hours we walked from [one country] to [another] … with that raining and with that cold. And we didn’t see our father and then on the way I seen people dying. They all get kill. Many people like ants. Crowded and all they dying._

Her experiences included hunger and hardship in the home country. She was confident about who was responsible.

_Governments are responsible for war. They came inside and they killed the mans, all the mans. The governments they doing it._ Anna

In other stories, migration was planned and filled with great expectations, as Jasminda relates:

_My [family] came here [Australia] for a holiday. And my father saw it and liked it, so we moved here the next year. Just packed everything up and moved here. In a way I’m grateful, because I’ve got a better life here ’cause I see how much tension there is over there [home country] for equal opportunity and everything, and I know I have everything here … sometimes I wish I didn’t move here, ’cause so much has happened._

_Jasminda has mixed feelings about how life has unfolded for her in Australia. She is referring above to childhood sexual abuse, perpetrated by her father. In spite of her pain she maintains:_

_I love Australia. I really consider Australia my place. It’s in my heart, you know. I love this country._ Jasminda
Kajol reluctantly came to Australia, as an older child, to join her family but her dreams were not realised either.

I came to Australia and I thought I was going to um, have a happy life and stuff. I didn’t want to go. I had no choice. I was happy and just enjoying life, until I came to Australia. In [home country], everyone knew me but in Australia, that’s when I just, was scared most of the times, so I just did whatever I was supposed to do. I didn’t know nothing about anything. Kajol

Kajol was afraid and confused as her expectations for a happy life were dashed with the realisation that her newfound mother was abusive and disturbed. Migration changed her life dramatically for the worse, from being the youngest in a loving extended family in the home country to being the eldest in an unstable, unhappy, nuclear, blended one in Australia.

In contrast, Maria, a high-achieving young woman, articulated her dream as motivated by educational opportunity and career prospects. Maria recognised the social and economic problems of her home country.

[Home country] at the moment is struggling. It’s so hard to get a job. In [home country] before you can get a [higher] degree you have to have work experience. It’s so hard getting work in [home country] if you don’t have a [higher] degree, but you can’t have the degree unless you’ve got work experience. So, I come to Australia to get one.

Maria also acknowledges that life at home was comfortable but the freedom and prospects of life in Australia outweigh the loss of home.

I like staying here actually. Because it’s given me an independence that I’ve never had before. Maria

Migration was accompanied by difficulties and feelings of failure in the older generation of some families. Their story becomes the young person’s heritage.

When they [grandparents] came over here they were extremely disappointed, they [government] promised them like a lot of material things, basically which they weren’t given. They had to sleep on a kitchen table for the first few years in this shack of a house. He [grandfather] came over here. He had a lot of hopes for his family. He felt a lot of shame in himself and disappointment and he used to get very depressed about that apparently. Chantelle
In contrast with the others, the cultural impact of Simone’s Middle Eastern migrant parents was not afforded great significance in her life story. Receiving only passing commentary, it receded into the background of her life and conversation. Being of migrant background posed little overt conflict for her, suggesting a harmonious synthesis of cultures.

**Traversing Cultural Tensions**

‘Traversing’ has multiple connotations. It refers to ‘going to and fro, moving laterally, to go counter to, obstruct or thwart, to pass or go across’ (Macquarie Dictionary, 1991, p.1860). Traversing is therefore an apt descriptor for the sometimes indirect ways of coping with the tensions inherent in living within two (or more) cultures and the means by which the participants manoeuvred to meet their needs in difficult circumstances. For example, sex role expectations, double standards and male dominance confronted many participants. Differences between the home and dominant culture were highlighted by practices such as courting, marriage and funerals. In addition, traversing two cultures has implications for identity formation and self-image for these young women.

A conglomeration of cultures is evident in Jasmina’s account of her migrant family.

I’m [culture A], that’s my nationality. I was born in [country B]. We came here [Australia] when I was 7 years old. My Dad’s [culture A]. My mum’s [culture A] but she’s got a bit of [culture B] in her when she was young, like she ... used to live with a [culture B] family a lot, she hasn’t got [culture B] blood in her, but she’s got a lot of that culture in her.

For some, Jasmina in particular, a sense of belonging and identification with either culture eludes her.

I don’t really feel like I’m an Australian or an Asian, you know? I just feel quite, sometimes, between two cultures in a way. Jasmina

The intersection of religion and culture complicated an already complex life but was managed with creative adjustment by Kajol.

I come to Australia and Mum wanted me to be Christian. And then when I went back to [home country] I had to do both ways. So like, I was in the middle of it. I didn’t know what to do, you know. I’d be a good Hindi girl in [home country] and good Christian girl in Australia? Confusing? Yeah it was! It was! Kajol
An awareness of contrast in culturally construed behaviour dismays Jasminda.

*In [Asian country] there’s no manners. People are just so blatant, people just do whatever right in front of your face, they don’t care, you know, you’ve got feelings or anything. It’s like if you stepped on someone’s toe, they’d tell you off right there, in front of the street, where everyone can hear it, and no-one would stop it.* Jasminda

Angela, aged 14, was born in Australia, but here she describes her mother and self in terms of difference, from the dominant Australian culture.

*She’s [Mother] got different beliefs and different stuff like that. And she was really brought up differently to what all my friends have been brung up and so that’s hard in that point of view. She is [religion], she can’t eat beef and that. The little things, make me different ’cause, I don’t know, all my friends, when I talk to them about it, they think it’s just stupid. My friends just laugh at me. ’Cause it’s just — they’re different.* Angela

The difficulty of traversing culturally different customs was highlighted in Hasnaa’s story of resisting an arranged marriage and dealing with subsequent family reactions. The tension between the women and the men in the family is evident as marriage tradition is challenged.

*We’re Muslim and in our culture, it’s sort of traditional for the girls to marry their own kind, that is, a Muslim man, from their own race and um, you’re not allowed to have boyfriends and girlfriends and you’ve gotta marry this person, and that’s it. I never liked that. I said I’m gonna find my own man, and when I fall in love with him that’s who I’m gonna marry. If it works out it works out but I’m gonna get married and that’s it. I never believed in that stuff, you know, arranged marriages. My Mum, she’s the type of person who, she believes in finding the right person. She said you go find yourself a guy, but it has to be with, within our boundaries.*

A lot of guys came asking for me [in marriage] and I just said no, no, no, that’s it, no. My aunty wanted me for my cousin, and she wrote letters to my Dad and I would say no, no, no, and then I was getting really, really annoyed because I don’t believe in that sort of thing. I think it’s really, really disgusting, pathetic to marry your cousin. I’ve got a lot of cousins because they’re just like my brother and I love them; we knew each other when we were little. That was really disgusting to me and even to my Mum, she just, she kept telling my Dad no, no, no. But um, yeah, he sort of thought, look he’s a good guy, he’s a good worker, he’s this, he’s that.* Hasnaa

A family funeral highlighted cultural difference for Simone.

*At the funeral they had an open casket and stuff — my auntie just snapped like, she was just really out of it and she was just really shaken up and she started screaming and stuff. And they had to like slap her to get her out of it. I think it is a cultural thing, ’cause they’re really emotional and my Grandma, to this day, still wears black. She thinks it’s out of respect or something. And like my aunties had to wear black for a*
while, and they had like a month funeral, a six-month funeral and then a one-year funeral. Simone

Hasnaa shocked her family by breaching tradition and going out with a boy who was neither same culture or religion.

My Mum wrote to my aunty and overseas, said ‘Oh you know my daughter’s met this man and he is Italian.’ They all went ‘Oh, my God,’ like really surprised as in, ‘Oh, he’s not [our nationality].’ Oh, my God like, um, it’s like a big, big, big thing to them, big deal, you know? Hasnaa

One father appeared to be less steeped in tradition and more open to the Australian practice of choosing your own partner.

My Dad jokes, you know, with me. Says, he wants me to marry a [boy of same culture]. Sometimes you just think, ‘Hold on with this. Does it go beyond a joke?’ But no, there’s no expectation. ‘Cause, like, I want to get married and I talk to them about it, like, ‘Yeah, I’m going to get married when I’m 18.’ I just muck around. Dad says, ‘Well, if you find someone and you like them, you know, my congratulations to you. It’s not my say in who you marry.’ I thought, ‘Well, that’s good.’ Just like, ‘As long as he’s good to you, that’s all I care about.’ Simone

One of the main issues creating tension was the assumed power that males held over females. This issue is highlighted in the themes of ‘dangerous relationships’ and ‘abuse’. A culturally endorsed right of control, that fathers and even younger brothers assume over females in the families, exists. Anna’s story is a pattern of abuse and control by males, including father, brothers, boyfriend and male family friends. The excerpts below illustrate less sinister examples of patriarchy.

My little brother he went out with my best friend and then when they broke up [he said] I’m not going to let you talk to her again.

From five years old he [Father] wasn’t letting me to go out when I grow up ... in that time I wasn’t doing that much thing, but as I washing dishes, cleaning the house all the time my brothers told me, ‘Oh go wash this, go and do that.’ Anna

Simone’s uncles betray a certain gendered belief by teasing her on the birth of a baby brother.

‘Your Mum had a boy and he’s gonna bash you.’ Simone

Domination and exploitation of women in the division of domestic labour are norms in a culture where males are privileged over females.

Boys can do what they want pretty much. Girls have to be girls and boys have to be boys like, ‘Oh, we’re men and we do this and do that’ and then ‘You’re a woman and you know, stay home and cook and clean.’
My [younger] brother ... did so much to stop me from seeing him [boyfriend] he was very strict on me.

Hasnaya escaped male dominance by marrying her boyfriend who was not like men from her family culture.

He's not the type to sort of say 'Oh you're a woman, you do this and you do that'. And I've never really wanted a guy like that ... I really didn't marry someone from my kind cause they're mostly like that. Hasnaya

**Struggling for Freedom: Loyalty Versus Deception**

Many incidents categorised in this sub-theme reveal a battleground in which the participants were most often the losers. Their struggle to gain social freedom and to be like their Australian friends was overlayed with anxiety and guilt, as they often deceived parents to gain the freedom to socialise. The deception was not merely motivated by desire for pleasure, but also to protect families from shame and the dishonour of accusations of sexual promiscuity.

The older the girls, the more intense the battle. In culturally laden contexts, a crisis may be precipitated by an impending social occasion. Alternatively, a flash point may be reached in an ongoing battle to maintain a relationship with a boyfriend. The struggle for freedom was a strong theme and featured in all stories to some degree. There was also evidence that, as a consequence of the struggle, some families adjusted to Australian norms and allowed younger female siblings greater freedoms.

They[parents] very strict on me. Like I was never allowed out much and even like, you know, at school discos, camps and things and like birthday parties and things. I couldn’t even go to my school formal let alone, you know, a birthday. I felt like I missed out on a lot. It hurts that I couldn’t do that. Hasnaya

Chantelle describes excessive restrictions in her teenage years:

I wasn’t allowed out to walk down the street. I wasn’t allowed out the front door. I wasn’t allowed to have any friends, virtually. I didn’t get any freedom whatsoever. But I had all these rules and restrictions. I remember in Year 10 turning up in tears at school because I really wanted to be able to go out with my friends and my mother wouldn’t let me do anything like that.

In later years she deceived her parents to gain freedom.
I’d go and visit him [boyfriend] and stuff behind my parents’ back when I was jogging. I wasn’t having sex with him and I told her [mother] that. But she insisted I went on the pill. And my mother chucked me out of the home at that time. I remember she went off her head. She was going hysterical. She said, ‘Just get out of the house’ and was screaming her head off. My father dropped me off down, at my boyfriend’s house, with all these bags.

Chantelle interpreted this restriction as a combination of parental anxiety about the risk of pregnancy, projection of bad experiences and cultural overlay.

Hasnaa also deceived her parents to control her social life.

I went out with guys and that here and there but I mean my parents didn’t know about it. ‘Cause they had a big thing about how we shouldn’t talk to guys, just in case someone sees you and then they’re gonna think there’s more to it. I had to sort of be very careful like that, you know, I mean protect mine and the, the family’s [reputation] I felt like I was betraying them. I was sneaking round behind their back, you know, and lying to them and things like that. I wasn’t proud of that. But I had no choice. It wasn’t like I was lying to them I was just, you know, hiding it for their own sake. ‘Cause I just didn’t know how they’d take it. Hasnaa

It should be noted that this was the context in which Hasnaa took an overdose.

Young Simone also experienced the battle for freedom but in milder form. One such battle, nevertheless, was background for her serious overdose.

I just couldn’t handle it any more. My Dad was fairly strict on me. All my friends were going out so much and I could never go out that much. And so that was a big thing for me. Because he didn’t like me going to dance parties and that was a big time where everyone was just really into dance parties.

The intersection of culture, gender and identity is glimpsed again in Simone’s story. She was born in Australia but defines herself in terms of ‘other’ as she compares her freedom with that of Australian girls:

A lot of my friends are Australian and, they’re allowed to do a lot more than I am. Simone

As a child in the Middle East, Anna was confined to the house and socially deprived in contrast with male siblings. Even by Middle Eastern standards her life was excessively restricted.
I used to always stay at home and my parents — wasn’t letting me to go out. My brothers they used to go out.

Even as a self-supporting employee, her whole family monitors and restricts her movements.

They don’t let me to go out with the boys. They don’t like me to be friend with anybody. Anna

Maria notes in passing that her parents restricted her freedom as a teenager.

I was never allowed to sleep over at anybody’s place.

As a young adult she is still concerned with living freely and her parents finding out about it.

Just as long as my parents don’t find out ’cause, they’re pretty much against living together out of marriage. Maria

Transcending Difference within the Dominant Culture

This sub-theme refers to awareness of personal characteristics that highlight being different from mainstream Australia. Points of difference include, racial/physical characteristics and sexual orientation. The dominant culture is Western, individualistic, white and heterosexual. Although some participants are aware of racial difference, for example, being black in a white society, they deny it presents a current problem because they learned to deal with racism in childhood. Furthermore, they observe that the incidence of racism is not as prevalent as it once was. Indeed most express indifference and relegate racism to the realm of childish behaviour. On the other hand, they may have become desensitised to racism or normalised it as a means of coping with its offensiveness. Indifference was not always the case, however, as experiences in primary school reveal.

Difference on the basis of sexual orientation posed an additional challenge to one participant who was already struggling with issues of abuse and racism. Experiences of racism, discrimination and awareness of difference are included in the analysis as part of the total experience of adjusting to a new culture and establishing a sense of identity as a woman and an Australian. In this sub-theme I omit names in order to further protect identification of participants.

One young participant, who is black, dichotomises her school friends as Australian/English or other.
Most of my friends are Australian, English. I don’t have many dark friends. She proceeded to negate racial difference as an issue in her life.

It [racially based teasing] happens to everyone. Everyone gets teased about something. I learned to deal with teasing and stuff. That doesn’t bother me. No, because my Mum’s always told me to stand up for myself.

Similarly, another participant relegates racism into the background of life’s less important issues and laughs at her ‘childish’ reactions.

It [racial taunting at school] was quite horrible, actually. I remember going home crying because of racist names. The first day I walked into school I was already called names for being black. Australia’s very different to what it was 10 years ago when I was 8 years old. I mean I’ve been bashed, remarked on, everything. I was never called ‘nigger’ ‘cause no-one knew what nigger was in Australia, it was always other names like ‘Blackie’ you know, just some things like that. Yeah, derogatory names. I felt a lot of animosity towards me, because I was black. I laugh about it now, maybe I shouldn’t laugh about it because to see myself now and see how Australia’s multicultural now … It’s no longer something I have to battle with today. Now it’s different. I always believed if you have confidence in yourself, you project that, and it reflects off everyone around you. I think Australia’s a lot more accepting for everything now. Racism is not as strong.

Another participant, who describes herself as a ‘gutter girl’ because she spent time on the streets, likes to cultivate a certain tough image and dismisses racism.

There are a few racist comments, you know, just, black bitch, stuff like that. It doesn’t bother me. I just listen — goes in one ear, comes out the other. It’s their mouth they’re wasting you know. It doesn’t bother me. If I know it’s not true then, why worry about it? There’s not a lot of racism around. Everyone gets along with me. I haven’t got trouble, names calling me, nothing. Before I used to, when I first came to Australia, when I started school. But then, since then, no-one’s been calling me nothing.

On the streets, I’m like a really friendly person. Yeah. People think that. [because] I wear a beanie and dress up like a gangster, that I’m hurting people. But that’s the way I like my clothes. I’m sporty, you know, real sporty.

By asking participants to tell me about racism, I wonder if the awareness of difference was more mine than theirs. Nevertheless, responses reveal a pragmatic and positive attitude to racial difference that would shame many a narrow-sighted adult.

Another participant gave an account of coming to terms with lesbian sexual orientation as a young adolescent. She was also dealing with other forms of differentness (racial and abuse
experiences), felt isolated, lonely and uncared for. Confusion about lesbian feelings was an underlying factor in her suicide attempt but secondary to the trauma of sexual abuse. This courageous young woman carried her secret pain alone for many years.

I’m attracted to the same sex. I’m comfortable with my sexuality. Yeah, I’m a lesbian. I’m fine with it. But when I was around 13 and 14 I didn’t like guys. I’m looking at all the girls. And then I felt attracted to girls and I thought it had a lot to do with my dad. I thought he turned me off men. And I even further blamed him for that. I was going through a crazy stage ’cause I just thought, ’You bastard’. I don’t like guys and I thought I was gonna go queer, I thought I was going crazy. I didn’t know what to do. Now I know and I’m happy. I’m proud to be lesbian. I just didn’t know what was going on, you know.

*Emotional and social isolation resonate in the next quote. It is notable that this bright young woman externalised her distress by disruptive behaviour in school and was consequently rejected. The importance of recognising distress signals in young people and reaching out to them in some gesture of caring is highlighted in this story.*

I couldn’t talk about my sexuality; I couldn’t talk about my sexual abuse. I felt like a minority within a minority within a minority. Those were two aspects of my life. I never really felt I could belong anywhere. I didn’t even need to belong, just to hear someone else go, ‘Yeah, I know what you’re going through’. That’s all I wanted to hear and I just never got it.

Fitting In: Language and Responsibilities

Language issues highlighted being in a gap between cultures. Five participants were bilingual. Being competent in the language was a point of pride that also engendered considerable responsibility in families and facilitated fitting in and settling into Australia. The language used by the participants was sprinkled unselfconsciously with Australianisms, for example, ‘she gets the shits’ and colloquial expressions, ‘bludger’, ‘dobbng’ and ‘olds’ [parents], indicating the rapidity of acculturation.

*It was good [coming to Australia] because I knew the language already; I knew how to speak English. My cousins found it very difficult to do things and to get by, not knowing the language. I gave ’em a lot of help filling in forms.*

I did find it hard like, you know. Sort of getting along with people just ’cause I was, I don’t know, like new and I was sort of wary of everything, it didn’t take me long to make friends and things. Hasnaa

I spoke good English and I know English properly, you know, and stuff like *that. So I settled in the school really well.* Kajol
I have to nag my Mum to do her homework! She’s going to [educational institution] and she’s doing a course and she has to do homework for that. It’s hard for Mum — she doesn’t understand English — first language is [other]. She tries to talk to me in [mother tongue] but I can’t answer. So she gets the shits. Angela

Being Isolated and Unconnected

This sub-theme refers to the social isolation of some migrant families because of separation from the home country and extended family. It also refers to a lack of connectedness at the individual level. Such isolation and lack of integration into the wider community exposed family vulnerabilities and reinforced individual loneliness. The isolation and concomitant lack of social support often accompanied, if not facilitated, abuse of power and domestic violence. This social isolation was acutely felt by Jasminda, Angela, Anna, Chantelle and Kajol.

