

NEW START: THE LIFE EXPERIENCES OF RECOVERING SUICIDAL ADOLESCENTS

Hui-ping Han, RN, MSN, PhD Candidate

Instructor, School of Nursing, National Taipei University of Nursing and Health Sciences, Taiwan (ROC)

Cheng-hui Chou, RN, MSN, PhD

Assistant Professor, School of Nursing, National Taipei University of Nursing and Health Sciences, Taiwan (ROC)

I-Chao Liu, MD. DSc.

Attending Physician, Department of Psychiatry ,
Cardinal Tien Hospital, Taiwan (ROC)

Jiin-Ru Rong, RN, MSN, PhD

Associate Professor, School of Nursing, National Taipei University of Nursing and Health Sciences, Taiwan (ROC)

Shujen Shiau, RN, MPH, PhD

Professor President, Cardinal Tien College of Healthcare & Management, Taiwan (ROC)

Abstract

Background: Suicide is a serious global health problem and the second leading cause of death for adolescents in Taiwan. Previous studies have typically explored the causes of suicide; however, scant research has considered suicide recovery contexts, leading to the inability to developing effective suicide prevention strategies. **Aim:** Exploring the life experiences of adolescents during their suicide recovery processes. **Method:** A descriptive phenomenology research design was employed. The participants comprised 6 outpatient young adult who possessed histories of suicide and recovering from attempted suicide. Semi-structured, one-on-one in-depth interviews were conducted and Colaizzi's (1978) methods were used for data analysis. **Results:** The main identified dimension was "new start" which comprised the following five major themes: conversion of suicidal thoughts, awareness of change, loving attachments, the emotional regulation, and the future prospects. **Conclusion:** Although adolescents are a high-risk population for suicide, they demonstrate recovery power. The results of this study should provide a reference for professional personnel to assist teenagers in

recognizing and using internal and external resources, discovering the value of life and hopes for the future, and reducing the risk of suicide.

Keywords: Suicide attempts, adolescent, life experiences, recovery

Introduction

Adolescent suicide is a significant worldwide public health problem. Suicide is the second leading cause of death among 15–24-year-old people in Taiwan (Department of Health ROC ,2011). The aftermath of adolescent suicide spreads from the person who attempted suicide to families, peers, and communities. Bostik & Everall (2007) had proposed that the previous studies had overly focused on investigate the risk factors of adolescent suicides, and limited understanding about life experiences of individuals who overcoming suicidal tendencies. This is important to be addressed as consideration turn to adolescent's perspectives when developing effective suicide prevention strategies (Crouch & Wright, 2004; Cutcliffe, Joyce, & Cummins, 2004).

The meaning of suicidal recovery is an suicidal individual stopping or detached from suicidal behaviors (Bergmans, Langley, Links, & Lavery, 2009; Kool, van Meijel, & Bosman, 2009). The furthering of this process of recovery, through senses of belonging and self-understanding, can lead to the individuals' discovery of life's meanings (Bostik & Everall, 2007). Zayas, et al. (2010) had found that attachments played important roles in adolescents overcoming suicide; these attachment targets can include parents, peers, mentors, psychiatrists, or spirituality, the experience of attachment can include a sense of acceptance, motivation, and intimacy. Everall, Altrows, & Paulson (2006) indicated that the recovery process of suicide in adolescents was multifaceted and dynamic, the process include rebuilding interpersonal relationships, being aware of and expressing emotions, exhibiting self-control and goal-oriented actions, discovering the meaning of life and envisioning a prospective future. The latest two elements are the most important factors in suicide recovery. Very few researches investigated the life experiences of recovering suicidal adolescents in Taiwan. Therefore this study was aimed to explore this important issue.

Methods

Descriptive phenomenology was developed from the philosophies of Husserl. In Husserl's philosophy, the conversation with participants with particular experiences, researchers can explore and understand the meaning and the nature of their experiences. The objectivity and neutral dispositions of the researchers were maintained by keeping a reflective journal and a four step process that included bracketing, intuiting, analyzing, and describing (Polit, 2008). The researchers who be likely to seek resemblances in human

experiences, look for universals essentials, and eventually aim at finding solutions may be more suited to a descriptive approach(Polit, 2008; Wojnar & Swanson, 2007).

