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A Study of Young Adults who Attempted Suicide in Turkey

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This study was conducted with the aim of gaining an integrated and comprehensive psychosocial understanding of the behaviours of young adults, who were brought to the emergency service unit of a hospital after they had attempted suicide. Semi-structured interviews were used to gather data from 21 individuals. Most studies conducted earlier have attributed suicide attempts to problems encountered in relationships with the opposite sex. However, the findings of this study indicate that suicide attempts are largely a result of the individual's inability to face or cope with difficult situations and the ability to solve his/her problems.

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INTRODUCTION

The act of attempting or committing suicide transcends all population groups. It is a peculiar, individual and social act; a self-destructive behaviour terminating in death. Various biological/physiological and psycho-social factors play an important role in determining the attempt to commit suicide. Studies suggest that suicide is a global problem and it appears to be rapidly increasing among the younger population (Beautrais, 1998; Bille-Brahe, 2001; Goldsmith, Pellmar, Kleinman and Bunney, 2002).

The statistical data published by the State Institute of Statistics, Turkey, reveals the fact that the number of suicides has increased to a level requiring critical examination. However, in spite of the alarming figures, suicide is not considered to be a major problem yet (Sayýl, 1994; Sayýl, 2000; Eskin, 2003). The available data reported 2829 suicides in 2006 and the suicide rate is estimated to be 388 in a thousand. Very little preventive action has been taken by the Turkish government. So far, no national level

preventive programmes have been prepared. Barring the Ankara University Psychiatric Crisis Research and Practice Centre, no other institution has or is conducting suicide preventive studies at the primary level. There are, however, several studies undertaken at the secondary and tertiary level. These studies are largely disorganised and mainly conducted as psychological counselling and guidance units of educational institutions, psychiatry clinics, polyclinics and emergency services of hospitals (Alptekin, Duyan, and Uçan, 2008).

Various early historical writings, philosophical and religious contributions, and art forms have documented suicide as a basic human existential phenomenon. Existing sociological theories on suicide are largely influencedby Durkheim (1897). Durkheim's theory was based upon the evaluation of statistics of western European countries during the second half of the nineteenth century. He distinguished between four sub-types of suicide: fatalistic, altruistic, anomic and egoistic. Psychological models include psychodynamic, attachment, and cognitive-behavioural theories that are only partially substantiated by empirical research. The main theories are concerning aggression directed inward, rather than outward, the loss of a symbiotic relationship, and a severe personal insult resulting in severe loss of self-esteem (Bronisch, 2004).

Research studies conducted on suicidal behaviour have not produced any reliable data. Suicide has been conceptualised and studied as a problem related to depression for the last two decades. A majority of studies undertaken to understand the relationship between suicide and disease have also viewed suicide as an illness (Odað, 2002). In the light of the above, research studies could be framed within the parameters of social, cultural, personal and psychological parameters that seek to gain a better understanding of depression and chronic physical illnesses. In this context, poverty, political, and social chaos and violence, substance abuse, and the dynamics of family and professional life could be connected to the globally increasing suicide rates (Kleinman, 2003).

There is no doubt that the source of inspiration for the quantitative studies on suicide is the empirical mind set stemming from positivist philosophy. In such studies, it is common practice to examine socio-demographic variables, psychiatric illnesses and risk factors, as well as reporting on the type, incidence and prevalence of behaviour. However, the researchers have not adequately focussed on examining the interplay of the psychosocial dynamic forces underlying the development and complexity

of suicide such as loneliness, despair and deadlocks (Alptekin, 2008). Such an examination would provide more detailed and qualitative information on suicide.

METHODOLOGY

The purpose of this study was to arrive at an integrated and comprehensive understanding of suicide. The sample comprised 21 young adults, who were admitted to the Emergency Service of Ankara Numune Training and Research Hospital in Ankara, Turkey. The researchers examined the psychosocial factors leading to attempted suicide within a qualitative hermeneutic methodological framework.

Hermeneutics is one of the basic approaches in social sciences that seeks to understand the reasons for any action. It takes "content" and "context" into account, while employing "interpretation" in order to understand the "meaning" that resides in all human actions and interrelationships. Accordingly, human existence is determined by a network of meanings that surrounds people (Göka, 1993). The researcher interprets the tacit meanings while adding his/her own experiences to the text of this meaning, and reaches a "profound" view (Neuman, 2003). Hence, the hermeneutic approach is lodged within the broader framework of qualitative research (Neuman, 2003; Padgett, 1998).