Jasminda’s separation from her extended family and their support is expressed with anguish:

I feel hollow sometimes, because like I have all my cousins in [home country] and I don’t even know them. I see other people with cousins and close relationships and I’m not jealous, of course not, but I kind of will be envious sometimes.

The desperate need for connection with a loving human being is expressed by Jasminda.

You’ve got to handle it now, you know? [referring to sexual abuse in childhood] No-one to hold your hand to say you’re smart and, um, just, it’s just because. I don’t know. It’s funny when you meet people or someone could just say two sentences to you and you carry that through your whole life. And they don’t really know what it’s meant to you. You know? Whether it be a stranger in a bus, or you know, just someone you meet. Jasminda

Angela’s poverty of family relationships is clear.

My Mum’s from [Country]. Yeah. And my Dad’s from [another Country].
Do you have any relatives?
Nope.
Do you sometimes wish maybe there was?
Sometimes. I dunno, aunties or uncles, nope. Angela

Anna perceives Australia as a cold place in which her family is isolated and uncared for. She expresses this realisation in halting English and contrasts the present situation with the fantasy of a beautiful home country where everyone knows and cares for each other. The reality today is her family’s lack of social integration in an Australian suburb, and a war-torn home country.
In Australia, everybody’s cold with each other. They not friendly. See the thing is, my, [Australians’ think] ‘I don’t care about nothing, no-one — I don’t care about you. I don’t care what you’re going do, what are you doing’. In our culture it’s not like that. I swear, like, in the street, [in suburban Australia] if someone dies, no-one know. They gonna pick up that person and, you know, after next day, someones else gonna live there. And no-one knows. In our culture they’re not like that. Say if someone dies, everyone, all, all the streets, even he doesn’t know me, they coming. In Australia if I live in my house, if I die and you are my neighbour, you won’t know about nothing. It doesn’t get involved. And waste twenty-four hours thinking about money and work and have a life. In our culture we doing all of them and we still have a beautiful life. But if, is not killing, if is not fighting, the government don’t kill us, we got beautiful life too. But it’s not like that. Anna

Social isolation is accentuated in one case by diversity and conflict within the ethnic community, divided by political and religious differences. Consequently, a greatly needed source of support is not forthcoming.

The social isolation of Chantelle’s childhood echoes her adult depression.

We didn’t have any real extended family or anything like that. My mother had no real friends. No-one that she communicated with on a social level. everything was just work.

It’s just so easy to slide into ... feelings of, ah, depression about society as well. Just, you know, feelings of just hating this society and just no-one ever cares about you. Chantelle

In contrast, two families had extended family and strong support networks but they were not always effective. Hasna found significant support from a relative who influenced her parents to soften their traditional hardline approach to marriage and relationships. Likewise, Simone had a bevy of relatives who swung into action when family support was needed. Their involvement was not perceived as helpful, however, and created additional stress, highlighting the importance of the quality of the support offered.

Theme 2: Being Traumatised and Diminished by Abuse

The sub-themes are:

1. Being powerless against intrusion and insult to the body
2. Being negated and disbelieved
3. Being humiliated by emotional abuse
4. Being abandoned
5. The intersection of culture and abuse
6. Putting on a happy face: concealing shame and protecting abusers
7. Attempting to manage the unmanageable

This theme focuses on the nature of abuse and its aftermath. The impact of abuse is central in the lives of these young women. All the young women were abused in some way that involved the misuse of power, except Simone. Three endured extreme abuse which had long-term consequences. Two were abused sexually and one physically. Such abuse is inevitably accompanied by psychological/emotional abuse. The remaining four suffered psychological abuse. Abusive relationships occurred most often in the family of origin, except for Maria, who was abused by her boyfriend. Abuse within the family is symptomatic of disturbed families, damaged personalities or unadulterated malevolence. Negative attitudes toward women emerged clearly in the stories, ranging from intense hatred to mild misogyny.

It is difficult to avoid the implication that in some cases, negativity toward women is culturally shaped. The intersection of culture and abuse is highlighted in some of the excerpts below. The sequelae of abuse are illustrated as are ways the young women managed their enduring pain. Of note is the conscious decision to conceal their suffering and present a happy front to the world in their teen years. The objectification, degradation and negation of their reality have implications for their self-worth, confidence and identity. Relationships and emotions are addressed as separate themes. Names are omitted as an additional precaution against identification.

*Being Powerless against Intrusion and Insult to the Body*

Two participants were sexually abused. One was a victim of paternal incest for some years in pre-pubertal childhood. Another was sexually abused, by a brother and adult males, as a child and teenager. The emergent themes are extensive and powerfully emotive, but given word restrictions, it is only possible to provide salient excerpts. Telling her story was painful for one who cried as she recalled the abuse and aftermath. She describes being alone, feeling confused, searching for answers, needing help but having no-one to turn to. Eventually she tried to talk about it, test reactions, but felt misunderstood and became increasingly angry.

*He [father] started [sexual abuse] when I was 8 years old. and it went on until I was 11. It’s funny, ’cause I remember. Um, yeah. Sorry, it’s just. Sorry... [CRYING] when you’re a kid you don’t know half of the stuff that’s happening to you. ’Cause you
think, ‘Oh yeah, it’s normal’ and then you get to a stage where ... I started to realise what was happening, and what shouldn’t have happened, you know. And you start — you know, it’s very confusing and you just think, ‘Oh yeah’. You try to put it behind you, but then you can’t [at puberty] I started to realise that half the things that what dad did to me just weren’t supposed to happen, you know. And I got very angry. There was no-one I could talk to ... to this day, I still can’t comprehend it.

Another related how she was raped by a brother as a child. She suffered repeated rapes in childhood by brother and adult males. She describes being helpless, powerless, emotionally distressed and voiceless.

*He [brother] was just doing that ... and I couldn’t say anything ’cause I was a kid. Not all the time, but whenever, and I couldn’t say anything so he was just pushing me to do it. And I was a kid. I was just crying. I couldn’t say nothing.*

*My father’s friends they came in and then they did the same thing with me. Had sex. And my uncle he had it when I was 10 years old. And he did it again around five, six times what happened. They did sex with me.*

Some participants were physically struck or assaulted, usually an adult family member or sibling. Violence often coincided with drinking. In one case, physical bashings by the mother were frequent and persisted over some time, requiring intervention from the statutory childcare body. In another case, multiple family members perpetrated physical and emotional abuse for years.

A home environment characterised by emotional and physical abuse constituting domestic violence emerged in one story. Perpetrated by her stepfather, it is alarming that this fourteen-year-old blames herself.

*He [stepfather] gets violent and hits my Mum and stuff. It’s mostly my fault when he hits me ’cause I have a go at him. I tell him, you know, ‘Leave my Mum alone’ and he goes angry.*

Kajol’s attempts at suicide are nearly always precipitated by her mother’s abuse.

*She [mother] used to bash me up heaps. Kajol*  

This incident preceded Anna’s near-fatal overdose.

*They start to hit me and bash me up, my Mum ... really badly. I had all my body bruised. She was just hitting me. My brothers came ... were hitting me and my Dad came and they were all hitting me really, really badly and I had no more chance. All my nose, everywhere is blood. Anna*
Being Negated and Disbelieved

Tears of grief, sorrow and dismay accompanied Jasminda’s attempt to explain the unexplainable, her loved mother’s failure to believe and support her.

... when she [mother] finally found out [about me being sexually abused], it’s like she turned her back on me. She chose him [father] over me. And, I don’t know how to explain it. Like it’s just, oh just going to pour, it’s like a torrent of emotions, it’s just going to pour out of me you know. But the thing is, like, it just, I couldn’t understand. I couldn’t grasp it. Like I just thought: ‘What is going on here? Is this a joke? I just told you this man, you know, has done this to me’ and like she was like, ‘Oh, you know, are you sure that it happened?’ Jasminda

The crude injustice of blaming the victim was evident in Anna’s account.

And still like I’m just in Australian, I hadn’t did anything wrong, bad. But still my parents they doesn’t believe me, they always calling me a slut ...

At last, I told to my parents and I said, ‘Look Mum, he is doing something like that’. They wasn’t believing me. And I — I was tiptoeing ... ‘Maybe you dreaming or something.’ They [parents] didn’t say nothing at all [re brother’s abuse]. My Dad says, ‘You like’ I don’t know how to say that word [whore]. ‘You are really bad.’ Anna

Being Humiliated by Emotional Abuse

Six participants experienced emotional and psychological abuse within the family. This abuse included being criticised, being threatened with violence against themselves or friends, being put down, being called names (‘slut’ and ‘prostitute’), having achievements devalued, being laughed at, being persistently intruded upon, being pressured to drink alcohol, being emotionally blackmailed, being manipulated, being excessively controlled and having affection withheld. Further ugly abuse included being goaded, being mocked for physical problems, being blamed, being disfavoured in the family and having no presents. In addition, one participant was struggling to cope with an abusive relationship with a man who was stubborn, bad tempered, sulky, volatile, moody, domineering, spiteful, dishonest, belittling and subject to temper tantrums. It emerged later that he is drug dependent. Another participant became involved in a series of sexually bizarre and abusive relationships and prostitution. Examples of verbal abuse are provided below.

She[mother] just says that I’m a lazy slut. Angela

They [family] calling me a slut. Anna
This abusive attack preceded Angela’s suicide attempt.

_He [stepfather] was saying the only reason — 'cause I got top in the class recently, in my English class — was because I was slutting around in it. It was a class full of sluts, and that's why I got top of the class!_

_My friend comes over here a lot and Mum gives her hugs and kisses and stuff like that. But she doesn't give that to me._ Angela

_She [mother] was harassing me everywhere I went even at work and things. And she threatening to kill my friends. _Kajol_

_Being threatened with death, victimised, scapegoated and frequently physically abused by one’s entire family emerges with distressing clarity from the life story of one participant._

_They hate me, hating me, hating me._

_‘I don’t care if, 10 years, 20 years, if I go to jail, I don’t care. I’m still going to kill you’ [brother] …_

_They tease like how I look, telling me that so I thought I’m evil. And they all keep pushing me, pushing me …_

_I was crying, crying, my brother he said to me, ‘Next time, if you try to kill yourself, tell me so I can help you to.’_

_My Mum she goes ‘You fucking slut you. You fucked up our life. God! Where’s the God to kill you!’_

_one participant’s stepfather, a professional, perpetrated humiliating emotional abuse._

_He used to humiliate me. Calling me names … ‘tunnel-cunted slut, prima donna’ and things like that. If you didn’t make his coffee right he’d call it ‘virgin’s piss’ when I’m still a virgin. [When I was older and visited he would say], I’ve stopped ‘needing the boobies’, and all this kind of thing. Chantelle_

**Being Abandoned**

Being abandoned was real and symbolic and refers to emotional deprivation and abuse by omission. Several participants were ignored and neglected and experienced a lack of nurturing by a parent. Fathers in particular were absent or disinterested. In two cases fathers left home and failed to maintain contact, causing much grief to their daughters. In most cases, unlike
other abuse listed, this form appeared to be non-malicious. In Kajol’s case, attachment to her father was severed by migration and his subsequent death (see relationships sub-theme).

And I remember always going up to her [mother] and wanting to talk to her and trying to talk to her, but she’d always be sitting there just working out these sums on pieces of paper or whatever. Chantelle

The Intersection of Culture and Abuse

The two most severely abused young women spontaneously linked abuse and culture in their interviews.

There’s no such thing in [Asian country] as child abuse. I mean, you can hit the shit out of your kid right in front of the street and no-one really says anything because that’s just like disciplining your kid. Whereas if you do it here, like if someone calls the cops, your olds get thrown in jail, seriously, you get fined for it.

Half the stuff my dad did to me it’s like you think he only did it ‘cause, you know, my background, he’s [nationality]. I know Australians go through abuse too, of course. And so I always thought like my dad thought it was OK to do half the stuff he did to me because, you know, of the traditional attitudes he was brought up with as a kid. Jasminda

In Anna’s mind religion, politics and culture blur into tacit approval for men to abuse women.

Mother is Muslim, father is [political group] I don’t believe a God. I don’t believe a [political group]. [They] say you are allowed hit women. My Dad used to all the time hit my Mum and he used to all the time hit me too. Anna

In the following excerpt the misogyny is generalised and not linked to a particular culture

My stepfather’s always had a problem with women. That he hates women or something. ‘Cause him and his brother, they get together, you should hear the way they talk about women! Whores, and sluts, and …oh, Princess Diana was a slut and all this kind of stuff. Chantelle

Putting on a Happy Face: Concealing Shame and Protecting Abusers

This sub-theme refers to concealing the pain and trauma of abuse from peers and adults.

Efforts to create a facade of normality and happiness were perpetuated in an effort to hide secret shame and confusion and maintain a semblance of pride. Three participants tried to
protect the abusers. Perhaps it was the only thing they could control. Alternatively, they may have been threatened with reprisal if they told.

Growing up [young teenager] I was always talking to everyone. Maybe sometimes because I wanted people to think I had a perfect life. It was a mask maybe, I don’t know. But I just wanted everyone to think, ‘Yeah. She’s got a great life. She’s doing really good.’ You know, that’s what I wanted people to think, not like, ‘Oh yeah, sexually abused kid. She’s got a corrupt family.’ Jasminda

I’ve got all these problems and no-one knows. My friends, when they see me, they tell me, ‘Ah, you look like so happy person. Ah, what a great you are. You got a beautiful family.’ If you come to our place, one of my friends, like, I used to tell her that, and she didn’t believe me, until one day she saw it [abuse] by herself what they were doing to me. She said, ‘Oh my God!’ They wouldn’t do it to me. When I was at school, sitting down with my friends, I’m telling a joke for them. They all laughing but doesn’t know what’s going on to me. Anna

Jasminda made a conscious decision not to report her sexual abuse. Intelligent and informed, she explains:

I knew if I spoke I would get in a lot of trouble. Because when you’re thirteen, you go up to someone ‘Oh, I’ve been sexually abused.’ First thing they do is call the police because, you know, it’s against the law not to do that ... and I knew someone would if I told them about it. I knew that would be done, and I knew that was going to happen, so I just stayed away from that. I thought it was like the best decision for everyone. Jasminda

Similarly, Kajol tried to protect her mother from being identified as an abuser.

I just missed a lot of school days. I didn’t go to school much like, but, I still passed, you know. Because, oh, Mum bashing me up and stuff. Just didn’t want to go to school with a black eye and stuff and bruises, and people would know, that you was bashed and stuff. I protected Mum each time. Kajol

Chantelle protected her mother from psychological pain and responsibility.

I felt really sorry for her. I didn’t want feel, to feel guilty or anything [for being forced out of home]. So, I said, ‘No, it’s not because of you, Mum’. Chantelle

**Attempting To Manage the Unmanageable**

Being traumatised and diminished by abuse includes attempting to manage the unmanageable, that is, trying to cope with abuse. The sequelae of abuse and attempts to manage the damage by children and young women are recorded here. The emotional damage is largely dealt with in the sub-themes on emotion. Other consequences of abuse and coping strategies take
precedence here, such as missing school, running away, living on the streets, misbehaving in school and being expelled. In addition, some disturbed behaviours — stealing, mutilation fantasies in childhood and later prostitution — are identified, suggesting a link with abuse, but causality can only be speculative. Some participants used drugs to manage the pain of abuse. Drugs provided fleeting emotional relief but failed to heal the pain they were suffering. Just as her body was violated in childhood, so too, as a young woman, Jasminda’s mind is assailed with constant intrusive thoughts. The cognitive sequela of childhood sexual abuse is illustrated in the following:

You always remember it [sexual abuse] you know. It’s something you just have to live through life with, I guess. Like, you drop a book on the ground and you go, ’Bastard!’
Like. Everything was his fault.

Jasminda sums up her childhood as destroyed and fragmented.

... ripped into shreds.

She turned to drugs as a way of coping. Self-medicating with ecstasy, cocaine and marijuana was a means to escape psychic pain associated with sexual abuse and consequent personal and family damage.

For the past two years of my life ... It’s just really hazy. And I’m glad it was like that. ’Cause I don’t remember half the stuff that’s happened, because I was always high all the time. While I took drugs I don’t regret it at all. ’Cause um, you know, it’s worse to remember. The less you remember, the better it is.

I never have to come off drugs. I can always keep taking drugs, so I never will feel any pain. [reported conversation with sibling]

Cause when you’re on drugs,
I know it’s an illusion,
but it was an illusion
I was willing to feel.
Which is love.
’Cause when you’re on drugs
you feel happy,
you feel the whole world loves you.
And that’s what I wanted to feel. Jasminda

Home was also a dangerous place for Kajol. She protected herself from beatings by running away in search of a safe place but did not find it.

I used to sleep in the school grounds. ’Cause I didn’t want to go home.
I’ve been to so many refuges, because, you know. My Mum got contact of me and things. She contacted every place that I was at and she knew where I was living. And I was scared that she’d get me and she’d bash me up again.

I was on the streets. Oh, it was terrifying. I slept under benches and stuff, you know, staying in the streets ... That’s what they call them, Gutters ... Gutter kids. Kajol

Running away could also be psychological as well as literal.

I don’t confront anything any more. I just run away. ’Cause it’s so much easier.
Jasminda

Emotional distress was expressed differently by Chantelle who resorted to behaviours designed to elicit love.

I started to steal when I was the age of about seven to eight. During those years I was stealing a lot. But I’d never steal things for myself. I’d always steal things and give a present.

The obvious interpretation of Chantelle’s stealing is an attempt to buy love and attention that was lacking in her life. This is supported by the next excerpt from Chantelle’s story which refers to even more disturbed behaviour in the face of her inability to change things.

I wanted to blind myself. Symbolically I think it was because my eyes were starting to be opened to what was around me and it didn’t make sense in my mind ... And I suppose I didn’t feel able just to cope with it. So blinding myself was almost like a way of getting rid of that. And also I wanted to feel, like, people loved me, I guess. And I thought that if I was blind then maybe someone would love me.

Chantelle impressed as highly intelligent, having gained entry to several prestigious courses at university, but clearly struggled with inner conflicts throughout life. She describes her behaviour on escaping from home to university. It involved excessive drinking and socialising. Eventually, she engaged in prostitution and a series of relationships with abusive men. She describes prostitution as a way of humbling herself and expiating sins of pride and intellectual arrogance.

I just drank the whole time. And it was to get through the work. [sex work] Chantelle

Kajol differentiated her frequent abuse of substances, including alcohol, Panadol and anti-depressants from serious suicide attempts.
I usually do the pills to kill myself, but yesterday it was just, the thing to work yesterday, um, relieved stress with the, um, anti-depression tablets, them and, and I was really happy after that. It was like — forgot everything. I was just tripping. Kajol

**Theme 3: Surviving Dangerous Relationships**

The sub-themes are:

1. Living in a disturbed family: disunity and instability
2. Enduring paternal power: forcible fathers
3. Ambivalently loved mothers
4. Being the object of jealousy
5. Living with fraternal negativity
6. Being sustained by protective relationships

Dangerous interpersonal relationships emerged as a major theme in the stories and were central to suicidal attempts. Conflict often preceded the attempt. I label them dangerous because of their destructive impact and because survival is a matter of managing these relationships. Furthermore, these relationships caused enduring damage and suffering. In many stories, a relationship with one significant person accounted for most difficulty. In others, dysfunctional relationships characterised the entire family. Protective relationships existed for some but were relatively few.