Sampling and ethical consideration

The participants were selected by purposive sampling, and were referred by the psychiatric outpatient physicians. In considering that the interviews can elicit emotional responses from the adolescent participants, whose cognitive development and emotional states are not yet fully mature and stable. Sampling criteria were aged at least 18; suicide attempts occurred at the age of 15 to 24 plus the latest attempt conducted within 5 years, and still have suicidal ideation but no suicide attempt in the past 12 months. Adolescents with the diagnosis of schizophrenia, substance abuse, or mental retardation were excluded. This study was approved by ethics committee of the Institutional Review Board of the Cardinal Tien Hospital in Taipei. The first author was explaining about this study by orally and in writing. The participants required to sign a form of consent for volunteered.

Data collection

The all interviews were conducted by the first author with a semi-structured interview guide. The researcher guides the participants to recall their memories overcoming suicides. The proactive listening was used by the researcher assisting the participants describing their subjective experience in-depth. Each participant was interviewed once for 1-1.5 hours. The interviews were recorded with digital audio recording devices and written notes. The interview guide questions such as

“Could you please describe your thoughts and feelings during your last suicide attempt?”, “Could you please talk about what would you do when you have suicidal ideas?”

The rigor of this study was performed according to the reliability and validity of qualitative research recommended by Lincoln & Guba (1985). Credibility was established by the preliminary research results were provided to the participants. The participants were asked to validate the analytical interpretations, and to confirm that the different categories were accurately and truthfully represented. Peer review of the themes and sub-themes through discussions with the study correspondence was also done. Dependability was the data collection was established solely by the first author to avoid bias caused by different data collector and in ensuring the stability and consistency of the results. Conformability was the researcher maintained a neutral attitude during the interview, and had no pretence to the interview content. The constant reflection was kept through the research process.

Results

There was a total of six young adults participated in this study, four females and two males, aged twenty to twenty three. Their education backgrounds were from high school dropouts to bachelor degrees. Their last suicide attempt occurred at the ages of 15 to 21. Two male participants had more than one suicide attempts (Table1).

Table 1 Basic data of participants

Participants	Gender	Age (Last suicid age)	Education	Method of suicide
A	F	22(20)	university	Overdose Of drug
B	M	22(19)	High school dropouts	jumping
C	F	21(17)	university	wrist cutting
D	F	20(16)	university	Overdose Of drug
E	M	22(20)	High school dropouts	charcoal-burning
F	F	22(18)	university	wrist cutting

Data analysis

The data were analyzed by the Colaizzi (1978) method. It consists of the following seven steps.

1. Reading and rereading all the transcript to acquire a feeling of participants' experience for theme.
2. Extracting significant statements that pertain directly to the life of experience of adolescents who recovery from suicide attempt.
3. Spell out the meaning of each significant statement for formulates meanings.
4. Organize the formulated meanings into clusters of themes and back to the transcripts to validation.
5. Integrate results into on exhaustive description of the lived experiences of the participants.
6. Formulate an exhaustive description of the lived experiences of the participants in as undisputable a statement of identification as possible.
7. Validating the findings by returning to some participants to ask how it compares with their experiences.

Results

The results emerged five major themes: conversion of suicidal thoughts, awareness of change, loving attachments, the emotional regulation, and the future prospects. The five themes and their corresponding sub-themes are described as the following.

Conversion of suicidal thoughts

After the commitment of suicide, the participants realize that suicide cannot resolve their problems. They treat the suicide attempt as a chance to be reborn. The religious belief on the value of life, a positive conversation with self or touched by other people's life experiences all contribute important influences on their actions, and changed their suicidal thoughts. There were four sub-themes which include non-benefits of suicide, *spiritual inspiring*, and touched to reflect.

Non-benefits of suicide

The participants realized that suicide cannot achieve their perceived purpose or change, and there is no one benefits from it. The participants originally anticipated that suicide would resolve problems they encountered. After the suicide attempt, they realized that their problems, such as conflicts between parents, still existed. This understanding made the participants realized that suicide cannot solve anything.