Suicide Attempters

For this study, the suicide attempters (SA) were chosen by using "standard sampling" within the "intentional sampling techniques" suitable for qualitative research. Thus, inclusion/exclusion criteria were developed at the beginning of the study by choosing the subjects for the sample.

The selected inclusion criteria were:

1. The intervention for the SA should be completed.
2. This should be the first attempt of the SA.
3. The SA should be 18–35 years.
4. The SA should not have been previously diagnosed with 'schizophrenia or other psychotic disorders' which are listed in Axis I of the DSM-IV-TR (2000). He/she should also not be under the influence of 'substance abuse' or any situation caused by a general medical condition.
5. The SA should sign the informed consent form.

The exclusion criteria included the following:

1. The suicide attempt was a result of an accident.
2. The SA claimed that his/her act was not a suicide attempt.
3. The SA's cognitive and emotional condition is weakened and is unable to continue the interview (for example, not able to think clearly, is too exhausted, depressed or angry to talk, is in a constantly aggressive state, and so on).

Initially. twenty five individuals brought to the Hospital for attempted suicide between June 1, 2006 and July 18, 2006 were selected for the sample. Among these, four individuals refused to take part in the study. Therefore, the remaining 21 individuals (16 females and five males) comprised the study sample. The hospital staff psychiatrist was consulted for finalising the criteria for selecting the SAs.

The average age of the study sample was 23 years. Of these, 12 were single, 6 were married, 2 were divorced and 1 was a divorcee. While among these, 3 were still in school, 6 were primary school graduates and 7 were high school graduates. Except for one female SA, who lived with her friends, the rest lived with their families (12 in nuclear families, 4 in extended families and 4 in single-parent or fractured families). Among these, 12 were not actively employed. The remaining were employed in the private sector and included a sales clerk, secretary, salesperson, casual labourer, doorkeeper, and gas station attendant.

Finally, none of the SAs had any physical disabilities. However, six of the female SAs had received ambulatory psychiatric treatment and three SAs were still under medication. None of the participants were under the influence of any substance abuse. Only 3 male participants consumed alcohol. During the course of the previous year, seven female SAs had visited a physician for physiological complaints, while two (one male and one female) consulted a physician for psychological complaints. Lastly, 6 SAs had relatives with a history of suicide and 4 had family members who had attempted suicide in the past.

Data Collection Process

The study was carried out in conjunction with the first Psychiatric Clinic of the Ankara Numune Training and Research Hospital, which is an 'adjudicator hospital'. This hospital is one of the biggest and easily accessible general hospitals located centrally in Ankara, Turkey. Moreover, it is also

one of the hospitals to which suicide attempters are generally brought to for treatment and recovery.

Study procedures were patterned after, and followed the guidelines established by the basic operations of the Emergency Service.

Following procedures were thus applied to each SA:

- Every morning at 09:15 a.m., the attending physician and the researcher met in the Emergency Service section and together visited the Observation Room.
- The Emergency Internal Medicine Polyclinic physician and the attending nurses provided preliminary information on the condition of the patient on admission, his/her treatment, and other details including his/her medical chart and file to the concerned medical personnel. The physician and the researcher continue to wait in the Observation Room.
- The SA visited the attending physician in the Observation Room. During this visit, the physician conducted an interview with the SA to determine whether he/she could be included in the sample.
- Once the attending physician had certified that the SA could be included in the study, the researcher informed him/her about the aim and procedures of the study.
- The SA was then asked if he/she was willing to participate in the study. If the SA agreed to participate in the study agreed, he/she was asked to read and sign the 'informed consent form'.
- The participant SA was also asked to fill the 'Socio-demographic and Medical Information Form'.
- The method of interview and recording the information were determined in accordance with the participant SA's wishes.

The Interviews

The interviews with the SAs were carried out in the Emergency Service Observation Room at the time of discharge. The interviews were based on a structure that included directive approaches, within the framework of the 'Semi-Structured Interview Form'. Suitable measures were adopted by the researchers to maintain a flexible approach while engaging the respondents in a conversation for at least a minimum of 32 minutes. Care was also taken to keep the environment free of all distractions.