**Living in a Disturbed Family: Disunity and Instability**

Living in a disturbed family refers to the climate and context in which participants lived. Each family suffered from some form of disequilibrium or dysfunction. The stress of migration and acculturation are accounted for in earlier themes. One family was under stress because of illness, yet instability was a feature of all other families, not so much because of structure but because of functional problems. For example, some had moved frequently and had financial problems. Structures of family of origin changed over time and included separated or divorced parents (Angela, Kajol, Anna, Chantelle), separated but reunited parents (Hasnaa), stepfathers, (Chantelle, Angela), blended families (Kajol), single parents, (Kajol, Chantelle as a small child), and premature separation of teenage children (Jasminda). Only two families of origin provided loving environments for the participants (Maria, whose family is in Asia) and Simone.
Selecting germane quotes to represent family instability is difficult because pictures of disturbance were threaded throughout the fabric of stories. An example of one home environment obtained during interview serves to illustrate the absence of a nurturing environment. This home impressed as a cold and unloving place. The lounge room had bare unpolished floorboards. It was dominated by a huge television and couch upon which the mother lay stretched full length. She did not rise to speak with me but as I left the room to conduct the interview in the bedroom, she made a gesture behind the participant’s back. Waggling her finger around her ear and pointing, she conveyed that her daughter was strange and not to be believed. In contrast, Simone’s home, also bare floored, wafted with the aroma of roast meat on a platter with fresh salads and breads as children just home from school, helped themselves to generous portions as the mother looked on.

Perceptive evaluations about their families were volunteered by some participants.

Something wrong with our family. We just, never, no-one’s ever close. Like no-one’s close. Like they’re always fighting, there was always tension, everyone’s doing their own thing. Jasminda

The following excerpt illustrates the tragedy of a disturbed and isolated migrant family, eroded though conflict.

They never ever been a family for me. They never ever liked me. I had a birthday party, and they never ever, get me something [and] in our house always, screaming, hitting and I don’t know when this is going to be last one. We’re all going crazy. And I know until ... is gonna stay like that. Anna

For Simone issues of health and illness were in the forefront of her mind. She was grappling with her mother’s life-threatening illness, consequent family disruption and being thrust into a parental role.

She [mother] was in hospital for like the whole six-week holidays and I had to stay at home and look after my sister and my brother and my Dad took time off work, and that was like a real big hassle. Like, I took back the mother role and then she went in, she’d actually been going into hospital a lot over the past few years and then she went back in. She had a remission. It came back ... her cancer came back. And it happened again on the holidays this year. And that was a real drag and you know, I had to go through that all over again and she’d been having, like, chemo before that and yeah, it’s just been like, it’s going on and on and on and just really hasn’t stopped. But at the moment, everything’s clear and good. Simone
Angela’s excerpt conjures an unhappy milieu.

My uncle’s my step dad’s brother. He lives here. He hasn’t got anywhere else to stay, so he stays with us. We put the bunk bed in [my bedroom] because my brother was going to sleep in here. My Mum says this isn’t my room. She said this is her house. She paid for it. So it’s her room. I just live in this room. Angela

An alternative picture is presented by Maria who misses the security and love of her family in [Asia]. She visits them to regain a sense of herself and for respite from an abusive boyfriend.

I lost myself when I was with him, but I found it back when I went up to [home in Asia]. I’m more stronger in a sense than I was before. It came from the affirmations that I got from my family. I do miss the comfortable lifestyle and I do miss my family. Maria

Enduring Paternal Power: Forcible Fathers

Enduring paternal power refers to bearing the hardship of a father’s power wielded by force. It also refers to the lasting impact of the relationship. Relationships with fathers and stepfathers were predominantly, but not exclusively, negative. They tended to be directly abusive and damaging or indirectly by tacitly allowing other forms of family abuse or by being disengaged or absent. In some cases, participants were rejected by and rejecting of their fathers. These relationships aroused considerable emotional turmoil especially intense anger. The absence of paternal love, failure to take responsibility for fathering and abuse of power are evident.

I just had so much hate for him. Jasminda

I just want to get out from there and then to live by myself. To go somewhere to never ever see his face. I don’t see my Dad. I don’t want to see him. Anna

In two cases relationships with fathers were obstructed by either the mother or the father’s new wife, causing considerable heartache. Absentee fathers were replaced by stepfathers who did not love their stepdaughters. In fact, they were abusive. Angela tries to hide her hurt and rationalises her response to her father’s disinterest.

Since he got married again he hasn’t got time for me and doesn’t want to see me and doesn’t like talking to me. He doesn’t like me. He’s got step kids. I’m not so much sure if he doesn’t like me, it’s just the way he treats me. He drops his [step] kids off at school, because they go to the same school as me. But, he doesn’t talk to me. He just ignores me like I’m not there. But I’ve decided that I don’t like him any more. I’m sick of chasing after him. I used to ring him, but every time I rung him his wife would
answer and she’d always tell me he wasn’t there even though I could hear him talking. I’d go over there, like I mean, he doesn’t talk to me; he just leaves me sitting there. Just ignores me like I’m not there. Angela

My father left at the age of four. That’s when I feel in myself my real sort of misery started. Chantelle

Chantelle eventually contacted her father in adulthood and felt that something important resolved for her emotionally. The reunion was positive. In contrast, her relationship with the stepfather deteriorated over time.

I was really happy at first [about having a stepfather] because I just said, ‘Oh great, we can finally be a family’. For the next few years I felt with my stepfather, things just got worse and worse and worse. He would lose his temper very quickly ... he used to humiliate me. Chantelle

Love for a father figure was expressed in two stories. The loss of a much-loved father figure, first through migration and shortly after through his death, was a factor in Kajol’s suicidal behaviour. For another, genuine love and some understanding of her father’s position emerged in a young teenager’s story.

He’s got a really good personality. I just don’t like his rules and I’ve got to live with that. I’ve always really been his favourite. I guess he’s so protective over me ‘cause he likes me so much. And I’ve just gotta always remind myself of that. Simone

Ambivalently Loved Mothers

Five participants made some connection between their mother and their suicide attempt. Relationships with mothers, unlike those with fathers, were more ambivalent, though still at times destructive. Even where the relationship was abusive, ambivalence emerged from the stories. Emotions included anger and hurt, with simultaneous attempts to protect, help and understand, or even excuse, the mother’s failings. Older, more mature participants were able to consider the mother’s position and their health problems. In three cases, mothers were positive figures, exercising calming influence over the family. In all others, mothers perpetrated abuse or failed to protect their daughters from the abuse of males in the family. The resulting kaleidoscope of family dynamics, inability to assert power and residual emotional distress characterise maternal relationships. I select poignant excerpts to illustrate this sub-theme.

Kajol recounts the struggle of trying to establish a relationship with her mother, whom she
met as an older child. She describes trying to get to know her and help her stop drinking and abusing the children, but a painful and growing awareness of the futility of her struggle emerges. There was no evidence of much-needed maternal love and approval in this story. Yet, Kajol tried to protect this mother from identification by authorities as a child abuser.

I tried it [to work things out with mother] heaps of times. I tried it heaps of times. Gave her heaps of chances and heaps of things I did for her, you know. And she still didn’t change ’cause everything was her drinks and her friends, [the] Club, before us. I don’t trust my Mum at all, you know. For, the things she’s done to me.

So I guess my trying wasn’t good enough, or wasn’t hard enough. I tried heaps of times to change — to get her to change — I even changed myself. But, when she didn’t change, I just thought, ‘Stop it. Why should I listen to anything she wants me to do?’ So I just started doing things of my own. Making my own decisions. Kajol

Similar anguish is apparent in Jasminda’s story. Love, anger, disillusionment, grief and tears about her mother’s inability to cope, affirm or support her are expressed by Jasminda. This failure of maternal love provides a link, among others, to Jasminda’s loss of hope and suicide attempt. Her pain resonates with the knowledge that neither she nor the truth were affirmed by the mother.

She turned her back on me. She chose him over me.

I just went through a stage where I just wanted to strangle her every time I saw her, you know. Like, I love her a lot and I have a lot of respect for her. I’ve lost a lot, actually, a lot of respect, but I still love her. Jasminda

At the end of a long interview, Chantelle summarises her view of her mother. She also protected her mother from feelings of guilt.

My mother’s an emotional retard, as far as I’m concerned. She’s just a mess. She’s got good logic. She’s got a good brain. But emotionally she can’t help me. She can’t give me any answers. Chantelle

An abusive mother, separated from husband, is described below. The daughter is concerned for her security and struggle with finances.

Mother ... heart problems, back problems, disc, depression, she just eating and she’s doing nothing twenty-four hours, just staying at home. Anna
In one story, the mother is loving, affirming and supportive. Separated from family who remain in Asia, Maria returned to them when struggling to cope with an abusive relationship, and received strength from her mother’s love.

_I found my strength when my mum hugged me. I miss that._ Maria

Significantly, Maria’s suicide attempt occurred on her mother’s birthday. I believe this occasion not only coincided with a crisis point in her abusive relationship, but also served to maximise feelings of aloneness and missing her family.

Another exception is a relationship between mother and daughter characterised by love, support, caring and a modicum of teenage conflict. The mother influences the father and establishes peace in a family living in the shadow of mother’s illness. I will discuss this further in the theme ‘Suffering psychic pain’.

_My Mum, it’s like, she’s really understanding with stuff like that [freedom to socialise]. So she always speaks to him [father] and he’s loosened up a lot. He’s changed. I think my Mum’s had a lot to do with it as well. I used to fight with my Mum a lot, too. Like really dreadful screaming and stuff. That’s changed as well because I guess I’ve grown up more._ Simone

**Being the Object of Jealousy**

This sub-theme highlights being envied and coping with the jealousy of others. A perceived free lifestyle and opportunities aroused jealousy from mothers and other female relatives. In lives underpinned by cultural mores, these women were restricted by traditional roles, in contrast with their daughter participants, who fought for social freedom. In addition, the majority of the girls were, in my opinion, very good looking. One had been invited to do modelling, _but it was too much hassle_. I suggest that their good looks served to complicate life further not only by attracting unwanted attention from males, but also by arousing jealousy within families. More negativity in relationships did little to support these struggling young women.

Maria’s status in Australia was nearly sabotaged by a jealous relative.

_She was jealous about her family giving more attention to me and uh me getting my way. She was saying, ‘You, just go everywhere’... And I guess she didn’t like that because her daily schedule is home, work, work, home._ Maria
She’s [mother] jealous about me, doesn’t want me to be free to go out. To have friends because she was in one culture she didn’t have nothing. She didn’t have clothes I’m wearing. She’s getting jealous. ‘Why you wearing this?’ ‘Why you wearing that?’ ‘Why you having this?’ She want to have the same thing like me. She want to put herself in eighteen years old girl. She want to be beautiful — put herself next to me. And I go, ‘Mum, this is not fair, this is not right’. And she’s getting upset and hitting me. Anna

In another situation, jealousy was aroused because of relationship dynamics.

She’s [mother] jealous because he [younger sibling] spends time with me. I think she’s jealous. ‘Cause, uh, she yells at me when I talk to him and when I play with him or something. She doesn’t like it. She gets jealous when he [boyfriend] buys me stuff.

Living with Fraternal Negativity

Relationships with brothers were outstandingly negative and sometimes exploitative and destructive. Seven participants had brothers. In one instance, the relationship with a younger half-brother was non-existent and deemed inconsequential. In some situations brothers were sexually, physically and emotionally abusive (see Theme 2: Being traumatised and diminished by abuse). Brothers, in Muslim cultures in particular, assumed the right to judge, control and advise younger and older sisters. The only positive emotion expressed regarding fraternal relationships emanated from older sisters toward little brothers. Even in a relatively normal family the little brother was a source of stress and irritation.

My [little] brother’s very annoying. He likes to just keep at me until I blow up and then he says he doesn’t understand why I’ve blown up at him. Like he’ll just keep at me and keep at me. And like everything I’d do, he’d be dobbing on me and stuff like that. But it got better ... I think he’s just become more mature. Simone

In a Muslim migrant family, the younger brother assumed charge over the sisters.

He was hard on me. He’s more controlling with her [my sister] than what he was with me. I guess because I was older than him. But like when I met [boyfriend] you know, he [younger brother] was like my parents. When he [boyfriend] used to ring he would just say, ‘Oh she’s not here, don’t call here any more’, things like that. He was, he just full on against us. Hasnna

In another disturbed family, there was ample evidence of enduring abuse.

My brothers would keep hitting me, and keep pushing me like they always did. She [Mother] doesn’t make them do [stop] anything. For no reason they’re always making problems, fighting with me, hitting me. I don’t know why.

I hate my [sexually abusive] brother.
Positive feelings were expressed about a little brother, but the dynamics of relationships within the family are problematic.

*My Mum was working a lot, so [little brother] got close to me, instead of my Mum. He comes to me with his problems and when he needs help and stuff, instead of her.*

A genuine concern for younger stepsiblings was expressed by Kajol. She worries about protecting them from the mother's abuse. Kajol's fantasy/belief was that her death by suicide would protect her siblings, by shocking the mother into caring for them.

*Then ... She won't hurt my little sister or brother.* Kajol

**Being Sustained by Protective Relationships**

In contrast with dangerous interpersonal relationships, protective relationships are safe, constructive, supportive and nurturing. Protective relationships enhance connectedness and belonging. These relationships feature in the life stories and provide some protection against completed suicide in these vulnerable young women. It is not possible to determine the extent of their protectiveness however, as the weight of abuse and other forms of suffering are not always counterbalanced by loving relationships. Being protective sometimes demanded courage and generosity in the face of formidable family opposition.

A childhood memory of a loving grandmother sustains Chantelle at some level.

*Because my [single parent] was always working, she used to send me to my Grandparents' place to be looked after. I got very, very close to my Grandmother. It was really good, that's when I felt happiest — at their house, with my Grandmother especially.* Chantelle

After taking an overdose following a beating from her family, Anna turned to a girlfriend.

*I called to my friend. I say 'Right now come please because I'm really, really bad.' And she goes, 'What happened?' I go, 'What do you mean, 'What happened?' 'You know. 'Got problems.' My friend, she goes, 'Come. Leave home as fast as you can.' I went to pick her up and I went to the station from home nearly 15 minutes walk. I went next to her like and she goes, 'Let's go.' And I go, 'I can't walk.' She goes, 'What do you mean you can't walk?' 'Just ... I'm tired.' Then when I found myself I was in a hospital, my friend she was just crying for me.* Anna

One participant made frequent references to an older sibling who had supported and cared for her in the absence of parental care. This long-term relationship provided love, including
loving confrontation about drug use, material support, accommodation and enduring friendship. This protective relationship, probably accounts for Jasminda’s survival.

Similarly, Hasnaa was fortunate to have a male relative to advocate on her behalf to her parents. He succeeded in loosening the bonds of tradition that dictated the parents’ restrictions.

The only one I could talk to about this was my Uncle. He’s not one of those cultural freaks. After my uncle talked to them a bit and after I talked to them a bit, then they sort of came around. I probably wouldn’t have gotten through without him. He told my parents that you know, you can’t keep her locked up, like, she’s not, um you know, she’s not um what do you call it? You know, a prisoner. Hasnaa

In addition to relatives and friends, several participants cited romantic relationships with boyfriends, which, although stormy and sometimes unstable, provided emotional support.

He was there when I needed a shoulder to cry on. Hasnaa

I’m really happy when my boyfriend’s around me. When he’s around me I’m happy and I don’t do anything [self-harming], but when he’s not around me, I just feel lonely and things. He comes and visits me every day. He’s the one that doesn’t let me drink and that. He looks after me. Kajol

We used to argue quite a lot and we had a lot of problems. And since [sharing a personal tragedy] ah, we just get along like a house on fire now. Chantelle

The boyfriend was a source of stress in Maria’s life but she was fortified by a loving family in the home country, and a supportive and caring relationship with a family in Australia.

I’m pretty much attached to his family ... his parents are basically my mum and my dad and although they don’t approve of what their son’s doing to me, I know they want me to stay with him to help them fix him, to help him get off the drugs. I’m their only connection with their son. I basically talk to his mum every day so I’m pretty attached to his mum and his dad’s — oh! I love his dad. He jokes around with me ... he takes care of me so much. Maria

Angela referred to a boyfriend and his enmeshment in family conflicts, however, no expression of affection or warmth was volunteered.

One participant felt protected through a transpersonal relationship with God. She frequently referred to her spiritual life, prayer, suffering and searching for truth.

I used to pray heaps [in childhood] and — I suppose it’s the only thing I really had in my life because our family never used to socialise
If I didn’t have my spirituality [in adulthood] I’d probably be dead by now. Chantelle

**Theme 4: Suffering Psychic Pain**

The sub-themes are:

1. Burning with anger: inexpressible feelings of pain and injustice
2. Suffering loss and grief
3. Being sad
4. Feeling afraid and anxious
5. Losing hope: the misery of despair

Suffering psychic pain refers to the powerful inner discomfort and unhappiness experienced, to varying extents, by all participants. Predominantly expressed as emotional pain, it exuded from all the stories. Emotions explicated from the texts and manifest during interviews are complex mixtures of deeply felt psychic pain. Unravelling anger, frustration, depression, despair and loneliness, for example, demanded an imposition of my foreknowledge of human emotion, which seemed inadequate to capture the quality of the pain in many instances. One participant also presented a spiritual and existential dimension of psychic distress. I differentiate between enduring emotions that colour the whole-of-life experience and immediate emotional states that often preceded the suicide attempt. There were layers of feeling within layers. For example, a deep-seated enduring anger was of a different nature from the explosive anger emerging under pressure in frustrating situations. The negative emotional climate was a strong theme present in all the stories. Insight into the cause and meaning of emotions varied considerably.

*Burning with Anger: Inexpressible Feelings of Pain and Injustice*

Anger was the most frequent form of psychic pain experienced. It was the most passionate, intense and volatile emotion emerging from the texts. Anger smouldered away in some young people, as a constant emotional pain fuelled and refuelled by injustice and abuse that had been internalised. For them, relief was afforded only in sleep or occasions of complete distraction, often assisted by drugs. Anger surfaced repeatedly in some stories, in the telling and in the content. In several cases anger was the predominant emotion immediately preceding the suicide attempt.
Jasminda was painfully in touch with her anger. She articulated angry feelings often throughout the interview. She was able to attribute clear reasons for her anger and openly expressed them.

*I was feeling, a lot of anger, always, and I always questioned like, 'Why?'

And then it turned to anger again, frustration [as] I started to realise that half the things that, what dad did to me just weren’t supposed to happen.

Being misunderstood as an adolescent intensified her anger and frustration.

*The more I told, [about sexual abuse] the more people didn’t understand, the more angry I got. Jasminda*

Simone described her anger as a diffuse emotion but never attributed cause. It was a deeply felt emotion that surfaced at times of stress, for example, when not allowed to go out with friends. Her anger is in response to her mother’s serious illness and the prospect of her loss, openly recognising that this would arouse more pain and anxiety. Note that her interview occurred nearly twelve months after her overdose and there were signs in the discussion that she was feeling emotionally stronger and coming to terms with the prospect of losing her mother. I suspect her anger abated as acceptance grew and anxiety lowered. In the following excerpt she describes her anger, immediately preceding the overdose, precipitated by an argument with her father.

*I don’t know [what was going through my mind] I just got them [tablets] out of the cupboard and I don’t know — I was really angry and started taking them I was just angry at everyone and just — 'cause I’m a very moody person and I think I was just in one of my moods and I just got really angry. Simone*

Reflecting later, Simone said

*It [the overdose] helped me become a stronger person. Like, helped me become stronger, facing things and stuff. Simone*

Angela refers to her anger preceding the suicide attempt. Her deepest layer of anger and hurt derives from her father’s abandonment but, as with Simone, openly recognising this was too painful.

*My stepdad lied to me earlier, which made me really angry. Angela*
Chantelle made frequent reference to her repressed anger, attributed to the stepfather’s psychological abuse. She explains her unconventional behaviour in relation to anger. Anger toward her natural father for leaving her as a small child was never expressed.