I feel that after my suicide, nothing really changed. No one in my family would gain happiness after I had taken my own life. (Participant A)

Spiritual inspiring

The participants recalled the emotional and physical suffering of suicide. They believe that the failed suicide attempt is a chance given from God to start over. They felt if they had died and born again. Sometime the participant's religious belief had molded his/her attitude towards life, where one is to treasure life and should not easily take their own lives.

It felt like if God was giving me another change to live for myself, and not to live for others! ... It's because I had taken the pills, the alcohol, and the insulin and I did not succeed. I think God is testing me, and decides to let me continue, only to go through this death experience... (Participant A)

Touched to reflect

The participants were touched by other individuals' life dilemmas or wills to survive. They had the ideas to value their lives and reflect on their situation not worth then the others.

I remembered profoundly that once I saw a six years old little girl in the hospital. She was undergoing rehabilitation. She was supported by all these frame. She is so fragile and yet full of the courage to live, I don't want to live despite the fact that I am healthy. This thought makes me feel very sorry for myself! (Participant C)

Because my friend had always visited the orphanage. I cried the first time that I was there because these children truly did not have any parent. And they lived in a condition similar to a concentration camp. After I saw them, I don't think that is the life nor is the environment that I want to be living in. And I cried. I felt that I am really luck, and I should stay living on! (Participant F)

Awareness of change

The participants realized that they cannot change others but themselves. They put themselves into actions changing themselves despite the frustration and struggles. Some of these changes include self-exploration through reading, or re-examining their thoughts and behaviours, by interacting with mentors or good friends. Two sub-themes were identified as follows:

Be myself

After their suicide attempts, the participants realized that they need to put efforts into making changes. This new outlook changed their old modes of interactions with others. The participants re-defined their relationships with their parents. They become more courageous in expressing themselves and presenting their true nature.

I had thought about it afterward. If they (parents) cannot change, then it is more important to change myself....the only thing that I can do is (pause) to change myself. (Participant A)

Now that I don't want to hear, see, or think about those expectations (from mother) . Just pretend that you didn't hear it! (Participant C)

No choice and struggle

The participants had decided to change themselves, but felt struggling. Or the participants had started to change involuntarily.

It is very difficult! Because, the family had always been the focus of life, if you want to suddenly change your focus. It takes time, getting used to a life that is not focused on your family, but at the same time, I felt less stressed and better emotionally! (Participant C)

Loving attachments

After the attempted suicide, the participants received help from external support systems or other resources in aiding them out of their predicaments. The sub-themes in this category include mentorship's support, bound by loved ones, pet companions, and protective environment.

Mentorship's support

The participants received help by psychiatric professors or friends, which inspired them to rethink the new possibilities of their lives. This mentorship supported the participants when they were feeling down, and also let them feel loved.

Maybe because I am under long-term therapy (psychiatric), mainly when talking to the psychiatrist, he would ask me if I have anything that I did not do, but wanted to. (Participant E)

I had a male friend when I was in college. He helped me through my difficulties, which I do not want to remember. I feel that I am glad to have a friend like him... Although he is very busy, he would listen to me very

patiently. Although I wouldn't tell him everything, I can feel that he is really there for me, and I am really grateful for that. (Participant A)

Bound by loved ones

The participants worried about their loved ones and thought that their suicide would bring unbearable trauma to them. Therefore they would not commit suicide again. The love of families is a loving force that binds the participants and keeping them from falling into the painful abyss.

I feel that I am not living for my own being, not for myself. I will never live for my parents. I live for my grandfather. Because I know he would not endure the fact that if I am no longer in this world. (Participant D)

Pet companions

The participants were supported by the pets they raised since their childhood. The pets were like family and best friends to the participants that gave them a sense of warmth and companionship when they were most alone.

Every time it sees me crying (cat). It would come over and lick my tears away. I would then cry the even more loudly. And I would say thank you. ... It is my soul mate. It will be by my side when I'm sad. It would sleep with me. It would lick my tears. I would ask it "why wouldn't he (boyfriend) want me anymore?". I would keep petting it... (Participant F)

Protective environment

Because of monitoring systems in the protective environment, the participants had less chance to commit suicide. The changes in their bully peers and the lessening of external pressures reduced suicide attempts and suicide motivation.