The discussion during the interviews were focussed on the themes/thoughts related to the period around the suicide attempts. Questions were asked in the order listed in the Interview Schedule so as to protect their content and to enable the comprehension of the SAs. Each word and response of the respondent was observed and noted. Careful and detailed observations were made of the behaviour, sincerity of expressions expressed and emoted, their intonation and gestures. If a question triggered any apparent nervousness or stress, the researcher would quickly skip to the next question. If the answers were vague, further probing questions were asked for clarification. Depending on the SAs' preference, 15 of the interviews were recorded, and notes were made on paper for the remaining six.

Analysis

The content analysis of the interviews revealed the central and related themes leading to the suicide attempt. As per Creswell's (2003) guidelines, the data was analysed in 6 phases. During the first phase extensive literature review was undertaken with a view to understanding the structural features and meaningful elements of the phenomenon of suicide attempts. The base information from each interview was collated to fit in with the aim and the conceptual framework developed for the study. The incidence of the attempted suicide was studied in three parts for a better functional understanding:

- Pre-attempt (the period before the suicide was attempted and the developmental process).
- The attempt.
- Post-attempt.

During the second stage the Case Process and Evaluation Form for each individual was filled out. These were based on the daily interviews and each suicide attempt was studied as a separate unit. The chapters of the report comprised the following: (a) The base information: Socio-demographic and medical data, (b) Aim of the study, (c) Process of the study, (d) Case brief and (e) Evaluation and Conclusion.

In the third stage, interviews were transcribed and the data were coded with respect to the general categories and themes previously determined. Special care was taken to ensure that all interview notes were reorganised and all audio recordings transcribed verbatim within a month of the interviews.

In the fourth stage, the data were gathered into one frame for defragmentation and qualitative analysis. Further sub themes were created

and those not compatible with the categories listed in the pre-attempt period were relocated to other periods. The conceptual frame developed for the study is presented in Table1.

In the fifth stage supported by the SAs' expressions the contents of the themes and subthemes were explained.

In the sixth stage specific aspects of the suicide attempt and the factors responsible for the individual attempting suicide were evaluated.

TABLE 1 : Thematic Frame

Category	*Theme*	*Sub theme*
Life prior to suicide attempt	Perceived personality traits	Personality traits with positive elements Personality traits with negative elements Personality traits including both positive and negative elements
	Family life	Characteristic of family relations Attitude of parents Troubled member of the family Extensive marriage problems
	Relations with social circle	Opportunity to have friends Relations with the opposite sex Preventive and saviour role of friends
	School life	Absenteeism at school Position of being a troubled student Attitude of school administrators
	Work life	Stressful work environment Difficulty in balancing different areas of life
	Coping with and solving problems	Insufficient sources of support Palliative measures to solve problems Existence of children if married
	Emotional state	Anger Anxiety Hopelessness Shame and guilt
	Mentioning suicide attempt	Direct mention of suicide attempt Indirect mention of suicide attempt No mention of suicide attempt

Category	*Theme*	*Sub theme*
Life prior to suicide attempt	Triggering factors	Quarrel Being abandoned Revealing a secret relationship Failing the class
	Thoughts of suicide	Had thoughts of suicide 5 minutes before the attempt Had thoughts of suicide 1-3hours before the attempt Had thoughts of suicide more than 3 hours before the attempt Thinking of life and death together
	Purpose of suicide attempt	Problem solving Punishing Easing mental pain/burden Expressing hurt feelings
	Planning suicide attempt	Took action after making a plan Took action without making a plan
	Time and place of suicide attempt	Own house In a relative's house In a place outside the house
	Choice of the method and its rating in terms of fatality	Had knowledge about the method Was able to estimate the fatality of the method Had no knowledge about the method
	Seeking help to survive	Active help seeking Passive help seeking Active and passive help seeking
	Reactions to having attempted suicide	Felt regret Had no regret Had complicated thoughts and feelings
	Reaction of the family and environment	Protective and supportive attitude Repudiative attitude

Ethical Considerations

The approval for the research study was taken from the Ethics Committee. Informed written consent for participation in the study was taken from all the SAs. The SAs were free to refuse or quit an interview at any time. They were also not obliged to answer all the questions. The SAs were also assured of strict confidentiality and privacy. The researchers also ensured that a female physician was present as an observer.

FINDINGS

The findings are derived from the analysis of the discussions of the period before and after the attempted suicide. Information was gathered from the participants in the following manner: six months before the attempted suicide, the duration of six hours before the attempted suicide and two hours after the attempt.