I felt a lot of repressed anger. A lot of anger in myself towards this guy I was going out with because, I don’t know why I felt repressed anger, but I felt it. And going there [sex work in parlour] was almost like me punishing him, in a way. I think, deep down somewhere. I was so angry, so much repressed um anger, not really towards my boyfriend. It was more, now looking back on it, repressed anger towards a lot of other things. Especially towards my stepfather. Chantelle

Suffering Loss and Grief

Loss and grief were complex emotions featuring in the lives of all participants. Their feelings related to a variety of attachments and situations including: loss of home country; grief for the suffering of their people, for parents’ loss of status, and for a lost childhood and family life; and anticipatory grief for a seriously ill mother. Grief also related to the loss of a mother’s love, of the ideal of motherhood, of fathers through divorce, death and abandonment and other personal losses. These experiences formed the landscape of psychic pain and suffering. Many experienced multiple losses. Stories of loss were accompanied by tears and conveyed deep anguish and pain.

What’s going to happen [to my people] they going to kill them.

Australia’s a beautiful country. But in some ways [Arab country] is more nicer. In [country] it’s ... killing everybody’s ... every day hungry peoples dying. They’ve got no fruit, or they’re killing him with their gun or they’re always taking the husbands, the boys, to fight. Anna

Jasminda rages about the pain of life and multiple losses as she links her trials to leaving her homeland.

I hate being [Asian culture]. I hate the fact that we have to come to Australia. I hate it, I hate it, I hate it! I was like, ‘Oh, I would never have been gay if I’d been in [home country]’ you know. ‘I would have never been abused if I stayed in [home country].’ I’d never have to feel lost if I’d stayed in [home country]’. I don’t have my damn cousins with me. I know more about a friend that’s not even that close to me than I do about them. It feels like a loss. Jasminda

Similarly, Kajol grieves for her father-figure left in the home country and fantasises that he would have rescued her from the pain of her current life.

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My ‘Dad’ [Uncle] died and he was really close to me. That’s when I started doing all the suicides attempts and stuff. I just missed him and I wanted to be with him too. He died, you know. And I just wanted to be with him … I go, [talking to dead Dad] ‘None of this would have happened if you was here,’ you know, ‘listening today?’ I was supposed to go back to [home country] and he was going to adopt me but Mum wouldn’t sign the papers. He goes, ‘When you turn 18 you can come and live with me and stuff.’ And I said, ‘All right.’ And then, before I turned 18, he, you know, he was gone. Kajol

Two lament the loss of mother.

It was no use anyway. Like, getting to know Mum, ’cause I still don’t know my Mum. You know, still don’t even know her properly. Kajol

I gave her [mother] the time to think about it [that I had been sexually abused by her husband, my father]. And time went, weeks came, months came, everything came, and, you know, she didn’t. She didn’t show anything towards me and in fact, we actually, we grew apart actually [tears]. I couldn’t understand why she did that. And I still have resentment for her now, a lot. It angers me because I can’t bear to think how she can even still look at him.

Simone never openly acknowledges anguish and fear of the loss of her loved mother through death. Yet, this theme of anticipatory grief emerged clearly as an undercurrent that flowed throughout her story. I never challenged her or offered my interpretation of her anger and grief, as it was neither therapeutic nor ethical as a researcher to break down her defences by confrontation before she was ready. I simply listened and let her tell the story of her young life that nearly ended.

**Being Sad**

Participants were well acquainted with sadness. Few, however, clearly articulated this emotion in words. I regard sadness, unhappiness and depression as emotions on a continuum from transient low mood to a deep depressive state, all of which are psychically painful. I interpret sadness because of words used, the context of whole story, tone of voice and body language, especially facial expression of participants. I also gauged my emotional responses to the participants as an indicator of their sadness.

I didn’t have any happiness. [Anna, referring to her childhood].

Some days I just, I don’t know, I just get this really down on, for no reason at all. Simone
Sadness pervaded Jasminda’s story, but it was mostly masked by anger except when referring to a lost romantic attachment.

*We just totally grew apart. That’s understandable. We don’t keep in contact any more [sadness in voice, voice softens and eyes down] sad we don’t keep in contact any more, but you know, I still think about her a lot.* Jasminda

Maria refers frankly to her depression at being in an unhappy abusive relationship.

*I still get depressed once every couple of weeks. But not as depressed as I was before [about] him having his moods, and I still, think of those days when I was so depressed and I was thinking, ‘I should have gone to something,’ you know. ‘I should have left him.’ But um I’m still here.* Maria

Chantelle makes frequent references to depression. Her depression pervades a picture of emotional intensity and fluctuation.

*It’s [depression] just such a — so easy to slide into, that’s all.* Chantelle

**Feeling Afraid and Anxious**

Fear accompanied by anxiety or loathing was a pervasive quality of life for some participants. Fear was focused mainly on abusive fathers, mothers or brothers. The young women were afraid for their safety; of being hurt, humiliated and violated (see Theme 3: Surviving dangerous relationships). They also feared their own weaknesses. Anxiety tinged the manifestation of fear and sharpened their psychic pain.

*I was scared of my dad. I still am scared of him. I’m still very, very afraid of him.* Jasminda

In this excerpt, Anna describes her feelings about yet another abusive incident in her life when a man tried to molest her as a ‘test’ of her virtue. He then physically threatened her.

*I’m going to kill you, you fucking slut’... When I was touched, scream. He goes, ‘It’s true I’m going to get you’. I get so scared, really bad scare. Because he round my neck and he grabbed my leg really bad and then I, pushed him and I started to scream.* Anna

Another connotation of fear was Maria’s fear that she would return to passivity in the face of a demanding and emotionally abusive boyfriend. She feared her own weakness and inability to act decisively but rationalised it in terms of love for the disturbed man.
Kajol reiterates her fear of her mother.

*I was scared that she'd get me and she'd bash me up again.* Kajol

*Losing Hope: the Misery of Despair*

Psychic pain reaches a point where giving up seems the only option. Several participants expressed a lack of hope that things would improve or that their pain would be relieved.

*You feel like everyone's against you and just everything. And there's no point to anything any more.* [Simone talking about her overdose].

Kajol’s frustration at her mother’s behaviour gave way to hopelessness:

*... sick of life and sick of being, you know, tread all over.* Kajol

*They called the ambulance, and I was driven here [Emergency Department]. I thought, ‘No’. I just lost all hope.* Jasminda

Losing hope also includes feeling helpless, that is, feeling locked into a situation and having no power to effect change. In the face of rigid family opposition, Hasnaa was powerless to influence her parents. She described this as helplessness and feeling trapped. In her case being trapped was both figurative and literal.

*I felt trapped [locked in house]. They didn’t want to listen. I was helpless. I came to a point where I got really desperate, you know. As for ringing up to seeing him [boyfriend], [parents objected], firstly because he was Catholic and that just didn’t go. Secondly, he wasn’t from my race, from my culture and background.*

By taking an overdose, Hasnaa gained control of the situation.

Jasminda describes a psychological state of pain from which there was no relief:

*I just felt caged up.* Jasminda

**Theme 5: Expressing the Self by Attempting Suicide**

The sub-themes are:

1. Being triggered by conflict
2. Acting against the self
3. Explaining why: seeking change
4. Individualising and reconstructing intentions
5. Reflecting on the consequences of attempted suicide: I’m different now
6. Expressing hope through career aspirations

This theme focuses on the specifics of attempted suicide. The relevance of the wider life context, elucidated in previous themes, becomes clear as negative life events culminate in a point of intolerability when a stand is made. This point is triggered by inter or intra personal conflict and emotional distress and heralds the limit of endurance. In going beyond this limit, an erroneous assertion of the self is made by attempting suicide. It is an assertion because energy is mobilised to take a stand. It is erroneous because action is misdirected against the self rather than toward the source of problems. Diverse reasons and meanings are offered to explain the attempt. The common goal however, whether anticipated or unacknowledged, is to enforce change. Realisation of death is generally not purposive as attempts are largely unpremeditated. Nevertheless, the attempted suicide acts are potentially lethal in most cases and accompanied by a wish to die. I conclude with reference to career aspirations as a measure of hope indicated in all the life stories. My hope is that in this final sub-theme, I am not clutching at straws.

**Being Triggered by Conflict**

All suicidal incidents, with one exception, were preceded by conflicts within the family. These conflicts were arguments which often occurred with one person, for example partner, mother or father. Alternatively, they occurred with several people such as mother and stepfather, parents or entire family. Sometimes arguments were accompanied by physical assault. They were always accompanied by arousal of extreme negative emotion, most commonly anger and despair. The triggers represented a point at which the young women moved beyond coping towards self-destruction. The conflicts erupted over several issues including abuse and intrusion from the mother, issues of social freedom, over culturally defined acceptable behaviour for young women or conflict over a boyfriend’s drug taking.

Every time she [abusive mother] does something and I just get stressed out, and then I do all these things. *Kajol*
You turn around and you think, ‘I can’t take this any more’ and I just couldn’t handle it any more. I wasn’t talking to my Dad for some reason I can’t remember. I was just fighting with him. Simone

The following event illustrates classic cultural conflict in which frustrated parents try to enforce their traditions on the daughter who resists their control.

Mum and my Dad, like, they were getting very desperate as to what they should do with me. Mum wanted to send me overseas and I said no. ‘No, no I don’t want to go now [laughing].’ And um, yeah, one day, they wouldn’t just let me out of the house because um, I don’t know, I think I wanted to run away or something. They took my keys off me and, and it was just like I was just trapped. I felt trapped. I felt like Oh my God! couldn’t get out, so I was just like locked in and I couldn’t do nothing. Hasnäa

The exception to interpersonal conflict as the trigger was intrapersonal conflict. Anguish, related to childhood sexual abuse, resulted in intrusive thoughts and emotional turmoil. It became too much to bear.

I was having a really bad day, I mean such a crap day, everything was going so bad. And, of course, one way or another it always led back to my father. Always was. You know. Like, you drop a book on the ground and you go, ‘Bastard!’ You know. You think about him. Do you know what I mean? Like, everything was his fault. Jasminda.

**Acting against the Self**

In the course of interviews, participants would reach the point in their life story that touched on doing ‘something to hurt themselves’. I prompted elaboration by asking such questions as, ‘Tell me what happened’, ‘What was going on at that time?’ or ‘What was going through your mind at the time?’ Participants were very open about their experiences. The suicidal incidents included a range of behaviours and levels of lethality. Overdose of tablets, sometimes accompanied by alcohol, was the most common method. Taking bathroom cleanser, attempted hanging, and wrist cutting also occurred. Accounts suggest that in most instances there was little premeditation.

I was just crying all that night, all that day and then um, I sort of took some pills because I just wanted to get out of the house. Hasnäa
Jasminda’s attempted suicide began with taking several ecstasy tablets at a party. She was aware that:

*I have got the potential to kill you, taking ecstasy and a trip on top of one another.* Jasminda

Feeling distressed, Jasminda deliberately took several drugs including ecstasy and describes the effects:

*I was getting hyper and I was talking to a friend about something, ‘cause you tend to talk a lot when you’re tripping. So talk, talk, talk, here and then I felt really crap. I remembered my father. It was weird, because everything I looked at was turning into my dad’s face. I was outside and I saw the grass and it was moving, and it was my dad. And I looked at the tree, and then all of a sudden it was my dad, I thought I was looking at a horror movie. But it was in my head, it was really happening. I was so scared. I was breathing so loud. My head felt like it was going to blow up. And I took it and, um, oohh, such a haze, the night is such a haze. It was just, I was just totally wasted. Yeah, the ambulance was called ‘cause I think I was convulsing.* Jasminda

The two youngest participants link their anger to the ingestion of harmful substances.

*I took the overdose in my bedroom. I don’t know [what I took] ‘cause my Mum had a lot of strong medication ‘cause of her cancer. ‘Cause she had operations and stuff she had a lot of painkillers like Panadeine Forte and stuff like that. And I took about a whole bagful of that stuff. It was like boxes of stuff. I was really angry and started taking them.* Simone

*[The conflict] just made me really stressed out. So I went in the bathroom, took the stuff out, went outside and I told her [mother], ‘Tell the truth or I’ll drink it.’ And she didn’t tell the truth and they just laughed at me. So I drank it. Bathroom cleaner.* Angela

Kajol has attempted suicide on several occasions, always describing the incidents as attempted suicide. Sometimes she is alone but on the last occasion her mother and others were around.

*I just, um, started slicing my wrist. And then I took um, about 50 tablets* Kajol

Anna describes an earlier attempt at hanging:

*In the bathroom I put on the shower, a band and then to just kill myself.*
A second serious attempt was preceded by physical and verbal abuse from the whole family.

*I have all my Mum’s tablets for her heart and for her mind. I took around um 160 tablets. I went to the bathroom and then I took all the tablets out and I put first in a plastic bag ... I didn’t leave one, even one, to stay. I took all of them.* Anna

In Maria’s case she felt distressed and the person to whom she could have talked was not home.

*I wanted to just go to sleep so I can stop thinking about what’s happening. And then I saw the Fortral and I said, ‘One will make me drowsy, I’ll probably take two to make me go to sleep’, so I took two. Later I’m still awake and I’m still crying, so I took twenty. And then I said a couple of hours later, ‘I’m still not sleepy’ [so I] took the whole bottle. And there was about fifty in the bottle.* Maria

**Explaining Why: Seeking Change**

Diverse reasons for attempting suicide emerged. All participants drew on several explanations for their actions. Some were logical, for example escaping abuse, and others bordered more on symbolism, sacrificing self. Younger ones were less able to articulate clear reasons for their actions, keeping rationales superficial, for example a recent fight with a parent. In light of their histories and tone of conversations however, there were definite underlying reasons which were not articulated, such as Simone’s concern about her mother’s cancer. Her superficiality and displacement defended against deeper anxieties.

I have established twelve categories of explanation, all of which are underpinned by a desire, conscious or unconscious, to bring about change. This change concerns relief from psychic pain, cessation of abuse, altering an unbearable situation or meeting unmet needs. I illustrate each category with verbatim extracts. I avoid traditional psychiatric categories, such as predisposing factors, as I strive to explicate reasons from participants’ perspectives. In light of the complexity of motivations, singular explanations for attempted suicide, such as ‘a cry of pain’ (Williams, 1997), seeking attention or being manipulative, are simplistic, sometimes pejorative, and fail to capture the deeper meaning of the attempts. Consequently, I chose to name this sub-theme as above, to represent seeking change in life as opposed to seeking an end of life.

**Seeking relief from psychic pain**

*I knew that it was a fine line between removing my pain and dying.* Chantelle
I wanted to just go to sleep so I can stop thinking about what's happening.
Maria

... just wanting to go numb, basically. Wanting to feel nothing, you know. Just as if I felt so much, had been through such much pain, that I just wanted to feel no more pain any more. Chantelle

I just do it [attempt suicide] because I'm just depressed. I just do it, just to, you know, hurt myself and maybe sometimes to relieve pain. Kajol
All I wanted to do was just go and not come back, I don't have to put up with anything. Kajol

Escaping from abuse

They [family] always hitting me. Only thing, I just to kill myself and to go away from this life. Because of him [boyfriend sides with family against Anna]. I did this and because of my family. Anna

... die and um stay away from trouble I guess. I won't have to put up with my Mum's problems. No-one's going hit me up there [in heaven] and things. Kajol

Reaching the limit

Wanting to go mad — just wanting to feel completely mad. Just having enough — had enough of this life. Chantelle

Stuff it. I can't take this any more. So I'm just going to do it. Jasminda

I couldn't handle it any more. Maria

... sick of it, fed up with being tread all over. Kajol

'I can't take this any more' and I just couldn't handle it any more. Simone

I just cracked. I say [to family], 'I've done nothing wrong'. Anna

Struggling for control

I just wanted to get out of the house [locked in house] it [the overdose] was just to sort of just, get, get away and then like I can get one of the ladies [nurses] to ring him and he can come and see me. Hasnnaa

Trying to influence the behaviour of others

It was only to get to Mum too, you know, so that she'd stop drinking. But it didn't work. Kajol
to make my boyfriend realise that if he does see me like that, that he’s destroying me [through his drug taking]. Maria

I told her, you know, ‘Tell the truth or I’ll drink it’. Angela

Trying to let husband... see how much he was hurting me [and consequently stop fighting]. Chantelle

Sacrificing the self

It might be easier for her [abusive mother] you know, if I just, if I’m not alive then, you know, she won’t have to worry about it. Kajol

I have to suffer in life. Just almost as if the more I suffer, the less other people will suffer. Almost like a martyr complex or something ... [but] ...through suffering you can learn. Chantelle

Punishing transgressors

Maybe she’ll [mother] learn a lesson and she stop[abusing]. Kajol

... for my dad, to have him go, ‘What have I done?’ You fantasise all that in your head, you know. Jasminda

I just wanted to die, for my mum. No-one else. I didn’t care about anyone else, but just for my mum to think, ‘Why is she doing this all for?’. Jasminda

Protecting siblings

She won’t hurt my little sister or brother. Kajol

Struggling to accept sexual orientation

It [being gay] might have a lot to do with it [the attempt] too [as well as childhood sexual abuse].

Appealing for help

It was more like a call out for help than anything. Chantelle

Seeking sympathy

Wanted to make him feel worried about me, I suppose. Chantelle

so people would think, ‘Oh, I really should have paid more attention to her’.
Jasminda
Seeking love by a reunification fantasy

I just missed him [loving father figure] and I wanted to be with him too. He died, you know. Kajol

Individualising and Reconstructing Intentions

Participants reported various intentions regarding their suicide attempts. Stated intentions were either clear, that is wanting or not wanting to die, or ambivalent. The important point is that death could have been the outcome regardless of intention. Actions, however, sometimes appeared to contradict the stated intention. That is, several called for help shortly after the attempt, suggesting that they changed their mind about dying before it was too late. Many, but not all, expressed embarrassment and remorse that they had attempted suicide. The issue of intentions is thus fraught with mixed motives and ambivalence. In addition, intentions were reconstructed some time after the event and may have been construed in a different light. Nevertheless, all participants appeared open and honest in their attempts to explain their experience, that is, I did not detect any dissembling.

The three most badly abused young women clearly stated that they wanted to die.

Jasminda affirmed her intention on three occasions.

The truth is, I'm just going to be honest with you here, I wanted to die. Jasminda

Kajol also stated three times:

I just wanted to die. Kajol

Similarly, Anna made clear her intention to die. In spite of this, she called a girlfriend for help after taking the overdose.

They [family] always hitting me. Only thing, I just to kill myself and to go away from this life, and like, I only told you one, but still I'm like that. It's just, I don't want to live. I swear. Like now whenever I sleep ... whenever I wake up I don't want to live. God please just help me when I wake up like I don't want to know where I am. I just
want to be die. I go out in the train, no-one goes to um grave, and I to cemetery grave in ... [suburb] (crying) So I went two, three times there now. Anna

In contrast, Hasnaa consistently maintained:

I didn’t really think of committing suicide. It wasn’t that I wanted to kill myself. Hasnaa

Ambivalence is evident in Chantelle’s attitude as she refers to two recent attempts. She affirms she did not want to die in the first attempt but did in the second, when she called the ambulance herself, suggesting ambivalence. She describes her first attempt as bloody ridiculous. She tempts fate then leaves it up to God.

The second time I did take, um, Mersyndol and alcohol and for a couple of hours I did really want to die then. I thought I did, but then I thought, ‘Well I’ll leave it up to you, God’. Chantelle

Both Simone and Maria betray ambivalence regarding their potentially lethal overdoses. Later they adamantly resolved never to ‘be so stupid’ again.