Actually I did not have much motivation anymore. Maybe because I was put into the counseling group, six months after the incident, the people in the group kept very close eyes on me. Therefore, I didn't get any chances. (Participant C)

The emotional regulation

After the suicide attempt, the participants were still troubled by negative emotions. But they had learned to use other non-destructive methods cope with pressure and negative emotions.

Letting out

The participants used different strategies to vent their sadness or anger, in order not to be overwhelmed by negative emotions. These venting strategies can include writing, excessive eating, crying, or talking to other people.

Once I was chatting with my mom. It was at night. We talked about my ex-boyfriend. I told her that it was really painful for me. We hugged, and I cried. I felt better after that night... (Participant F)

Comforting hobbies

The participants experienced comfort and relief by immersing themselves in hobbies, when they fell down or the suffering couldn't endure. The favorite hobby such as reading, listening to music and etc.

I would stay at home and listen to music. Music that would make me feel relieved, it doesn't matter, if it's classical music, opera, or watching a movie or something. Yes. Let me feel better emotionally. (Participant B)

The buffering of time

Sometimes, when participants are experiencing intense emotions, the solution is to isolate oneself mentally and physically, from the situation. These methods can include sleeping, exercising, and drinking. Although these are not the solutions for suicidal problems, they provide a good buffer in preventing the participants from suicide impulsively.

When I was really down, I would feel really, really tired. And I would lay down. When I was down, it would be really easy for me to just lay down and sleep. Although I wouldn't forget about it after I had awoken, but time is a really good buffer. (Participant E)

Accept reality

The participants reconstructed the scenarios or events that were troubling them initially. They were no longer troubled by persistent ideas.

Because I had realized something that I had never thought of before, a lot of people say, a boyfriend is nothing! (Participant F)

The prospective the future

The participants started to see the future prospectively, turning their suffering experiences into actions in helping the others, and tries to find the meaning of life. The participants worked hard and strived to let other people see them differently. Some sub-themes include benefit the others, self-advancement, and seeking the meaning of life.

Benefit the others

The participants rise above their painful experiences, and hope that their experiences can help the other suffering individuals. These benefiting actions can include participating in volunteering work, and actively caring for families, friends, and peers that were self-harming. Through helping the other, the participants were able to feel joy and a sense of accomplishment.

I would not deliberately want to bring it up. But, when I see a girl who is that through the same experience, she is also a high school student. Because I was really depressed before, so when I see her I know she is having the same problems. Therefore I would care about how she is doing.

And I would like to help her, if she is willing to receive my help. I will tell her that I had gone through a tough time before as well. (Participant F)

Self-advancement

The participants do not want to admit defeat, they want to take revenge on the person that they were initially angry with, or let those people see them differently. The participant strived for self-improvement, being stronger mentally, and let the others see them differently.

At that time, I devoted a lot time into work and study. I wanted to make myself better. At that moment it was because I want him (ex-boyfriend) to see, that I can look down on him! (Participant F)

Seeking the meaning of live

The participants re-examined the meaning of their lives and the value of their existence.

I think you will need to find someone that needs you. Maybe it's your family, friend, pet, or item. And then to think about what other things you will get to do if you are alive. This way, maybe changes can happen. But maybe it is very hard to change. (Participant E)

Discussion

Suicide is an act chosen by individual to escape the insufferable pain or problems that they were experiencing (Crouch & Wright, 2004). After the suicide attempt, the participants realized that the act cannot bring them their expected results, and therefore would change their initially persistent suicidal thoughts. This result was not reported in any other literatures. Katherine E Bostik and Robin D Everall (2007) indicated that when individuals discovered spiritual connections, felt the love of god, or its divine plans. They would change their depressed and self-destructive ways, increase their self-esteem, and are able to face their obstacles and change their suicidal thoughts. The participants in this study mentioned that the God reminded them to cherish life and thus leading to reducing their suicidal risk. Lin, Huang, Chen, and Shao (2009) indicated the individuals had discovered that other people were experiencing worst situations than they were, these will gain a new perspective and change the depressive views of their lives. Some participants in this study mentioned that after observing the obstacles and challenges of other people's lives, such as the children in the orphanage, or children with disabilities. They would gain a new perspective on their own situations, stopped their self-loathing and self-destructive ways, and were more willing to cherish life.