I. SAs' Lives Before the Suicide Attempt

Perceived Personality Traits: Almost half of the SAs defined themselves as positive individuals. The statements made by them included adjectives and phrases like "well-intentioned", "benevolent", "cheerful-merry", "lively", "hardworking" and "competent." Nevertheless, a few other SAs indicated that they exhibited some negative personality traits which eluded to suicidal behaviour. They used terminology like "inability to control myself", "introversive", "self-destructive", "nervousness", "shyness", "contradiction-mental alienation", "sentimentality", and "being useless". In addition, some SAs indicated that they had both positive and negative personality traits.

Family Life: All the SAs narrated their life-stories and the unfolding of events that lead to the suicide attempts. Barring four participants, all the remaining SAs indicated problems in interaction with family members. They expressed in detail the characteristics of family relationships, attitudes of parents towards them, the perception of family members towards them and also how family members have been the source of discontent in their marriages and personal lives.

An interesting aspect that came up in this study is the nature of family dynamics experienced varied according to the type of family one belonged to. SAs living in nuclear families had tense and confrontational relationships with their spouses and/or parents. Four SAs, who lived in extended/joint families, experienced distinctive hierarchy related problems

that jeopardised relationships. While, extended families are generally protective and supportive, they can also be very restrictive as family members exert undue pressure to conform to behaviour that limits freedom of expression and movement.

Additionally, four SAs lived in fractured families, considered to be a risk factor for those contemplating suicide (Retterstol, 1993; Odað, 2002; Haley, 2004). These families are characterized by degeneration in the family order due to the absence of a spouse or parent. The absence of the person who may have played a pivotal role in providing stability to the family has led to lack of cohesiveness and bonding among individual members. In such families, a simple problem could lead to a major crisis.

SAs between the ages of 18–22 years revealed that they were disturbed by their parents' over-indulgence or indifference, restrictive or authoritarian behaviour, discrimination among siblings, and verbal assaults. The SAs, who were disturbed by their parents' negative attitudes, were observed as being distant and aloof with their fathers and confrontational and contentious with their mothers. Some SAs were considered to be the most problematic persons in the family and were often scapegoated. Very often, family members withdrew all emotional support and strict control was exercised over the movements and activities of these individuals. This led to further alienation of the SAs from their families.

Furthermore, most SAs had relatively more constructive, sincere, and stronger relationships with their siblings than with their parents. The SAs bonded better with their siblings; this aspect of togetherness was manifested during family quarrels or periods of crisis and transition. Dependence on, and affiliation among siblings were an impressive finding of this study. For this reason, positive relationships with siblings could be evaluated as a factor to prevent suicide within the context of this study.

Finally, four of the six married SAs faced verbal abuse. The narratives also revealed that lack of interest, trust and happiness between the spouses contributed to marital problems. Rather than attempting to resolve their problems among themselves first, the SAs sought the intervention of family members. Sometimes, the SAs used their children as pawns to prove a point or get even with each other. This led to further escalation of problems.

Relationships with Social and Peer Environment

The nature of relationships maintained by the participants can be categorised into two types — advantageous (first group) and disadvantageous

(second group). These groups emerged on the basis of personality traits, parental attitudes and the status of the SA within the family (daughter or wife, unemployed member of the family and so on). The SAs in the first group expressed loneliness while those in the second group experienced disempowerment and disorganised network of relationships.

During the interviews, a majority of SAs emphasised "relationships with the opposite sex" as the precipitating factor in attempting suicide. Of the 12 single SAs, 8 were involved in romantic relationships. The SAs communicated that they found it difficult to keep their relationships and feelings under control. A 18 year old high school male graduate SA stated that he experienced many hurdles in his relationships.

Failed relationships with the opposite sex was emotionally taxing as the SAs were unable to share their feelings of pain and dejection with friends or family members. Helpless in the face of disappointment, anger and despair, the SAs were drawn into an emotional crisis and further loneliness.

The SAs with a strong network of peers found emotional support in sincere and concerned friends. Here, the friends played two distinct roles. Before the suicide was attempted, the friends played the role of "protectors" and after the attempt as "saviours". Although the friends could not prevent the attempt to commit suicide, they were seen as instrumental in imparting correct advise and offering moral support.

After the suicide attempt, some of the SAs sought help from friends, rather than their families. In some cases, the friends immediately came to their rescue. The role of the "saviour" was essayed by good friends in preserving the lives of these SAs.