He [mental health nurse in Emergency Department] was saying, um, ‘Did you want to end your life, that time?’ I was going, ‘Um, no, it wasn’t — that wasn’t on my mind actually. I just wanted to go to sleep and — but I guess it is something like that — come to think of it ... I wanted to wake up. Maria

After I took them [tablets] all, I was just sitting there going, you know, ‘Nothing’s happening! What’s going on? I feel sick and there’s no point, sort of, me taking them’. And then I started thinking, ‘Well, maybe I wish I did die because what if I get really sick from them?’ Simone

Angela did not express a clear intention to die. She had no remorse, was full of anger, hurt and rebellion and claimed she would do it again, regardless of who got hurt.

Reflecting on the Consequences of Attempted Suicide: ‘I’m different now.’

Consequences refer to the immediate and long-term effects of the attempts in the lives of the participants. These include positive and negative consequences for them and their families. Subsequent changes cannot be attributed directly to the attempts, as causal relationships are uncertain. Furthermore, the passage of time between incidents and interviews allows for growing maturity in participants which may account for change and their reconstruction of events. Immediate consequences included disruption of studies, feeling physically sick, feeling shame and embarrassment. Longer term consequences include being better able to
reflect on their lives and priorities, accepting problems, feeling free, being able to take more control in their own lives or no discernible change, as in Angela’s story.

For young Simone, her post-attempt reflections, one year later, are positive and suggest a coming to terms with anxiety about her mother’s illness, as well as greater strength and maturity. Furthermore, her father is less restrictive of her freedom to socialise.

It’s [overdose] made me stronger — I sit back, let things go by … not as powerful impact. If things are going to happen, they’re going to happen. Simone

Kajol reveals a capacity for empathy.

At that time I was bit a selfish, you know. Like, just thinking about myself. I didn’t think about what’s going happen to the people that do care about me. Kajol

Kajol’s abusive mother has not changed.

Maria considers that her problematic relationship with her drug-dependent boyfriend underpinned her attempt. Aware of little outward change, she reflects on her passivity in the demanding relationship, a growing belief in herself and greater assertiveness. Maria reassures herself that if/before she leaves him, she will have done everything possible. She is taking more control and seeking counselling.

Chantelle reflects on changes in her life including a closer and more stable relationship with her husband, taking control by avoiding hurtful contacts with her family of origin and getting out and about more.

I’m starting to come out of it now [need to suffer and depression]. Because I’ve just had enough, you know what I mean? I’ve had enough of the misery. I’ve gotta turn my life around and I’ve gotta change my attitude. There is meaning in death of [recently deceased loved one], because it has helped heal old wounds and strengthen my relationship with [my] husband. Chantelle

The impact on families, according to participants’ reports, included, initially, more conflict about culturally prescribed behaviour for girls, more hostility toward the participant and in some cases, relaxation of control over daughters. Regrettably, Anna’s abusive family and circumstances have not changed. Their greatest concern about the overdose is for their reputation.
Hasnaa describes her parents’ ability to change their attitude after initial turmoil and rigidity.

\[ \text{It [overdose] really made them think too because I don’t think they thought I was serious. Woke 'em up a bit. Like, 'She's really serious about him to have done that!' Then they started to sort of look at it, instead of saying no. Hasnaa} \]

**Expressing Hope through Career Aspirations**

In the course of our conversations, all participants volunteered their career aspirations for the future. I interpret these plans as indicators of hope and a belief that life can improve. If dreams are realised they may constitute protective factors militating against further suicide attempts. I have de-identified these goals and aspirations because they are so individual as to risk identification.

Four participants wanted to complete their studies at university or technical college. Their career aspirations included education and the helping professions. One had a job in the fashion industry which she liked. She had a constructive plan to get away from home.

One participant was planning a career in art. She states ‘life is movement’. Her creativity, artistic ability and aesthetic sensitivity possibly reflect a means of recreating the self.

A younger participant was considering studying child psychology. Another was determined to study law at a prestigious university and make copious amounts of money.

Another, was determined to achieve, *do good*, and show her parent that she made something of herself. Her ambition was to be a flight attendant, chef or computer technician.

Finally, in the words of the youngest participant,

\[ \text{This year's been a very, very bad year. Next year will be a good year. Angela} \]

**Meta-theme: Paradoxically Asserting the Indefinite Self**

The meta-theme emerges above all other possibilities as the strongest, most cogent and meaningful way of understanding attempted suicide. It takes into account all the themes and applies at some level to all the young women. I emerged from the depths of the texts with a recognition that they point to a central issue, fragile identity. These young women have a
damaged and indefinite sense of self and are therefore vulnerable, with a weak hold on life when under duress. Unable to sustain and endure any longer they paradoxically assert the self by trying to destroy the self. It is an act in which all other acts, feelings and the self are relegated to nothingness in the erroneous attempt to change their world.

Their situatedness in the world is insecure and uncertain because the frames of reference — that tell them who they are and how valued they are — are conflicted, destructive, frightening and desolate. These frames of reference include relationships, culture, history, language and society. It is via these referents that we come into being through shared, intersubjective understandings.

Conclusion of Findings

In this chapter I reported the analysis of eight life stories and explicited five themes, thirty sub themes and one meta theme from the text. The representations of self that emerged in the life stories of the young women suffer from being in a gap between two cultures and not feeling at home in either. Their loyalties may be torn and their human rights denied, leading to confusion about their very personhood. When they are abused and diminished, devalued in relationships, have their reality denied and their feelings negated and endure psychic pain and suffering, their sense of self becomes frailer not stronger. Furthermore, when there is failure in these young women’s protective relationships, — parental love, family security, and other social supports — the vulnerability of the young women is increased. When their expectations of love and security are threatened, for example by the death of a loved parent, or the loss of secure home life and place in the community as occurred with migration, the strength of self becomes more fragile under the stress. For the participants in this study, the combination of these factors militated against a definite sense of self and resulted in attempted self-destruction.

Next Chapter: Discussion

The meta theme ‘paradoxically asserting the indefinite self’ is examined in the next chapter. I argue that attempted suicide is linked to an indefinite sense of self and I draw on the life stories of the eight young women to demonstrate the link.
CHAPTER SEVEN

DISCUSSION

THE NARRATIVE HERMENEUTIC
RECONCEPTUALISATION OF ATTEMPTED SUICIDE

Fire has changed these pieces of the earth: they never again return to their natural state but remain forever as another substance ... (Lissamen, 1969, p.9 ... on pottery).

The purpose of the study was to attain understanding of attempted suicide in young women from non-English speaking backgrounds. In this chapter, I argue that indefinite self-identity related to incoherence, discontinuity and problematic connectedness is the key to understanding attempted suicide in these young women. Indeed, indefinite self-identity may account for the difference between people who attempt or complete suicide and those who do not. The chapter closes with the conclusion to the study, implications for mental health nursing practice and education, and directions for future research. In addition, limitations of the present study are addressed.

Discussion within the chapter is structured around three central constructs relevant to the narrative inquiry method of life story: coherence, continuity and connectedness. Hermeneutically, these constructs are the parts and the life story the whole. My reconceptualisation of attempted suicide is predicated on the claim that construction and communication of a life story is linked intimately to self-identity because it tells us and others who we are (Gergen & Gergen, 1988; Funkenstein, 1993; Rappaport, 1993; Widdershoven, 1993; Somers & Gibson, 1994; Alasuutari, 1997; Gubrium & Holstein, 1998; Lieblich et al. 1998; Mathieson & Barrie, 1998). Indeed, life stories (personal narratives), in facets of both
content (subject matter within the text and implicit meanings) and form (structure of plot, linguistic and stylistic characteristics) (Lieblich et al. 1998) are people’s identities (Gergen & Gergen, 1998). In this discussion, I synthesise aspects of both content and form in seeking to understand the phenomenon of attempted suicide.

In relation to narrative conceptualisations, coherence refers to linkages between events and emerges through unifying themes, frames of reference and goal states. Continuity is a longitudinal perspective of a life that illuminates the current position and how the person arrived there. Connectedness occurs at three levels of being: intrapersonal, interpersonal and transpersonal. Coherence, continuity and connectedness represent self-identity, yet these constructs are not discrete, they intersect and overlap. I separate them here in order to conceptualise and explore the phenomenon of attempted suicide in the young women. In this discussion, risk factors in psychiatric discourse manifest as narrative anomalies, disruptions, contradictions or negative experiences in the eight participants’ life stories. Throughout the discussion, diverse perspectives from hermeneutics, existentialism, postmodernism, nursing and narrative inquiry are synthesised. Findings from this study are used to illustrate main points within the discussion. In addition, I incorporate literature on cross-cultural approaches to adolescent development for insights into identity in young women from NESB, although, as Arnett (2001) notes, there is not an abundance of scholarly work in this area.

**Self and Identity**

There are diverse and contested conceptualisations of self and identity. Conventional definitions of identity are concerned with categorical or essentialist approaches (Somers & Gibson, 1994), for example, finding and realising the self or crystallising a firm sense of self or personal identity, as in Erikson’s (1950, 1968) seminal work on adolescence and identity and the subsequent work of Marcia (1966, 1993) and others. In keeping with interpretivism, however, and the directions of understanding emerging from the text, I avoid discourses that sanction the language of psychopathology and draw on postmodern literature, such as narrative approaches, to explore self-identity. In addition, the voices of participants are given recognition throughout the discussion.

One way of differentiating between the concepts of self and identity arises from the work of Kelly (1992) and Kelly and Field (1996), who studied the impact of chronic illness and
radical surgery on self and identity, and the work of Tiryakian (1968), who provides an existential perspective. Self is the private, personal experience and awareness of subjectivity, 'an imaginative view of ego by ego' (Kelly, 1992, p.394). Existentially, self is a unity of 'corporeality and spirituality (or body and psyche)' (Tiryakian, 1968, p.78). Self is the interior world. Identity, on the other hand, is the public, shared, observable, manifestation of self, 'the public knowable aspect of the person' (Kelly, 1992, p.395). Thus, identity establishes a person's location within social structures. Hermeneutically, identity is inter-subjective and situated in the social dimensions of history, space and time. Self and identity constantly interact dynamically as a result of the changing nature of life and the reflective capacity of persons. There is always one core self but there can be many representations of identity. Separation of the constructs 'self' and 'identity', however, is an abstraction that simplifies the complexity, I therefore refer to self-identity throughout this discussion.

Narrative identity is the 'unity of a person's life as it is experienced and articulated in stories that express this experience' (Lieblich et al. 1998, p.7). Indeed, narrative identity is the result of a life story that gives a social account of an individual's life in the presence of others (Gergen & Gergen, 1988). Narratives are social and cultural constructions, undergoing continuous alteration as interaction progresses (Gergen & Gergen, 1988; Mathieson & Barrie, 1998; Lieblich et al. 1998). Accounts are, however, always pastiche; pieced together, changeable and fallible, out of the stock of memory and subsequent interpretation (Atkinson & Silverman, 1997), constantly monitored, managed, modified and revised as they emerge (Gubrium & Holstein, 1998). The narrative approach to identity thus embeds the person within fluid relationships and stories that shift over time and space and preclude internally stable concepts of identity. These temporally and spatially shifting configurations of self, relationships and experiences form the relational coordinates of ontological, public and cultural narratives. It is within these temporal and multi-layered narratives that identities are formed; 'hence narrative identity is processual and relational' (Somers & Gibson, 1994, p.65).

There are no studies linking narrative self-identity to suicidal behaviour. Two studies focus on identity and suicidality from gender androgyny (Kwan, 2001) or gender confusion (Bonner, 1994) perspectives, but these are unpublished dissertations and do not inform the present study. The present study, therefore, makes a significant contribution to different understandings of attempted suicide.
Coherence in Life Stories

Coherence emerges within life stories by establishing connections or links between events and by making sense of life, thus achieving a meaningful account of things (Somers & Gibson, 1994; Gubrium & Holstein, 1998) and shaping self-identity. These connections may arise independently of, or within, three characteristics of life stories: unifying themes, goal states and frames of reference (Gergen & Gergen, 1988). Life stories and their component parts are reliant on social discourse, which reflects approval and validation for actions within social contexts. When such approval is not forthcoming, events seem incoherent and meanings obscure. In this section, I elaborate the characteristics of life stories that produce coherence (meaningful connections, unifying themes, goal states and frames of reference) and I illustrate how they are complex and problematic for the participants.

Connections
Coherent connections among life events are made in order to understand them as systematically related. Narratives are constellations of connections ‘embedded in time and space’ (Somers & Gibson, 1994, p.67). Finding or constructing connections and patterns between events and meanings serves an integrative function in which the parts of a life are pulled into a coherent whole (Somers & Gibson, 1994, p.59). In turn, the quality of relatedness between events or uniting themes (Alasuutari, 1997) gives coherence. This process is analogous to meaning making through the hermeneutic circle of understanding. Thus, discerning coherent connections between events in life is essential for making sense of any single phenomenon. For example, Chantelle understands her conflict with her mother over social freedom by connecting it with her mother’s past: My mother had bad experiences with men as a young woman, and therefore she controlled and restricted my access to any sort of social freedom including boys. In this way, Chantelle establishes connections over time and place and achieves coherence in trying to understand her mother’s behaviour. However, comprehension is only partial because the extreme nature of control imposed on her remains unintelligible: I wasn’t allowed out to walk down the street. I wasn’t allowed out the front door. I wasn’t allowed to have any friends, virtually. I didn’t get any freedom whatsoever. But I had all these rules and restrictions. Stress related to excessive (real or perceived) restrictions recurs in all life stories (see sub-theme ‘Struggling for freedom: loyalty versus deception’) and undermined participants’ ability to make sense of events. Sometimes
establishing coherent connections was too difficult for the young women as they dealt with painful situations.

For example, while Simone’s story did not reflect abuse and trauma, she failed to connect her mother’s life-threatening illness with her depression and anger, preferring to describe herself as a moody person. Similarly, Jasminda struggled to make connections between her father’s sexual abuse and subsequent negation by her mother, which was incomprehensible (see sub-theme ‘Being negated and disbelieved’). In addition, Jasminda rejected her own attempts to establish coherence (sexual abuse as a culturally shaped behaviour) as inadequate. Furthermore, her mother’s attempt to diminish the gravity of the abuse, by excusing it on the grounds of work stress, was also rejected as ludicrous. Thus, coherent connections and meanings within Jasminda’s life were negated and obscured, leaving the incoherence of the experience and the continual intrusion of the trauma on her peace of mind, causing chaos in her emotions and actions, drug use and other risk taking (crossing the road without looking). This situation typifies Theme 4 ‘Suffering psychic pain’ and the sub-theme, ‘Acting against the self’ common to all participants.

Twelve reasons for ‘acting against the self’ were explicated from texts and linked to explanations for attempting suicide (see Theme 5, ‘Expressing the self by attempting suicide’ and sub-theme, ‘Explaining why: seeking change’). As noted previously, some issues, at face value, appear superficial, but underlying each issue is a wealth of deeper motivation and complexity. Reasons for attempting suicide fell into two categories: those pertaining to problematic relationship with the self (relief from psychic pain, reaching the limit, sacrificing the self, struggling to accept sexual orientation, struggling for control, appealing for help, seeking sympathy, seeking love) and those referring to other problematic relationships (escaping from abuse, influencing the behaviour of others, punishing transgressors, protecting siblings). Inherent within these reasons for attempting suicide were contradictions, including mothers who don’t love their daughters; fathers who abandon or sexually abuse their daughters; mothers who threaten to abandon by dying; families where there is no safety, little nurturance and violence; lovers who abuse and exploit. As such, participants were often unable to make coherent connections between events and attain understanding, for example, Simone’s failure to link her mother’s illness to her unhappiness and Angela’s story in which conflict, family disharmony and pressures become an amorphous conglomerate of negativity.
Many of these contradictions and negative experiences are represented in the literature as risk factors for suicide. I list these and note the participants who experienced the risk factors:

- a history of physical abuse (Beautrais et al. 1997; Beautrais, 2000) — Kajol, Anna
- sexual abuse during childhood (Sansonnet-Hayden et al. 1987; Beautrais et al. 1997; Beautrais, 2000; Everett & Gallop, 2001) — Jasminda, Anna
- gender identity conflicts (Cohen, 1991) — Jasminda
- recent life events such as interpersonal losses and conflicts (Beautrais et al. 1997) — all participants
- a previous suicide attempt (Diekstra, 1993; Hawton et al. 1993; Beautrais et al. 1997; Patton & Burns, 1997) — Anna, Chantelle, Kajol
- alcohol abuse (Ladely & Puskar, 1994; Lipschitz, 1995) — Chantelle, Jasminda, Kajol
- substance misuse (Hawton et al. 1993) — Jasminda, Kajol, Chantelle
- changes in social environment, such as family breakdown (Cantor, 1994) and conflict and disengagement in the family (Beautrais et al. 1994; Patton & Burns, 1997) — all participants

Most participants also suffered the cumulative impact of exposure to multiple risk factors. Although the list of risk factors above is not conclusive, it illustrates commonalities between conventional ways of recognising people at risk and exposes the ways in which incoherence arises in life stories. Perhaps coherent understanding of the relationships between events is a factor of maturity and if so, such young ones could not be expected to have reached maturity. On the other hand, some things are irreconcilable and help may be needed to resolve contradictions and inconsistencies through certain therapies and other interventions. Fragmentation of events and lack of coherence may well contribute to an indefinite sense of identity.

A Unifying Theme

Unifying themes within individual life stories were not analysed as such because thematic analysis subsumes all life stories and is represented throughout the main body of this thesis. However, I contend that the themes emerging from the participants’ lives (cultural conflict and adjustment, trauma and abuse, damaging relationships, psychic pain leading to acting against the self), constitute a common theme from literary criticism, that is, tragedy, in which the heroine is ‘almost’ defeated by the forces of evil and removed from society (Lieblich et al.
1998, p.88). Indeed, some participants (Anna, for example), only narrowly escaped death as a consequence of attempting suicide. In keeping with Aristotle, tragedy is an ‘imitation of an action that is serious, complete, and of a certain magnitude’ (from Poetics, written about 330 BC, cited in Berger, 1997, p.21). In relation to thematic findings, the tragedy of disconnection between life events results inevitably in incoherence. Some cause for optimism arises, however, with the emergence of goal states.

**Imposing Goal States**

A goal state is a positive representation of the self projected into the future. Participants imposed their own goal states by disclosing spontaneously their hopes and aspirations for the future. Construction of a life story, therefore, is a process of understanding one’s self in time, as memory is about past events and the process of remembering links the past with the present — a connection that is construed in the light of future expectations (Brockmeier, 2000). The reference to future self in this study is similar to Charmaz’s (1990) notion of preferred identities in people who are chronically ill, and Boydell, Goering and Morrell-Bellai’s (2000) study of homeless people. In these studies, the preferred identities symbolised assumptions, hopes, desires; that is, the person’s vision of a future self, plans for a future currently unrealised. Participants’ aspirations, articulated in the sub-theme, ‘Expressing hope through career aspirations’, represent an idealised narrative of self, the preferred identity of achiever, success story, making money, having prestige (and power), and ‘doing good’ by showing significant others that they had achieved. Such temporal projections of identity into the future reinforce coherence by connecting the now with the future, a hopeful sign in people once suicidal. Positive goal states, however, were dominated by having to contend with difficulties inherent in the life contexts of all participants. The weight given to frames of reference, in this discussion, corresponds with its dominance within life stories and subsequent indefinite sense of self-identity.