School Life: "Absenteeism", "being a troubled student", and "attitude of school administration" were significant areas of discontent expressed by SAs in school life. Familial problems resulted in poor attendance for some SAs. A few had trouble adapting to school life and were considered as "troubled students". Some SAs opined that school administrators were unable to recognise symptoms of emotional distress and crisis situations. On the contrary, instead of providing the already disturbed SAs with emotional and moral support, the school administrators were antagonistic and reproachful.

Work Life: Employed SAs were under additional stress as they had to deal with work pressure, leaving little time for family and romantic relationships. Trying to establish a balance between work and relationships put the SAs under severe strain leading to a complete emotional breakdown.

Resolving Problems: Encountering various problems, limited coping strategies, weak network of friends and support systems left the SAs vulnerable to attempting suicide. Their loneliness was further compounded with strained relationships with family members and practically non-existent relationships with neighbours.

Most of the SAs preferred to solve their problems by procrastinating or isolating themselves from the environment. Many adopted temporary coping measures such as returning home late from work, not answering phones, ending friendships suddenly, focussing on a different subject, leaving home for a while during troubled times, hoping "that time will heal it all", remaining passive, or having a second baby. The researchers observed that married SAs attempted to resolve marital problems by opting for more children. Interviews revealed that this was a strong motivating factor towards preserving their marriage and fighting for survival. On the basis of this information, this research strongly recommends further study into the area of "having children" as a preventive measure for attempting suicide.

Emotional State: Chronic problems and accumulation of negative experiences were the predominant factors leading to depression. Feelings of anger, agitation, hopelessness, shame and guilt were experienced intensely by the SAs.

The researchers also observed that the past experiences further stimulated and escalated their predominant emotion of suppressed anger to precipitating the suicide attempt .

Some of the SAs were nervous. The nervousness stemmed from the problems generally related to relationships with their spouses, parents or partners. As observed in all suicide studies, hopelessness was one of the most frequently experienced feelings articulated in this study. Cognitive beliefs such as failure to resolve problems alone, inability to foresee a bright future or a way out, losing trust in people and perceiving self as a "loser", led to feelings of hopelessness. Besides, some of the SAs were subjected to feelings of "shame", stemming from "being humiliated", "suffering from affront" and "being condemned" while undergoing personal feelings of guilt as they "held themselves responsible".

Disclosing the Intention to Commit Suicide: Twelve of the SAs had not disclosed their intention of attempting suicide to anyone. The others who stated their intention, did it directly or indirectly. Those who did declare their intention to commit suicide directly also implied that they wanted to take precautionary measures and were hesitant to take the drastic step.

II. The Lives of the SAs during the Period of the Suicide Attempt

Triggering Factors: Data gathered from the interviews helped determine the triggering factors for attempting suicide. Except for two individuals, all the other SAs stated that "quarreling", "being abandoned", "exposure of a clandestine relationship" and "failing the class", were the predominant triggering factors.

Thoughts of Suicide: The researchers also found that that thoughts of suicide differed in terms of frequency, intensity and duration. Analysis of the statements made by the SAs showed that thoughts of suicide occurred in the period between the onset of the triggering factor and the moment of attempt. The duration of the period was usually less than three hours. Some of the SAs had also seriously contemplated suicide earlier. It was observed that they were caught at the crossroads of the desire to survive and the wish to die. A study conducted earlier had established that the period between individual's thought of suicide and moment of suicide attempt is less than five minutes. Based on this finding, only three attempts in this study could be termed as typical impulsive behaviour. Four of the five SAs, who had thoughts of suicide in the past, have had ambulatory psychiatric treatment. This finding shows that if a psychiatric disorder is not treated effectively, thoughts of suicide can recur.

Motivation for Attempting Suicide: The researchers also found that the inability to deal with problems drove the SAs to choose death over life. Suicide seemed to be the only solution available to them.

Some of the SAs attributed their source of discontent to other individuals, while some acknowledged the problem was within them. In both cases, the SAs wanted to punish themselves and the other concerned people.

Planning the Suicide Attempt: While six of the SAs stated that they had planned the suicide attempt in advance, 11 of them had not done any planning. Due to the contradictory information provided by the remaining four SAs, the researchers were unable to understand their thought patterns. Data from the interviews also revealed that advanced planning included collecting the requisite medicines, scouting the location of various individuals living in the house, arranging a room in a hotel and also waiting for all members and residents of the house to fall asleep. It was also noted that the the SAs attempted suicide when suicidal ideations were at their peak.