**Frames of Reference**

The young women participants’ frames of reference, analogous to hermeneutic horizons of understanding, are constituted by tradition and historical situatedness in place, culture, family and society. Culture emerges from the stories as the most salient frame of reference that complicated the achievement of coherence in the stories. Culture is defined conventionally as a set of attitudes, values, beliefs and behaviours shared by a group of people and communicated from one generation to the next via language (Minami, 2000). Culture is thus
learned behaviour, which both teaches people how to behave and acts as a filter for perceptions and making ‘sense of events in a certain way from a certain angle’ (Minami, 2000, p.76). However, in an increasingly multicultural world, a superior characterisation of culture is: dynamic, convergent, hybridised, contested, temporal, constructed and emergent (Kagitcibasi, 1997; Yon, 2000). This conceptualisation is more reflective of social reality, and adds more complex grist for the identity mill.

The relationship between narrative self-identity and culture may be linked to theories of construal of the self in Eastern and Western cultures. In Eastern culture, self is construed in sociocentric terms within collective frameworks and interdependent roles. In contrast, the self in Western culture is oriented toward an individual-centered model of being that values independence (Markus & Kitayama, 1991; Minami, 2000). Minami (2000) claims such dichotomies are simplistic and distort complex reality, although in an earlier study (Fry & Nguyen, 1996), I found support for such cultural construals of self. Furthermore, while recognising that diversity exists within cultures, often determined by gender or class, there is nevertheless considerable support in the literature for such cultural conceptualisations (Markus & Kitayama, 1991; Kagitcibasi, 1997; Brockmeier, 2000). Recent work, however, describes the distinction between individualism and collectivism as more a variability than a duality, that is ‘between a self-contained, individuated, separated independent self defined by clear boundaries from others, and a relational, interdependent self with fluid boundaries’ (Kagitcibasi, 1997, p.19). The relational model has its roots in the family model deriving from agrarian subsistence economies where interdependence determined group income (food) and survival. In contrast, the family model of independence is associated with Western urban contexts where interdependence is not required for livelihood (Kagitcibasi, 1997). If these conceptualisations are accepted, the stage is set, in some migrant families, for intergenerational and cultural conflict, where behaviours acceptable in one culture are deemed incompatible in the other. Indeed, within the study context, this proved to be so.

The conceptualisation of self within interdependent or independent frames of reference had implications for participants’ experiences of acculturation in Australia and therefore for their self-identity. In all cases acculturation was problematical and contributed, in varying degrees, to their distress and subsequent suicide attempts. For example, Theme 1 ‘Being in a gap between cultures and creating space for oneself’ provides multiple examples of conflict arising within culturally shaped understandings of how a young woman can live in Australian
society. Such understandings, from participants’ perspectives, include claiming personal freedoms to socialise, have friends, choose boyfriends, choose one’s husband, associate with whom one wishes and pursue one’s own life path. These claims to autonomy represent a construal of self as independent. Unfortunately, such a construal was not shared by those in power within families, that is the older generation and male siblings for whom social restrictions did not apply. Parents were still emotionally and cognitively guided by norms from the home culture. Subsequently, authority and power (usually male) was exercised to gain control over the participants and force them to conform to the restrictive home culture, thereby giving rise to conflict and distress. Clearly, the young women became acculturated more comprehensively and quickly than their parents. Furthermore, the double standard for boys added insult to injury for some participants. For example,

*Boys can do what they want pretty much but girls have to be girls and boys have to be boys like, ‘oh we’re men and we do this and do that and then your a woman and you know, stay home and cook and clean’. I’ve never really wanted a guy like that, I guess that’s why I really didn’t find someone from my kind, ’cause they’re mostly like that.*

More relevant to participants from traditional non-Western societies is the expectation they will marry a man of their parents’ choice (or at least approval) and become a wife and mother. In their new homeland, however, such prescribed roles may not fit their new worldview or parents’ time frame, as alternative opportunities and options for young women become clear. Tension between cultures climaxes over the issue of social freedom and this tension reverberates at personal, family and community levels.

Furthermore, the opinion of each participant’s own cultural community was vitally important for family acceptance, approval and as a reference point for acceptable modes of behaviour, especially for women. Whereas seeking independence is construed as a normal developmental stage according to Western constructions of adolescence (Arnett, 2001), it is neither accepted nor recognised in other cultures. It is therefore particularly shocking and confronting in Eastern cultures when daughters demand greater social freedom. The consequent potential for conflict is great. In conservative Muslim cultures, for example, the virtue and lives of women are deemed the prerogative of men to control. Consequently, dutiful, good women obey men in the family. Into this fraught context, emerging adolescent sexuality creates additional underlying tension for all concerned.
Thus, a frame of reference based on culture ultimately became a confused battleground in which struggle for control and assertion of the self were fought. The confusion and contradiction militated against establishing coherent connections between events. This incoherence may be attributed to a lack of common narratives within and between home and new cultures, old and young, male and female. Hermeneutically, this clash occurs through a lack of shared traditions and different horizons of understanding. Such disruption of coherence is all the more tragic within a family context, as different rates of acculturation expose generational differences. In young women from NESB, especially from non-Western societies, the traditional frame of reference does not make sense in the new society, thereby creating tensions, especially regarding customs governing the autonomy of girls.

The sub-themes, ‘Traversing cultural tensions’ and ‘Struggling for freedom: loyalty versus deception’ provide examples of the conflict and resultant measures taken to resist control. The continuum between parental protection and overprotection (or outright suppression) was experienced, to some degree, by all participants. The desire for independence was smothered by parental anxiety for the virtue of the girls and fears that they would have, or be under suspicion of having, sexual contact with boys. Such fear is strengthened by culturally formed concerns about family reputation; this is particularly reflected in the life stories of the Muslim girls where extreme control was exercised. Both experienced pressure and control, not only from parents (especially fathers) but also from brothers, both younger and older, who assumed the right to direct the social lives of their sisters (sub-theme, ‘Living with fraternal negativity’). In one story, the younger brother intercepted phone calls and gave false discouraging information to a prospective suitor (from another cultural group). In another example, while on an outing with girlfriends, the participant was pursued by her brothers in a car, stopped and ordered into their car and taken home where she was punished. In this family, suppression and control were extreme and abusive.

Parental restrictions may have been motivated by concern for the safety of the girls in their teen years, but the balance between loving parental care and abuse of power is questionable, from my ethnocentric Western perspective. The stories reflect erring toward overprotectiveness and oppression which, according to Williams (1997) and Everett and Gallop (2001), undermine the young person’s sense of autonomy and sense of being in control of events in life. Interestingly, Goldney (1985), in an Australian study of young
female overdose patients, found that suicidal young women reported their parents as being both more rejecting and overprotective. This may be explained by Everett and Gallop’s (2001) observation that abusive and exploitative parents are motivated to retain the child to meet their needs (for sexual or aggressive outlets) and are thus possessive, rewarding dependent and clinging behaviours while punishing independence. This contradictory combination of parental behaviours gives the young women a conflicting message, that they are not really loved for themselves but yet remain the property of parents. These mixed messages — deprivation of opportunities for social development, enjoyment and reinforcement of their ‘cultural otherness’ — further diminish coherence, the ability to make sense of such experience and a sense of self-identity.

The notion of being ‘other’ for these young women is complex. Hermeneutically, history and tradition tell us who we are and where we fit in. In bicultural young people, however, understanding one’s place in society is difficult, especially when one’s place in the family is fraught by abuse, exploitation or excessive restriction of freedom and opportunity. In addition, when anti-immigration sentiments are expressed in the wider society, identifying one’s place is even more problematical (see sub-theme, ‘Transcending difference within the dominant culture’). Participants who were black had little to say about racism. They designated racist incidents as inconsequential in the big scheme of things; after all, their greatest suffering was instigated and perpetuated by family. One incident, however, illustrates the potential ambiguity inherent in interactions and the options for interpretation with reference to race when trying to make sense of negative social exchanges.

When I have an interaction with someone and it’s like negative, I walk away feeling negative about it. Right? I resort to racism as the last thing. Like, the man that I was so nice to, serving me behind the counter, ‘Could I have this please, blah, blah’. And he was just such a prick to me. He just acted the way he shouldn’t have, whereas if he was nice to someone else, I mean, I’d walk away thinking, ‘Was I rude to him?’ ‘Was it the way I looked at him somehow?’ and then I’d resort to racism as a last thing, it’s like ‘Yeah, I bet you’re racist!’ But that’s the last conclusion that I give to what just occurred.

No links were made between race and identity or distress. Perhaps this is because participants were able to transcend issues of race with a certain innocence or maturity. On the other hand, a lack of connection could indicate incoherence. Participants could be in denial (race does not matter) with regard to the significance of their colour, a visible sign of difference in a
dominant white society, which in some minds corresponds to the idea that it signifies a more fundamental difference in behavioral disposition, moral and rational capacity, or cultural achievement (Miehls, 2001). In addition, Miehls (2001) claims that if one’s racial identity is unexamined or inarticulated, then one is limited in terms of self-integration. For example, some participants did not perceive themselves as members of or belonging within the dominant culture. This was particularly apparent in the two youngest participants, Angela and Simone, both of whom were born in Australia. They located themselves as culturally ‘other’, referring to their friends as ‘Australians’. For example, ‘a lot of my friends are Australian’ and ‘Most of my friends are Australian, I don’t have many dark friends’, implying that Australian identity is the province of the non ‘dark’. It also suggests that these young women construe themselves as other. According to Saari (1993), only an individual with a highly developed meaning system, or examined racial identity, is able to appreciate and understand the range and nature of behavioural choices available in any given situation. Indeed, good social functioning may depend on adequate comprehension of the surrounding culture. Thus, participants’ lack of connections between race and events may indicate a lack of coherence, even though, from their perspectives, race was not significant.

In summary, I established how the emergence of coherence through making connections, unifying themes, frames of reference and goal states is problematic for participants. The unifying theme of tragedy and the conflictual bicultural frames of reference are, however, counteracted to some extent by the establishment of goal states in all participants, an indicator of hope. It follows that higher coherence corresponds with clarity of meaning, greater understanding of how events impact on other events and shape one’s life, and therefore support the development of a stronger self-identity. Alternatively, contradictions within life stories and a lack of coherent connections between events serve to obscure meaning, to make events incomprehensible and to inhibit integration of such events into the life story, thereby weakening a sense of self.

Continuity of Self-identity

Hermeneutically, life stories subsume temporal, traditional and historical contexts. Narratively, the teller of a story locates herself within this confluence. This location, however, must have some continuity throughout the ‘processual and sequential movement of life-episodes’ (Somers & Gibson, 1994, p.67). Continuity is important because it gives a sense of
self and a sense of direction, it reveals ‘how they came to be what they are today’ (Rosenthal, 1997, p.23) and it gives a sense of social being (Somers & Gibson, 1994). As Gergen and Gergen, (1988) suggest, in experiences throughout life, we encounter ‘not a series of discrete, endlessly juxtaposed moments, but goal-directed, coherent sequences’ (p.19) that are temporally embedded and systematically related. In relation to narrative work, these sequences correspond to episodes or plotments (Somers & Gibson, 1994; Polkinghorne, 1988). Continuity of narrative self-identity is therefore enhanced by placing events within a context, revealing preceding and subsequent events that are rendered intelligible by discerning purposeful direction, enduring through change and recognising sequential or unfolding process. In this section, I discuss discontinuities, temporal markers, multiple identities and factors that sustain continuity of self-identity, and show how these processes and factors weaken a sense of self-identity.

Discontinuities and Temporal Markers
In the present study, life stories are loosely structured along chronological lines in keeping with my request during interview. I now illustrate how discontinuities occurred in life stories and discuss how this disruption impacted negatively on participants’ lives. One issue undermining continuity was the disruption caused by migration and subsequent efforts to adapt and acculturate to the new culture. Berry and Sam (1997) describe this adaptation in terms of psychological adaptation: requiring a clear sense of personal and cultural identity, good mental health, and the achievement of personal satisfaction in the new cultural context. Sociocultural adaptation refers to the ability to deal with daily problems, particularly within family life, work and school. Adaptation is far more difficult when the change is involuntary, as was the case with two participants’ families who were refugees before securing permanent residency. Continuity can be fractured when people are relocated and traumatised through events.

Life stories occur against a backdrop of changing family and social history, yet people carry a sense of self-identity through changes in life including bodily (puberty, pregnancy, injury, illness), geographical, cultural and linguistic changes. Tension is created between change and continuity (Kelly & Field, 1996) and this requires resolution in order to re-establish continuity. In one sense a person can be the same person they were before their body changed, or before they fled a war torn homeland for a foreign place and a new language, but the interaction between change and person influences self-identity (which is being reconstructed
constantly). Participants told their families’ migration stories — of the home country, of grandparents, of settling into Australia — and other stories that marked a flow of events or continuity. In addition, they revealed events that challenged their sense of self and social being, for example: (a) after my father started sexually abusing me ..., (b) after my father left, I felt a kind of misery set in, (c) after my parents separated ..., (d) after they had sex with me ..., (e) when the soldiers came ..., (f) when my mother took me away from my ‘family’, (g) when I found out he was on drugs. I describe these events as ‘temporal markers’ which are necessary to establish continuity and help make events intelligible. However, some of these experiences were unable to be rendered intelligible, leaving the participant floundering for direction and struggling to endure. When sequences and their temporal markers become vague, discontinuity may arise in a narrative, creating tension and possible fragmentation of the story and self-identity.

For example, Kajol told the story of being unexpectedly plucked, as a child, from one country, family and culture to another, by her mother, whom she thought was another relative. To this day, she neither understands why her mother chose to claim her daughter, nor her timing, and she is too afraid to ask.

*Back home, in [home country], everyone knew me ... but in Australia, yeah, that’s when I just, you know, I just was scared most of the time, you know, so I just did whatever I was supposed to do. I didn’t know nothing about anything.*

Kajol’s story reveals dramatic discontinuity and subsequent disparity between countries and cultures. She lost her sense of belonging, her place in the world. The sequence of events and her understanding of them are rendered incoherent, leaving her to struggle in confusion and bewilderment.

**Multiple Identities**

One way of overcoming a lack of continuity is to construct more than one identity. Miehle (2001) states that postmodern thinkers challenge the notion of essentialism; that is, one’s identity is not comprised of a definitive, stable, and enduring self but rather our identity is comprised of multiple identities. Indeed, people possess a variety of forms, that is, a multiplicity of narratives and diversity of self (Gergen & Gergen, 1988; Gubrium & Holstein, 1994; Alasuutari, 1997). The nature of self-identity is thus fragmentary, contradictory,
inconsistent, and in process, constantly being reconstituted within a range of discourses (Miehle, 2001). Similarly, a hermeneutic understanding of self would be partial, incomplete, fluidly evolving through being situated in history, time, language and tradition. Therefore, a normal way of being in the world is having multiple identities within a social milieu. This is not in the psychiatric sense of ‘dissociative identity disorder’ (American Psychiatric Association, 1994) but more as an actor with various legitimate roles to play, thus alluding to the dramaturgic nature of life. Further, the notion of multiple ‘identities’ implies the public, shared, observable, manifestation of self, as opposed to the private self. Consequently, within this section, I sometimes refer to identity as one of the many possible public representations of self as opposed to self-identity as the unity of self.

Weigart, Teitge and Teitge (1986) suggest the pluralistic organisation of society is reflected in the multiplicity of identities bestowed on and experienced by individuals. Thus, people are faced with the daily task of organising multiple identities successfully. In addition, the extent of change and contradiction accompanying the multiplicity of identities generates concern for continuity of self-identity. Tension arises between different and sometimes competing presentations of the self because the need to maintain consistency within role is the need to maintain face (Alasuutari, 1997). Life stories, according to Alasuutari (1997), are a means of face protection. Inability to maintain a consistent presentation of self results in narrative innovation, changed personality and split image of personality. Multiple identities must therefore present at appropriate times and be flexible and adaptable.

The task of organising multiple identities may come to the fore in times of social change and critical decisions within the life course. In problematic situations, people experience doubt about each other and themselves; which identity to present and how to present it and whether the presented identity is validated and to what extent. The outcome is ‘too much identity doubt’ which ‘leads to deeper doubt about self’ (Weigart et al. 1986, p.58). In ‘normal’ stable life circumstances, self-identities are presented, negotiated, validated and exchanged without perceived threat and with a sense of existential ease. Furthermore, Weigart et al. (1986) note that there are prescribed identities available in certain historical traditions. These are culturally shaped social types, for example, in totalitarian states (where two participants came from) such identities could be ‘loyal party member, teenage martyr, fanatic revolutionary’ (Weigart et al.1986, p.57). Clearly, such identities are incompatible with democratic societies.
even though people join organisations and groups and pursue ‘causes’ thereby acquiring new identities to wear.

In the young participants, however, identities were disparate, engendering ill ease and causing alienation from self and others. For example, their lives presented various limiting dichotomies and for every identity there was another in apposition creating tension or distress.

Australian (of the dominant culture) — other
happy-go-lucky ‘Aussie’ teenager — dutiful, obedient daughter in migrant family
daughter — wife (child incest victim)
desperate young lover — oppressed girl from cultural group
heterosexual — homosexual
poor — having material advantages (mobile phones, clothes, music)
_one of our kind — not one of our kind_
great saint — great sinner
good girl — prostitute
‘normal’ teenager — _abused kid from a corrupt family_
‘normal’ schoolgirl — lonely, unhappy girl in abusive family
_black bitch_ — cool ‘dude’ with clothes to match
_gutter girl_ — ‘normal’ teenager (lives at home with family)
loved daughter — unloved daughter

Clearly, some of these identities are inappropriate and destructive to the young women, causing serious doubts about self and their place in the world. As Weigart et al. (1986) point out, to the extent that we manage the ‘dramaturgical imperative’, we can live effectively with a sense of continual self-identity amid the fragmentation of society. If, however, identities are at odds with wider society and cause suffering, as indeed many of the above identities imply, the self becomes insecure, unhappy, undermining a definite sense of self.

An outstanding illustration of multiple identity emerges from several life stories, explicated as the sub-theme ‘Putting on a happy face: concealing shame and protecting abusers’.
Participants chose not to divulge their suffering to friends and teachers, electing to put on a brave face, a happy façade. The reasons are complex and variable, including the need to protect the family (from allegations of child abuse) or protecting the family name (honour) in a cultural group where approbation from their cultural community was very important. In
Hasnaa’s extended family, for example, they were shocked at her association with a young man not of their kind. It was a big thing. Oh my god this is terrible ... ’. Kajol did not go to school when she had black eyes and bruising, I protected Mum every time. Similarly, Anna acted out a role of a happy person when she was unhappy and vulnerable in an abusive home situation. In Jasminda’s case, self-worth was low and she needed to preserve a vestige of personal pride, ‘I don’t want pitying looks’ or to be seen as ‘the abused kid from a corrupt family’. Jasminda concealed her suffering when she desperately needed some person to show kindness and caring, even if it was from a stranger who could not appreciate the emotional significance of a gesture of kindness.

Someone could just say two sentences to you and you carry that through your whole life. And they don’t really know what it’s meant to you, whether it be a stranger, a stranger in a bus, or you know, just someone you meet.

Everett and Gallop (2001) note that ‘Even under extreme circumstances, one caring relationship or one protective adult can make a difference, because the child has somewhere to turn, however intermittent or limited the contact’ (p.29). Jasminda’s disruptive, acting-out behaviour in school may be interpreted as either seeking such attention or, alternatively, deterring friendliness or closeness by a responsible adult. As a victim of incest in the home, she was aware of mandatory reporting and how much there was to lose: the prosecution of her father, dissolution of the family, and shaming of her mother, herself and the sibling she loved. She exhibited great courage in her efforts to deal with the damage wrought. Fortunately for most — but not all — participants, protective relationships served as a buffer against destructive relationships and enhanced interpersonal (and therefore intrapersonal) connectedness (see sub-theme, ‘Being sustained by protective relationships’). The presentation of a false happy self was ultimately designed to protect identity as the public, outer ‘me’ observed by the world. Putting on a happy façade helped preserve a sense of self as positive. The risk of being real, that is, showing that life was painful, distressing fearful and abusive, would serve to ‘fundamentally violate their sense of being at that particular time and place’ (Somers & Gibson, 1994, p.67).