The Time and Place of the Suicide Attempt: Most of the attempts took place in the SAs' houses when at least one of the household members was

in the vicinity or was about to get home (between 18:00-20:00 hours). The preference for choosing the home as the venue for suicide suggests that the SAs must have considered the possibility of being rescued, by design and not by coincidence. Very few of SAs who attempted suicide chose places like the "boiler room (heating plant)" or a "hotel room". This data indicates lack of intention and commitment to end life.

Choice of the Method Employed and its Rating in Terms of Fatality: All SAs chose to "overdose" on medication. One female and two males cut their wrists slightly, one female left the gas valve open and two males drank excessive amounts of beer. These six SAs also had felt the need to inform people around them that they were in a difficult situation and needed help. They also expressed the wish to be considered more seriously by the people around them.

On the basis of the methods employed, the SAs could be categorised into three groups. The first group included the SAs who consumed an overdose of medicines and were knowledgeable about their effects. The second group took an overdose of medicines on the basis of estimated knowledge. The third group included those who had no knowledge about the medicine or the amount to be taken.

III. The SAs' Lives after the Suicide Attempt

Seeking Help to Survive: Except for three SAs, all the others sought help immediately after the suicide attempt. More than half of the SAs either sent text messages to family members and friends to "say goodbye" or called someone shortly after the attempt or quickly went to the emergency service by themselves. Some SAs sought the attention and help from family members indirectly by making veiled threats of imminent danger or the possibility of an untoward event/accident that was about to take place. Care was also taken by the SAs to attempt suicide in a visible place. Alternatively, empty medicine boxes were intentionally thrown around to ensure detection.

Responses of the SAs: The researchers observed that most of the SAs regretted the suicide attempt. These SAs considered their actions irresponsible. Some of the SAs had no regrets and implied that they would try it again. Another group of SAs, who were obviously very distraught after the event, were unable to comprehend what they had done. These SAs felt hopeless and were observed to have confused feelings and ideas.

Reaction of the Family and Environment: One or two family members of the SAs were aware of the suicide attempt as the incident had taken place

at home. The family member, who made the initial contact with the SAs was initially frightened and nervous. However, after the initial anxiety, the family member was protective and supportive towards the SA.

Some SAs disclosed that they did not receive much support or empathy from family members. On the contrary, they were exposed to harsh verbal abuse and insults. This harsh attitude from family members only resulted in further aggravating their despair and prolonging the SAs' existing feelings of helplessness, fear and nervousness.

DISCUSSION

This study tried to understand why individuals attempted suicide as a solution to end all problems. The researchers found that a combination of various factors played a role in the final decision.

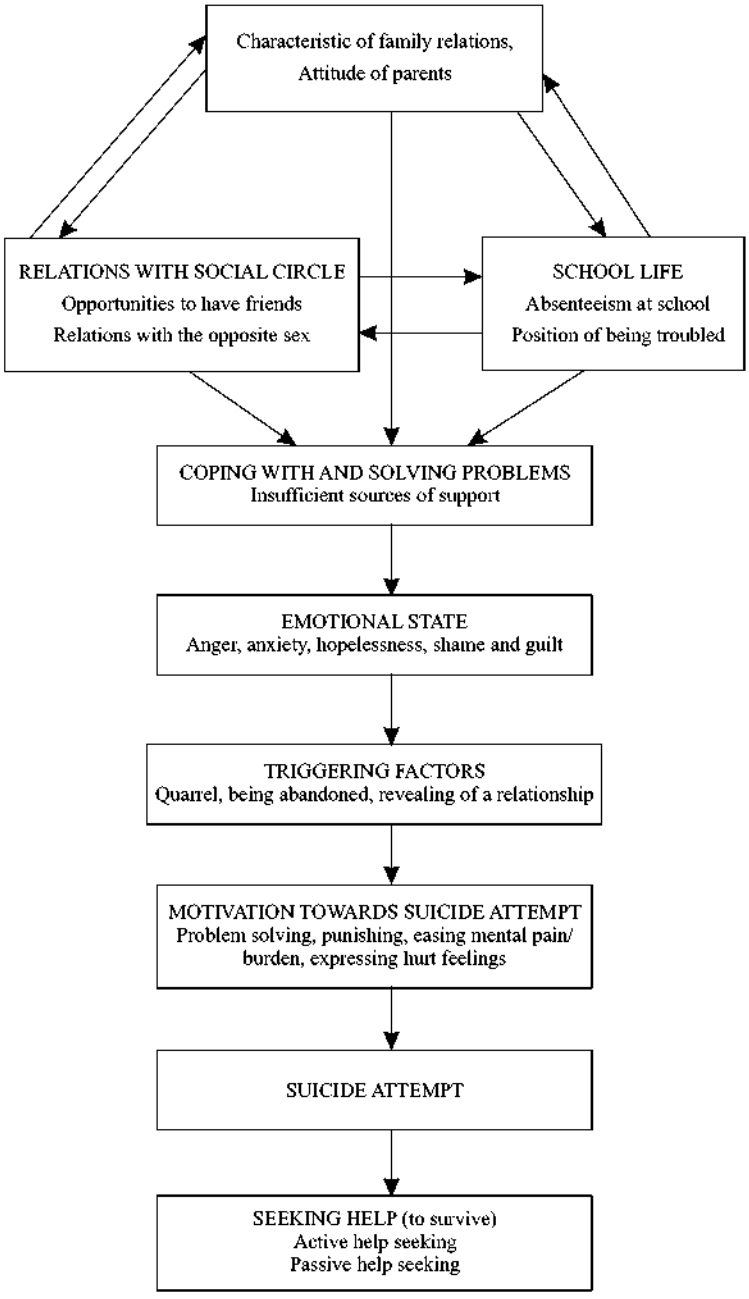
Suicide attempts can be understood within their own psychosocial contexts and provide a framework for understanding the formation/development process. Given these common points, the researchers developed a formation/development framework for suicide attempts (Figure 1).