The communication of identity may expose the ‘superficial reality of human appearances’ (Weigart et al. 1986, p.49), since the difference between appearances and the self can be doubted, in that what you see is not a representation of the true self. Whereas many identities
(public manifestations) are approximations of authentic identities, in the case of Anna, Jasminda and Kajol the happy-go-lucky façade was false. Maintaining such a façade requires energy and creates tension arising from the strain of remembering to maintain the facade and hide realities pertaining to ‘secret’ abuse. In addition, for these young women, presenting a false self, hiding true feelings from others, being lonely and being misunderstood further perpetuate indefiniteness about who they really are. Yet again, their sense of social integrity is violated by having to perpetuate a false self to others and also to the self.

One of the risks of perpetuating such a façade arises from the interaction between the false self and others’ responses to that false self, which in turn influences the false self to become the only known self as the old (genuine self) is forgotten. In this way, a person constructs herself according to the reflections of others responding to a façade. Weigart et al. (1986) explain that ‘we become what we show ourselves to be to others’ (p.51). When this false identity breaks down or can no longer be sustained, the young person may feel as though there is nothing there, self and identity are gone or so fragmented as to be insubstantial in the face of ongoing stress. This sense of null self-identity is further reinforced by not being recognised as having a valid position in the social structure. Possible examples include: abused person, mad person, black person, drug addict and lesbian. In addition, when the lifestyle of being an ‘Australian teenager’ is at odds with one’s family, who are strongly identified with a non-Australian culture, the young person, is rendered even more vulnerable as it becomes increasingly difficult to sustain a sense of continuity. Self-identity therefore becomes more confused and fragile, to the point where killing the false, ‘unreal’ self, is paradoxically the strongest statement of reality they can make.

**Structures and Factors That Sustain Continuity of Self-identity**

Having multiple identities complicates the task of sustaining continuity of self-identity. Weigart et al. (1986) state that ‘continuity must be assured from situation to situation as a kind of “transsituational” identity in order to guarantee order, responsibility and sanity’ (p.60). They subsequently propose a number of structures and factors that sustain a sense of self-sameness across the changes in one’s life. Many of these structures are fraught with problems for the young participants. Traditional identities rely on stable and plausible social structures (such as family and kinship), personal symbols (such as individuals’ names, group totems or territory), conventions for gender and age-related social behaviour, and myths or rituals identifying individuals in the cosmic scheme of life (such as birth, puberty, marriage,
old age, death). The more sophisticated a society the greater the complexity in ensuring enduring structures. At this point, these structures are examined from the perspectives of the lives of the participants.

- Family is essential for developing self-identity, but participants’ families were characterised by instability, separated parents, abandonment, abusiveness, exploitation and sickness (see-sub-theme ‘Living in a disturbed family: disunity and instability’). The family in most cases was a dangerous place, with damaging relationships causing the deepest sorrow in participants.

- Kinship ties further help people know who they are and where they fit into society. Kinship ties, however, were largely non-existent for many participants, as noted in the sub-theme ‘Being isolated and unconnected’. Geography separated families across the world. Anna, Chantelle, Jasminda, Kajol, Angela and Maria suffered from a paucity of supportive, interested, sustaining, caring adults in their lives, causing loneliness and increasing their vulnerability. Thus, social isolation (Lipschitz, 1995) is a risk factor for suicide. In contrast, Simone and Hasnaa had involved and supportive relatives providing a social fabric in which they were situated, although at times this was experienced as problematic because of perceived intrusiveness and interference.

- Personal symbols such as individuals’ names, group totems or territory reinforce self-identity (Weigart et al.1986) and continuity. The family name of immigrants may be changed or Anglicised by choice, or, alternatively, changed by officialdom in order to erase cultural group identity and promote authentication of being within the dominant society (Norquay, 1998). Names also signify one’s cultural group and racial connections, which may be linked to anti-immigration sentiment and have implications for self-identity. In addition, several participants’ families migrated, or moved as refugees through several countries before settling in Australia. Furthermore, culture of country of birth and ethnic heritage are not necessarily related. For example, one participant noted that her parents were from the same culture but her mother had absorbed a great deal of a second culture before they all migrated to Australia. Geographical relocation from homeland to new country also confronts people with a new climate, landscapes, flora and fauna that serve to widen the gap between homeland, historical roots and territorial affiliations. These complexities of migration,
ethnicity and acculturation experiences are absorbed into one's self-identity but are not always harmoniously synthesised, as the sense of being 'other' suggests.

- Conventions for gender and age-related social behaviour are prescribed within culture and important for self-identity development (Arnett, 2001). Social freedom provided an arena for great conflict within families (see Theme 1. Being in a gap between cultures and creating space for oneself). Norms between old and new cultures precipitated clashes as the girls sought autonomy in the face of restrictions and sometimes brutal family control and power.

- Myths or rituals identify individuals in the cosmic scheme of life, for example, in ceremonies surrounding events such as birth, puberty, marriage, retirement from the workforce and death. Simone described her family's extended mourning rituals after a grandparent died. All participants confronted the cosmic scheme of death in old age by attempting suicide in their second or third decade. These myths are regulated by culturally shaped conventions but are subject to pressures in a country where things are done differently.

These structures and factors would normally sustain a sense of continuity across time by containing life within ordered, predictable ways of living. The experience of the participants, however, is that such structures are unstable, unreliable and subject to considerable pressure of adjustment to a new and foreign way of life. When such structures are paths for abuse and suffering, they undermine the sense of self, causing deep doubts about self-identity and giving rise to uneasiness, confusion about one's place in life, and what is normal and acceptable, thereby leading to difficulty in decision making and frustration. Thus, in the lives of the young women, many such structures and factors that should sustain a sense of self-sameness across life changes are not enduring across time. Furthermore, when changes are accompanied by abuse that diminishes the person, a sense of self and direction are compromised and the meaning of events becomes difficult to discern, as recognition of where one belongs is no longer clear. Thus for all these reasons, discontinuities arise, threatening self-identity.

**Connectedness and Self-Identity**

Connectedness occurs at three levels of being: intrapersonal, interpersonal and transpersonal. These dimensions of connectedness refer to the relationship with self (intrapersonal), others
(social, interpersonal/inter-subjective) and with a higher being (transpersonal or a spiritual dimension). The person comes into being through the interaction of these three. I concentrate on the first two, however, as transpersonal connectedness, a spiritual self, was disclosed in only one story, that of Chantelle. The absence of a manifest spiritual dimension within participants’ lives may indicate that when body and mind are abused the spirit is also crushed. Hence, the destructiveness of abuse occurs by damaging the ontological unity of the self.

**Intrapersonal Connectedness**

Intrapersonal connectedness refers to relationship with the self, that is, the harmonious constellation of self-knowledge (conscious knowing), self-love (appreciating and valuing the self), and self-understanding (reflexive capacity, purpose and values). These three capacities are definitively human and develop over the life course. Healthy intrapersonal connectedness results in inner harmony (peace), especially when integrated with the transpersonal dimension. The lives of the participants, however, are fraught with contradictions, trauma and broken connections that undermine their sense of self. It is this realm of connectedness that poses the greatest threat to the integrity of self-identity and subsequent survival because it goes to the deepest level of being. When the integrity of the self at this level suffers, the person is rendered very vulnerable.

Fragility of self may arise within the tension created between subjective identity (private and personal self) and objective identity (public). This arises as the need for a secure and convincing sense of self-identity is realised. Weigart et al. (1986) suggest that the meaning of life develops into an interrogation of the fit between subjectivated identities (self) and objectivated identities (public identity) and the vital tension between them. A poor fit between these two aspects of identity is problematic, as disparate selves, inconsistencies and contradictions are unable to be reconciled —false, happy selves were consciously used and recognised as such by Jasminda, Anna, Simone, Angela and Kajol. More obscure was the contradiction in the intellectually gifted young person who worked in a brothel and nominated her identity within the realm of *great saint, great sinner*. Similarly, Maria’s life exposed the contradiction of her inability to overcome dependence and passivity in a destructive relationship, in contrast with her intelligence and high academic achievement. Inability to resolve the tension between the two nearly cost her her life, as she was overwhelmed by negative emotions of frustration, anger and hopelessness when she took an overdose.
Emotions are part of our constructed identities and a meaningful part of human experience. Tiryakian (1968) states that emotions are at the core of the existential self. Changes in the meaning of emotional experience mark changes in the meaning of a person’s life. Without exception, life was an emotionally painful experience for the participants, as explicated in Theme 4 ‘Suffering psychic pain’. They suffered from a range of powerful and negative emotions depicted in sub themes representing anger, grief, sadness, fear, anxiety and despair. In addition, they felt bad about themselves, and ‘lost the sensibility of moral feelings’ (Weigart et al. 1986, p.62) expressed by attempting to kill (selves), and one worked for a time in the sex industry. Others (Simone, Angela, Maria) felt alienated from, or out of touch with, their own feelings, typified in Maria’s insight, I lost myself .... . Ignoring strong emotions or failing to make sense of them is dangerous, as unintegrated emotion may become fixed or cathexed in ways that pose a greater threat to self-identity than the effort at integration itself. At the very least, for instance, ignored emotions deprive a person of a possible source of meaning from the powerful realm of human feelings and contribute toward incoherence. To the extent to which a person’s emotional life is meaningless and unintegrated, so too is part of that person’s identity, since emotions are part of our constructed identities.

To a large extent, emotion emerges from the complexity of human interactions, which for most participants involved abuses of power and negation of their feelings and rights. Indeed, Williams (1997) states that there is a strong convincing relationship between emotional experience and suicidal behaviour. He claims that suicidal people appear to be unable to regulate their emotional responses or experiences of emotional pain. In addition, the need to make meaningful links between events and emotions is thwarted by confrontation with the incomprehensible (cruelty, abuse, abandonment). Regulation of emotion must therefore be appreciated within contexts of oppressive relationships, the need to protect family and hide abuse (Kajol, Jasmin) and cultural inhibitions. Many participants may also have learned to suppress emotion within abusive family situations, because to do otherwise would precipitate attacks (verbal and physical). Indeed, people who have been abused struggle with expression and suppression of emotion in order to avoid punishment (Everett & Gallop, 2001). In addition, in many Eastern cultures, displays of emotion are shameful and represent poor self-control and an insult to the family or regime (Nicasio, 1985; Tsui & Schultz, 1985; Mollica, Wyshak, de Marnaffe, Khuon & Lavelle, 1987). Thus the complexities of emotion highlight Gadamer’s (1960/1989) notion of interrelation between all aspects of life and the influence of history, culture, tradition, language and temporal situatedness on the intrapersonal. We come
into being within these things and in relation to them, and all understanding proceeds from there.

The most common emotion experienced by the young women was anger, as described in the sub-theme, ‘Burning with anger: inexpressible feelings of pain and injustice’. Attempted suicide is related to anger including hostility, irritability, depression (Williams, 1997; van Heeringen et al. 2000), and anxiety (van Heeringen et al. 2000), which are recognised predominantly in the early stages of the suicidal process. Williams (1997) also notes that anger is predictive of repetition (of attempted suicide) and may arise in relation to loss or threatened loss of important relationships, producing intolerable feelings of abandonment and personal failure. This claim is powerfully borne out in the lives of participants. For example, Simone was threatened with the loss of mother; Jasinda lost father, mother and family security; Angela lost her father through his perceived indifference after divorce; Kajol lost a loving father figure in her home country; Maria lost loving relationships temporarily through separation from her family; Chantelle had significant losses, including her father when she was only four, and it is from that time that she identifies the onset of a misery. Anna lost any sense of loving relationships at a young age in her abusive family. In the participants, anger should not be seen simplistically as a cause or correlate of suicidal behaviour, but rather as a consequence, a legitimate human response to abuse, injustice, failure to love, and loss or the threat of loss. Learning how to manage anger was a great need for participants as they experienced intense, ongoing anger, which was painful, intolerable and difficult to control. Anger was turned against the self in emotional confusion, inability to understand, inability to reflect on their situation and lack of self-love, constituting a loss of connection with self.

Interpersonal Connectedness

In the Methodology chapter, I endeavour to explain how hermeneutic understanding, as an ontological process, occurs in the revelation of being, and is dialectical, prestructured, situated in history and time, based in language, has implications for self-understanding and culminates in the revelation of meaning through the process of interpretation. From this encapsulation of hermeneutics, primacy is given to dialogical, inter-subjective relationships because through these self-identity emerges (Gergen & Gergen, 1988; Somers & Gibson, 1994; Miller, 1996). In this final section, I discuss the influence of relationships on the development of self-identity and show how disturbed relationships damage self-identity.
Self-identity is conceptualised as a social and personal reality that is continually produced within and by interaction between individuals (Weigart et al. 1986; Gergen & Gergen, 1988; Somers & Gibson, 1994). It is a human social production, defined and sustained through interpersonal webs of relationality which transform the life story over time (Somers & Gibson, 1994). Validation occurs within normal interpersonal contexts when positive recognition and reaction is given to the other. As such, validation is an integral part of the substantive self and relationships reciprocally provide a mechanism for the expression of selves. In situations where young people have been abused (seven of the participants), ‘their sense of self becomes completely dependent on the validation of others’ (Everett & Gallop, 2001, p.30). To know and define themselves is based on constant monitoring of the reactions and emotions of others; looking for cues of acceptance, rejection, approval or withdrawal. As Everett and Gallop (2001) explain, ‘with no one present to pursue or defend against, they are literally nothing’ (p.30). It is therefore intolerable for most of them to be alone because without the constant gauge of others’ reactions they are existentially non-persons. Thus, the indefiniteness of self is taken to the extreme and annihilation becomes a logical extension to be enacted. In all cases the suicide attempts occurred when the young women were alone.

Maria’s experience illustrates the danger of existential ‘unbecoming’ when she lost the self because of continual negation and abuse. Unable to maintain the struggle against the ongoing affront to her integrity, unable to reconcile contradictions between her high-achieving self and her passive, dependent self, and unable to establish a coherent sense of things, Maria took a serious overdose. Fortunately, through later positive inter-relationships, she was once again validated and found herself.

_I lost my self when I was with him, but I found it back when I went up to [home in Asia]. I'm more stronger in a sense than I was before. It came from the affirmations that I got from my family. I do miss the comfortable lifestyle and I do miss my family._

Social life process is, therefore, one of interaction and mutually meaningful responses between people. Consequently, meanings are realised through the most relevant and assumptive structures of power and trust, which provide deep interpretive structures for making sense out of life (Weigart et al. 1986). Existentially, a critical condition for inter-subjective action is reciprocal trust (Tiryakian, 1968). Significantly, however, both power and trust were abused in most participants’ lives thus reducing the internalisation of a sense of
safety that allows for modulation of interpersonal closeness (Everett & Gallop, 2001). The participants’ sense of self had limited opportunity to develop outside the web of abusive, exploitative relationships and the surrounding emotional chaos. Trust is a condition that should be inherent in loving, nurturing family relationships but it was not experienced by most participants, typified here in the comments of the youngest:

*I don’t trust them [family] as much anymore. There’s no one I really trust. Not much anymore.*

Hermeneutically, the potentialities of the person are always becoming, and this occurs as a social becoming (Tiryakian, 1968). The ‘becoming’ of the participants, however, is marred by having to endure and survive ‘Dangerous relationships’ (Theme 3) in which they are objectified, ‘traumatised and diminished by abuse’ (Theme 2). As a result, their developing self-identity is impaired. Within this framework of the social construction of human reality, ‘identity is conceptualised as a social meaning constructed like other meanings, but with the uniquely existential dimension of being anchored in an individual’s body’ (Berger & Luckman, 1966; Tiryakian, 1968). These scholars refer to the human dialectic involved in the construction of identity that is the dialectic between an individual’s body and the social meanings existing outside that body. Again, the anomaly exists between outward appearances and inner struggle. Nearly all participants were well groomed and impressed as fashionable, good-looking young women, willing and open to sharing their stories. However, such positive presentation belied the hidden reality, that when the body is abused and appropriated as an object by others, there are profound implications for the concept of self, including a lack of confidence in and integrity of the self. Abuse objectifies the person, particularly when it is inflicted on the body in sexual and physical assaults by family. Two participants were the objects of repeated sexual assaults within their families and another was the object for repeated physical abuse. So too, verbal and psychological abuse are objectifications of the person, and these were experienced by all but one participant.

Experiences of abuse serve to diminish existential authenticity, which refers to awareness of self as a being — a person not an object — and the purposefulness of action based on reflection and in which there is engagement of the total self (Tiryakian, 1968). Inauthenticity, on the other hand, relates to being treated as an object, and treating the self and the selves of others as objects. There are two implications of this existential insight for participants. First, in relation to suicide attempts, participants were preoccupied and overwhelmed with their
emotional turmoil and social dilemmas arising from dangerous relationships. Such psychic pain (Theme 4) precluded both deep reflection on the meaning of their situation and the determining of purposeful action. Subsequently, their suicide attempts (sub-theme ‘Acting against the self’) were not premeditated and did not involve the engagement of the total self, suggesting ambivalence. Rather, they were ‘triggered by conflict’ (sub-theme) and acted out precipitately. Furthermore, there was disparity between intention (sub-theme ‘Individualising and reconstructing intentions’) and acts, which was negligible in terms of potential for fatal outcome. Secondly, inauthenticity implies mistakenly identifying the self as thing or object (Tiryakian, 1968). It follows that objects are things for disposal. One participant also acted out this inauthenticity not only by allowing herself to be objectified as a prostitute but also by objectifying her male clients.

Subsequently, sexual and physical abuse experienced by several participants (Theme 2 ‘Being traumatised and diminished by abuse’) has serious ramification for self-identity. Such assaults are primarily on the bodies of young girls (pre-pubertal childhood sexual abuse) and young women (post-puberty), and bodily experiences are core aspects of self and identity. As Kelly and Field (1996) note, ‘bodily sensations provide the initial way of knowing and learning about the world and provide the first experiences from which self-awareness develops’ (p.244). Experiencing one’s body being sexually abused and bashed over many years, by an overpowering other(s) has profound consequences for self-identity. Emotional abuse and humiliation add further to this injury and reinforce emotional and cognitive confusion about the way self is apprehended. Many of these experiences defy comprehension and are subsequently unable to be incorporated into a sense of self. Furthermore, the body is a public sign of self, and whereas physical and sexual abuse is usually not publicly visible, its impact is branded on self-identity. As Jasminda said of herself, abused kid from a corrupted family. When a pre-pubertal daughter is treated like a wife (sexually) by the father, and subsequent attempts by the child to ascertain the normality of this situation are denied by both father and mother, the self is crushed and negated by the most powerful forces in a young person’s life. The damage results in disconnectedness from self and others, and perhaps from a sense of the spiritual.

Interpersonal disconnectedness within exploitive relationships is problematic, as such relationships fail to validate the self and they damage trust. In addition, when the self is objectified, existential becoming is inhibited or irreversibly damaged. When suicide is
completed, existential becoming of the self is erased by death. Thus, abuse and threats to the integrity of the self weaken the sense of self-identity, which becomes fragile to the point where the body can be divested. The human suffering and misery of those who, like the participants, are traumatised and diminished by abuse, can be relieved only when incoherence, discontinuity and disconnectedness begin to be understood and replaced by coherence, continuity and connectedness within their lives. In the next section, I present the conclusion to the thesis. I reiterate purpose, methodology and methods of the study. I pull the threads of the findings and discussion together to illuminate the final interpretation.

Conclusion

The aim of this study was to attain understanding of attempted suicide in young women from non-English speaking backgrounds. The objectives were to construct meaning(s) of attempted suicide and elicit information about the wider sociocultural influences in the lives of participants. This unique study is important because there are no interpretive studies in Australia or elsewhere which illuminate the meaning of attempted suicide in migrant populations. Consequently, the present study makes a valuable contribution to knowledge of suicidal behaviour and informs practice in mental health nursing and other health disciplines.

This interpretive study was guided by philosophical hermeneutics, based on the work of Gadamer (1960/1989, 1987, 1994, 1996, 1997), and narrative inquiry, based on the work of Lieblich (1993, 1994, 1997), Josselson (1993, 1996, 1999, 2000) and other narrative researchers. Eight young women aged between 14 and 25 years of age (average age 19 years), five of whom were migrants to Australia, were recruited from a mental health service within 12 months of their presentation to an emergency department with ‘deliberate self-harm’. Accounts of suicide attempts were nested within life stories assembled narratively during recursive interviews and transcribed into written texts. The analytic method used to discern meaning in the life stories was thematic analysis. Thirty sub-themes, five themes and a meta-theme were explicated from the texts.

The meta-theme, as previously discussed, is ‘Paradoxically asserting the indefinite self’. It is about this finding that I now draw conclusions. In order to summarise the hermeneutic and narrative conceptualisation of the person, I reiterate the central constructs of coherence, continuity and connectedness. Persons come into being through the interaction of these
processes, represented in life stories that are statements about self-identity. Coherence emerges from establishing connections or linkages between events. This coherence allows sense to be made of life, and a meaningful account of things to be achieved through emergent unifying themes, frames of reference and goal states. The lives of the participants lacked coherence, as numerous examples of unresolved inconsistencies illustrate, including cultural conflict, tension between culturally construed selves as interdependent versus independent, conflict over autonomy, being overprotected, being controlled and oppressed, designating self as ‘other’ and denying significance of race.

Continuity is a longitudinal perspective of a life that illuminates a current position and how the person arrived there. Continuity throughout the processual and sequential movement of life events and episodes gives a sense of self, direction, endurance and social being. The experience of discontinuity in family history, precipitated by migration, was an issue for some participants, including concerns about national and social affiliations and loyalties. Rosenthal (1997) suggests that healing occurs through maintaining a sense of belonging with one’s cultural group. However, affiliation with their cultural group was cause for confusion and conflict for many participants, so neither healing, clarity of self, nor a sense of belonging was derived from their cultural groups. In these young women, therefore, continuity would have been facilitated if the cultural group relaxed their need for conformity and social approbation.

Fragmentation of the life stories was marked by key events in time, especially dramatic changes perceived as negative, for example, break up of family, commencement and duration of sexual and physical abuse, losing a secure home through migration and abandonment by loved ones. Attempts to compensate for discontinuity gave rise to multiple legitimate identities. These created irreconcilable tensions, often alienating the young women from much-needed supportive relationships. In addition, structures and factors that normally sustain a sense of self-sameness across time and events (family, kinship ties, territorial affiliations, personal symbols, conventions and myths) were fraught with difficulties, and although the presence of these factors is not uncommon in many migrants, nevertheless, for the participants in this study, they served to weaken and obscure a clear sense of self-identity.

Connectedness occurs at three levels of being: intrapersonal, interpersonal and transpersonal. Intrapersonal connectedness refers to relationship with the self, that is, the harmonious constellation of self-knowledge (conscious knowing), self-love (appreciating and valuing the self), and self-understanding (based on reflexive capacity, purpose and values). For the
participants, these capacities were dominated by the struggle to cope with painful and unresolved emotions. In particular, anger became insidiously destructive, as psychic pain remained unrelieved and constructive ways of managing anger were not present. These powerful emotions were defining features of their lives.

Interpersonal connectedness refers to the dialogical, inter-subjective relationships through which self-knowledge and self-identity emerge. Participants' lives, however, were characterised by disturbed, abusive relationships in which they received little approval and validation. Subsequently, trust was destroyed by the abuse of power. Furthermore, being objectified (sexually, physically and psychologically in body, mind and soul) damaged participants' self-identity by thwarting existential becoming of the ontological self.

Transpersonal connectedness refers to a relationship with a higher being or a spiritual dimension, although this was not manifested in seven of the eight stories. Nevertheless, if indeed spiritual development was inhibited by abusive relationships, participants may have been obstructed from awareness of the animating life force of the spiritual which strengthens self (Fry, 1997, 1998).

The more the constructs of coherence, continuity and connectedness were compromised, conflicted and contradicted, the greater the threat to self-identity. When attempts to reconcile such differences fail, an indefinite sense of self occurs. This diminished sense of self is typified in those with the strongest intentions to die, that is, the three participants most abused by their families. Their objectification through forms of abuse effectively produced a 'scissure in the primary, incarnate ontological unity of the self' (Tiryakian, 1968, p.79). This corresponded to their own objectification of self, as a thing to dispose of. Added to this, identity as the public self is fluid and complex in youth (Minami, 2000), and to some extent, indefiniteness of self-identity is normal in adolescence, especially in bicultural girls (Collins & Harvey, 2001).

Greater authenticity and strength in self-identity corresponds with more coherence, clearer and more stable continuity, and deeper and more harmonious connectedness within life stories. I contend that the young women participants experienced excessive indefiniteness in self-identity, producing considerable tension and lack of ease in their lives. Consequently, a grasp of who they are and their place in the world and their sense of belonging, remained unclear, vague and without fixed or specified limit, giving rise to what Weigart et al. (1986)
call excessive 'identity doubt'. Thus, the self-damaging focus of their action (suicide attempts) reflects an obstructed narrative which results in indefiniteness of identity.

In light of the complexity inherent in understanding attempted suicide as the assertion of indefinite self, other unitary explanations of suicide or attempted suicide (cry of pain, cry for help, gamble with death, longing for self-punishment and psychache or even psychopathology) seem inadequate. This is so because they fall short of a hermeneutic appreciation of the person situated in tradition, history, language and time, which in the participants, was marked with abuse, trauma and pain. As such, participants' growth into being, their horizons of understanding and subsequent ability to make sense of the world were obstructed.

Life stories are used to make sense of lives and to guide action. Action produces new narratives and further action and sustains a sense of self-identity. Herein lies the paradox: that the young women participants, being unable to overcome the contingencies of incoherence, discontinuity and problematic connectedness, were predisposed to act against self (attempting to end the narrative) as a means of asserting agency. Continuity was put to the test and survived. Attempts to impose coherence on their experience of attempted suicide were articulated in manifest reasons given for attempting suicide. Temporal extensions were also constructed, representing future aspirations and the continuation of the narrative. Perhaps a new counter narrative has begun, one that portrays a definite sense of who I am in the world, my place in the world, where I have come from, how I have become who I am, and where I am going.

Clinical Implications from the Findings

In this section, I outline briefly implications for mental health nursing, in terms of knowledge, education and practice, including specific therapies, arising from the study findings.

Mental Health Nursing Knowledge

In the present study, I reconceptualise the phenomenon of attempted suicide according to a hermeneutic narrative perspective. This presents a different understanding of the phenomenon compared with those arising from quantitative research findings, and within traditional discourses and disciplines (psychiatry, psychology and the social sciences) upon which
mental health nursing has depended for sources of knowledge. It is imperative for the mental health nursing profession that knowledge is developed which supports its clinical role and a conceptual framework for practice. Such knowledge must be derived from research relevant to practice. Furthermore, if the core features of mental health nursing are therapeutic relationships (Peplau 1952; Lacey, 1993; Hayes, 2000), relieving psychic pain and being reflexive (Hayes, 2000), mental health nursing must continue to conduct interpretive research that represents the perspective of the consumer.

In addition, the profession must be capable of defending knowledge arising from outside the dominant empirico-scientific paradigm. Interpretive knowledge is excluded from, and by implication devalued in, the six levels of evidence of the quality of evidence ratings (NH&MRC, 1999) in the evidence-based practice movement (Sackett, Rosenberg, Gray, Haynes & Richardson, 1996; Newell & Gurney, 2000). This movement originated in medicine, which claims the power to define what constitutes evidence and the relative value of such evidence. In turn, the capacity to defend the epistemological foundations of nursing knowledge and to critique powerful systems that define knowledge depend on the quality of education.

**Mental Health Nursing Education**

It is important that mental health nurses develop a critical capacity with which to reflect upon and consider knowledge. Education of nurses must therefore prepare students to think critically, and from an informed basis, to analyse knowledge critically in terms of origins, sources of authority, relevance to the practice profession and quality of research. In order to think in these ways, education must focus on critical thinking, knowledge, and skills that promote understanding of quantitative and qualitative research methodologies (ways of creating knowledge). Consequently, all mental health nurses must have the capacity to undertake some of the following: accessing, critiquing, conducting and applying nursing research. It is the role of educators, supported by clinical colleagues, to ensure that such knowledge development takes place.

Educational programs must also address specific cross-cultural mental health issues. These issues include cultural differences pertaining to suicidal risk (as people’s readiness to talk about suicide varies between cultures), culturally appropriate interview techniques, working effectively with professional interpreters and cultural brokers, and negotiating referral within
mainstream and culture-specific agencies (Fry, 2000; McDonald & Steel, 1997). For example, in some cultures, it is unacceptable for male nurses to visit a female client in the family home, because it puts a woman under suspicion of sexual impropriety. Mental health workers must also ensure that the power present in the relationship between professional and client is negotiated with dignity, and that the client is treated as a human being worthy of respect and is not ‘exoticised’ as ‘culturally other’ (Carberry, 1998).

**Mental Health Nursing Practice**

While the recognition of psychopathology and appreciation of its significance is important, it is also important for nurses to value pluralism and diversity in practice and to pay tribute to the relational aspect of mental health nursing. Therefore, when providing services for people who have attempted suicide, in addition to conducting conventional psychosocial and mental status assessments, negotiating referrals and providing interventions (NSW Health Department, 1998), nurses may also take a narrative, hermeneutic view of people. In this discussion, I draw on findings from the present study to consider alternative ways in which the story of a person who has attempted suicide can be elicited and understood. I locate this brief discussion within cross-cultural contexts.

Each person’s story should be elicited with sensitivity and respect, while seeking understanding and insight into the person’s self-identity (private and public construals and representations of the self), and giving primacy to the meanings they attribute to events within their life story. It is important to locate people within their multiple contexts, including tradition, culture, family, society, and economic situation. The person’s perspective about how events unfolded in the lead-up to the suicide attempt, and the significant connections between events, should be ascertained. In addition, consideration needs to be given to the cultural significance of the person’s suicidal behaviour and repercussions within the family. The nurse should be alert to gaps, disruptions, contradictions and inconsistencies in the person’s story, suggesting incoherence in the narrative and the concomitant sense of self-identity.

In keeping with the human need for continuity, a longitudinal perspective should also be elicited. Several questions are suggested that could guide thinking about the person and their difficulties leading up to the suicide attempt: What are the continuities within their life? What
are the unifying themes? Are there any major disruptions in their life story? What are the stable things that they can rely on? What is enduring and positive?

Regarding the concept of connectedness, three areas of concern emerge: relationship with self, relationship with others and relationship with a higher being or spiritual dimension. Issues of importance include ascertaining how the person feels and thinks about herself: What is her emotional state and what emotionally loaded issues remain unresolved? What are her future aspirations? How does she see herself at some point in the future? Identify goal states. What are the nature and extent of significant relationships in childhood and the present? Does the person have a sense of the spiritual that helps to discern meaning?

Focus on the individual client, however, is not enough, as nurses need awareness of their own frames of reference, that is, the limits of their horizons of understanding. Practitioners must be able to reflect on their own ethnocentrism and prejudice and examine how these influence thinking and behaviour. Thus, the ability for critical reflexivity is essential in mental health nursing, where therapeutic relationships take precedence over other nursing activities.

In addition, nurses need to reflect on clinical experiences that reveal beliefs, reactions, emotions and behaviours regarding cultural practices deemed as 'other'. Behaviours in the context of one culture, may be at odds with customs and values in the broader Australian culture. The question arises as to what is normative and acceptable behaviour within specific cultural contexts? For example, what are the limits of the exercise of male power over female members of the family and how and when is this relevant to the mental health nurse? To what extent do mental health nurses impose ethnocentric value judgements about acceptable behaviour? Without such reflection, openness and awareness, it will not be possible to provide culturally competent care for people from other cultures. Thus, culturally sensitive and competent care is based on respect for people and the acquisition of knowledge specific to a culture which illuminates understanding of the norms and customs of that culture, including the way in which mental illness and emotional problems are conceptualised, recognised, and manifested. In addition, heterogeneity within cultural groups must be appreciated to avoid stereotyping.

Furthermore, nurses must be aware of how ethnocentricity embedded within institutions impacts on clients. Health care is provided within a social context, and structural elements,
such as health institutions and policies, must accommodate cultural groups actively if their health needs are to be addressed (Polaschek, 1998). After all, Western medicine and psychiatry have a legacy of supporting racist ideology (Burr & Chapman, 1998), such as the belief that black people had lower intelligence than white people. An astute appreciation of inequalities in society and of power differentials between minority and dominant groups is needed therefore. Purely culturally relativistic approaches to studying health issues are inadequate, because they ignore macro, socioeconomic and historic perspectives and racism. Medical power, poverty, gender, class, education, language and information barriers must also be considered as relevant to the total picture, as well as culture. A true understanding of the complexities of suicidal behaviour in young migrant people will emerge only through approaches that balance the micro with the macro, personal experience and attributed meanings, and relevant psychosocial perspectives.

**Narrative Therapies**

If attempted suicide is conceptualised as an existential and paradoxical statement of indefinite self-identity, a therapy is needed that helps people construct or interpret a definite self-identity. Narrative therapy offers one such therapy. I draw on the work of Morgan (2000) and White (1997) to explain this therapy.

Narrative therapy provides a way of understanding people’s identities. It seeks to be a respectful non-blaming approach to counselling in which people are seen as experts in their own lives. Techniques of ‘re-authoring’ or ‘restorying’ are used in collaborative conversations between therapist and client. Problems are externalised, that is, the problem is situated separately from the person’s identity. As such, the problem is seen as the problem as opposed to the person being the problem. The aim is to facilitate the person becoming the primary author of the story of their life (Morgan, 2000; White, 1997). Narrative therapy is thus a counselling approach which, in conjunction with specialised training and supervision, offers nurses a different way of working with troubled people.

**Directions for Future Research**

Several directions for future research emerge from the present study, particularly in light of the dearth of research on immigrants, especially women, and the lack of research conducted by mental health nurses. Suggested research projects are listed below.
• A study is needed to test the hypothesis that indefinite self-identity is different in people who attempt suicide compared with those (from similar backgrounds) who do not.

• Studies are needed to investigate the efficacy of narrative therapy (Morgan, 2000; White, 1997) with suicidal people.

• In keeping with the interpretive paradigm, future studies may investigate the meaning of suicidal behaviours within specific populations, such as young men from NESB, young people from rural Australia, selected cultural groups and Indigenous peoples.

• Studies are needed to investigate appropriate ways of helping migrant families adjust and acculturate, particularly regarding young people.

In addition, a number of questions that require further attention in the scholarly and research literature are listed:

• What are the acculturation experiences of mentally ill/disordered young migrants? How do these experiences inform mental health nursing?

• How is ethnocentricity embedded in nursing practice and health institutions?

• How do young people who have been abused acquire an authentic sense of self?

• What are the experiences in hospital emergency departments, or in-patient units, of people who attempt suicide? How do these experiences inform general/mental health nursing practice?

Limitations of the Present Study

Criticisms of life story research include accusations that the approach is too subjective, too descriptive, too arbitrary (Plummer, 1983, p.7), too individualistic, and therefore not theoretically useful (Minichiello et al. 1995). I reject all these ideas, as subjectivity
(intrapersonal) and inter-subjectivity (interpersonal) of experience are the essence of narrative hermeneutics, and the totality of life experience is sought and valued in rich descriptive stories of life. In addition, the influence of the researcher is addressed within the study, in light of the claim, arising from narrative hermeneutics, that human beings are by nature prejudiced (Gadamer, 1960/1989). Human beings are also, by nature, interpretive, that is, understanding arising out of our situatedness in tradition, history, time and language determines our horizon of understanding.

A possible limitation in the present study relates to the sampling method. The sample included young women from several cultural groups who were willing to share their stories. Thus, many cultural groups were not included and some young people refused to participate. The sample is, therefore, not homogenous, and consequently, transferability of the findings must be considered cautiously as the perspectives of those not included remain unknown.

**Final Reflection**

In the beginning, I did not understand the nature of philosophical hermeneutics. Since commencing this study, however, I have been embraced by unanticipated learning. I understand that to be a thinking person in the world and aware of my prejudices makes me more fully alive. In addition, I am more able, through a new horizon of understanding, to help others make sense of, and create meaning from, attempted suicide.
FINIS

I went down to the potter's house, and there he was, working at the wheel. And whenever the vessel he was making came out wrong, as happens with the clay handled by potters, he would start afresh and work it into another vessel, as potters do. ... (Jeremiah 18:3-5)
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ABS — see Australian Bureau of Statistics


CDHAC — see Commonwealth Department of Health and Aged Care

CDH&FS — see Commonwealth Department of Heath and Family Services


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NH&MRC — see National Health and Medical Research Council


NSW — see New South Wales


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UNDERSTANDING ATTEMPTED SUICIDE IN YOUNG WOMEN FROM NON-ENGLISH SPEAKING BACKGROUNDs: A HERMENEUTIC AND NARRATIVE STUDY

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Doctor of Philosophy
November 2002

UNIVERSITY OF WESTERN SYDNEY
PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
Candidate’s Declaration

I certify that this thesis has not already been submitted for any degree and is not being submitted as part of candidature for any other degree.

I also certify that this thesis has been written by me and any help received in preparing this thesis, and all sources used, have been acknowledged.

[Signature]

[Date: Nov 2002]
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Finally, I thank all the participants most warmly for sharing their life stories with me.
Dedication

This thesis is dedicated to my partner, Susan Wood.
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Abstract

The aim of this study was to attain understanding of attempted suicide in young women from non-English speaking backgrounds. The objectives were to construct meaning(s) of attempted suicide and elicit information about the wider sociocultural influences in the lives of participants. This interpretive study was guided by philosophical hermeneutics and narrative inquiry using life story methods. Eight young women, aged between 14 and 25 years of age, from non-English speaking backgrounds, five of whom were migrants to Australia, were recruited from a health service following presentation for ‘deliberate self-harm’. Accounts of suicide attempts were nested within life stories, assembled narratively during recursive interviews and transcribed into written texts. Thematic analysis was used to explicate from the text 30 sub-themes, five themes (being in a gap between cultures and creating space for themselves, being traumatised and diminished by abuse, surviving dangerous relationships, suffering psychic pain, expressing the self by attempting suicide), and a meta-theme (paradoxically asserting the indefinite self). Interpretation was predicated on the belief that life stories are statements about self-identity, and represent coming into being through the interaction of coherence, continuity and connectedness. Coherence is the ability to establish: connections between events, unifying themes, frames of reference and goal states. Continuity is a longitudinal and sequential perspective on life. Connectedness refers to intrapersonal, interpersonal and transpersonal relationships. The paradox is that being unable to overcome the uncertainties of incoherence, discontinuity and problematic connectedness, participants were predisposed to act against self as a means of asserting agency. Their struggle to reconcile uncertainties and objectification through forms of abuse produced an ontological disunity of self (an indefinite sense of self). Thus, self became objectified as a thing to be disposed of. This understanding of attempted suicide represents a hermeneutic narrative reconceptualisation of the phenomenon, which places it outside discourses that sanction the language of psychopathology. This reconceptualisation provides a basis for developing alternative nursing theory and informs education and practice.