The SAs generally lack social support and have poor problem solving and coping skills. They also experience interpersonal relationship problems as manifested in their interactions with friends, family members or school administration. Unresolved problems give rise to feelings of anger, anxiety, hopelessness, shame, and guilt leading to depression. In the face of such feelings, the SAs are thrown into a vortex of helplessness and unbearable mental agony, which eventually triggers the decision to attempt suicide.

Although the arrows located in the framework show the interaction and flow direction of factors triggering the attempts, they usually overlap and proceed in a cyclical way. When the framework is examined, "interpersonal relations" come to the fore as the major determinant factor in the SAs' tendency towards attempting suicide.

"Relations with the opposite sex" is located at the centre of interpersonal relations. Erickson's Psychosocial Development Theory places the developmental stage (young adulthood) at the centre of interpersonal relations. When developmental functions are not fulfilled as stated in Erickson's theory, young adults experience isolation and also wish to be alone. Feelings of isolation is a potential risk factor for suicide behaviour (Haley, 2004). Findings show that imbalanced and unhealthy relations with the opposite sex can lead to feelings of isolation.

FIGURE 1: Family Life



Data gathered for this study has revealed that most of the SAs have weak social support. Interpersonal relationships with relatives is very poor and practically non-existent with neighbours . Strained relationships lead to inadequacy and low self-worth and detrimental to resolution of problems. Hence, SAs are unable to find effective/permanent solutions to their problems. In fact, establishing relations with the people in the immediate vicinity is very important to gain social support and enlarge social network. As Haley (2004) points out, enlargement of social network increases the possibility of preventing suicide behaviour.

Another interesting finding in the study is the emotional state of the SAs. Their emotional state reflected the nature of problems experienced by them. Many of them had been through long periods of low mood and depression. An important point to be highlighted here is that a continuous negative emotional state, is a significant factor during and after the suicide attempt.

Harrera, Dahlblom, Dahlgren and Kullgren (2006) determined the emotional state as an important factor in the SAs' inclination to attempt suicide. They categorised these feelings into seven groups — shame, guilt, feeling of being on the edge, being refused, lack of relatives, transformed love and lack of confidence. Gair and Camilleri (2000), in another study, determined that the SAs experienced feelings of hopelessness, exhaustion, guilt, depression and being lost . The most frequent feelings expressed in this study were anger, anxiety, hopelessness, low self-esteem, shame and guilt respectively.

Various studies have shown that when individuals undergo a crisis, any one factor may trigger the attempt to commit suicide. Ertemir and Ertemir (2003), in their study on the characteristics of youth's suicide attempts, determined that a trigger factor had an influence on 26 cases out of 31. In this study, the primary triggering factors were quarrels with significant others (65.38%) and quarrels with parents (30.76%). Özgüven, Soykan and Haran (2003) determined that the most frequent trigger factor in the cases of suicide attempts are "quarrels." The results of this study also corroborate data available in existing literature. More than half the suicide attempts were triggered after a quarrel with either parents or partners.

Odag (2002), stated that all suicide attempts have a single purpose of ending life. Although suicide attempts seem to be about self-harming and destroying one's own life, they also have corollary effects on expansive,

complicated and numerous factor networks, which surround them. Other studies have also supported Odað's views. For example, Harrera and others (2006) determined that female SAs attempt suicide not only to bring an end to their own lives but also to solve or escape from their problems. Suicide is seen as a solution to all problems when SAs are unable to cope with difficulties in school or work place and health, inadequacy in communication and social integration, inability to achieve goals in life, and so on. Wyder's study (2004) focussed on causes and events triggering suicide attempts. The reasons include: 1) inability to cope with a problem or stressor, 2) inability to deal with rejection or refusal, 3) as a means to putting an end to mental agony, 4) mental illness, 5) under the influence of alcohol or other substances.

The findings of this study also highlighted "solving a problem", "punishment" or "easing mental agony" as reasons for attempting suicide. Their actions can be evaluated as: a) need to demonstrate their helplessness in finding a way out of their problems/social environment in a radical and striking way or b) need to express uncontrollable/unbearable feelings of anger and anxiety with a risky action.

The study has also focussed on the efforts of the SAs to "seek help to survive" after the suicide attempt. Gülec and Aksaray's (2006) study showed that half of the SAs (32 cases out of 63, 50.8%) sought help after their attempts. Seeking help after the attempt can be seen as an indication of SAs not being completely disconnected from life and a declaration of their willingness to communicate.

Findings from this study also suggest that having a dependable friend, solidarity among siblings and existence of children below the age of three could be considered as preventive factors. Gair and Camilleri (2000) proposed that friends play an important role in preventing suicides. Quin, Agerbo, Westergard-Nielsen, Eriksson and Mortersen (2000) added that being parents of children of the age of two years and below decreases the risk of attempting suicide. It is important to keep these aspects in mind to prevent suicides.

IMPLICATIONS FOR INTERVENTION

This research study focussed solely on interviews of SAs brought to the emergency services for medical aid. Although, the researchers did not conduct the interviews for the purpose of counselling or treatment, it was found that the interaction had a positive impact on the SAs. These interviews were conducted in a non-threatening, empathetic, supportive,

trusting and respectful atmosphere. Observations were made on the importance of the psycho-social dimension in treatment, once the medical conditions were taken care of. It is important to thoroughly understand the psycho-social dimensions of each individual case, before initiating any form of psychotherapy.

Emphasis should be on the inclusion of family members in the treatment plan. Special care should be taken of SAs who are not in a position of controlling or wielding power in the family hierarchy. These include housewives, daughters and unemployed individuals.

Suicide prevention programmes in Turkey are limited to interventions at the secondary and tertiary level. However, it is clear that interventions based on secondary and tertiary studies, cannot prevent or reduce suicide behaviour. The problem should be addressed at the community level. In this respect the findings of the research show that difficulties experienced at school including continuity of education, failure or repeating the same class, listening to verbal insults from teachers and managers, and inability to fit within the class environment can have severe psychological repercussions on the mental health of individuals, thus pushing them towards contemplating suicide. In such a scenario, more school-based studies focussing on young people should be conducted for preventing or reducing suicidal behaviour at the primary level.

LIMITATIONS

1. Since the sample of the study has been established according to the inclusion/exclusion criteria, the findings are valid only for the sample group.
2. There are various biological, psychiatric and psychosocial dimensions to attempted suicide. This study focussed on the psychosocial rather than the biological and psychiatric context of suicide behaviour.
3. This study is limited to the time determined for "suicide attempt periods."
4. During the course of this study, the researchers realised that it was impossible to conduct more than one interview with the sample group. Therefore, data is restricted to information gathered from single interviews with the subjects in the Emergency Service Observation Room.

Limitations in this study bring forward the need for new qualitative studies on this subject. In future studies, a more homogeneous (for instance, single unemployed women between the ages 18–24) and a smaller

sample should be studied with in-depth interviews. Moreover, every opportunity should be seized to carry out more than one interview with the subject. These studies should also focus on the social sources of stress/burden that people face in their daily life. The relationship between suicide attempts and the socio-cultural structure/reality should be evaluated simultaneously. This will pave the way for understanding how living in difficult circumstances merge with private/subjective realities at the individual and societal level, and trigger suicidal behaviour (Alptekin and others 2006).

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