The participants in this study understood that they held the keys to their improvement. They started to question the rationalities of their parents' requests, such as choosing the study of their interest, or enjoying life. These participants exhibited more self-control and self-motivation, and had gained

a major introspective resource in recovering from the suicide attempts. Individual who becoming more independent can strengthen the inner strength of adolescents, where they no longer expect the others to change, these are the critical elements in suicide recovery (Ahern, 2006; Bergmans et al., 2009; Everall, Altrows, & Paulson, 2006; Kool et al., 2009).

This study had find the positive attachment can change the individual's negative self-perception, and therefore is an important factor in suicide recovery as the previously literatures (Bostik & Everall, 2007; Everall et al., 2006; Herrestad & Biong, 2010) .The suicidal adolescents had realized that someone was depended on them, or if someone would miss them dearly if they had passed away, it would increase their will to survive (Everall et al., 2006). This attachment to loved ones was also observed in the participants in this study. These individual wanted to suicide, but they could not bear for the others to feel sad about their death. The individuals felt like they were alive for other people, or was tied down by the love of their families. This loving attachment is especially important in stabilizing suicidal cases during their initial recovery period. Because during this period, the individuals were still in a traumatic state and their introspective recovery recourses had not yet been established.

Pet therapy had been extensively studied in elderly individuals, mentally challenged individuals, and hospitalized children (Hooker, Freeman, & Stewart, 2002; Jennings, 1997; Jorgenson, 1997; Kaminski, Pellino, & Wish, 2002). Studies had shown that pet owning adolescents felt significantly less lonely and had more social support. (Hooker et al., 2002; Jennings, 1997; Kaminski et al., 2002; Levine et al., 2013). But so far there aren't any studies that had demonstrated these effects in suicide recovery. The participants in this study indicated that their pets (cat/dog) were very important mental supports for them. Because of the friendship provided by their pets, they were able to experience the healing power of support, and intendancy when they were at their most helpless and lonely. This study is the first to discovery this phenomenon.

The participants in this study mentioned that the school's counselor's "close monitoring" or a tightly controlled boarding school environment will limit their chances to suicide. These findings were first reported in this study. Previous studies had suggested that the hospital's therapeutic environment can reduce the occurrence of suicides (Kool et al., 2009; Sun, Long, Boore, & Tsao, 2006). From the perspective of suicide prevention, reducing the feasible methods of suicide is an important strategy in reducing suicide rate (WHO). Therefore these highly supervised and protective environments can effectively reduce the possibility of suicides in suicidal adolescents.

The participants in this study can use their favourite activities to calm their emotions. Or they can express their feelings with activities such as

talking to someone, or crying. These activities enabled the participants to work off their sadness or anger. Sometime activities such as sleeping or drinking can pull an individual out from their current scenario and thus buffer for suicidal impulsive. The strategies should regulation those emotion for induce their suicidal attempt (Kool et al., 2009).

The hopeful feeling towards the future is an important element and process in suicide recovery (Everall et al., 2006; Herrestad & Biong, 2010; Lin et al., 2009). The participants in this study wished to channel their suffering experiences into a force or belief in helping the others. Or they will especially care for other depressed or suicidal peers. This study had also shown that due to the adolescents' resistance in admitting defeat. They would want to take revenge on those who they were angry with. But this mentality can also make them stronger. Therefore to elicit hopefulness, to enable the participants to become courageous, and to plan for a better future are important introspective resources in aiding suicidal adolescents.

Conclusion

This study is the first research to discovering the lived experiences of adolescents recovering from suicide attempts in Taiwan. The result had shown that despite the fact that the adolescents had suffered the attempted suicide. They can often overcome many obstacles to recovery, and start anew by using many external recourses. There are five themes associated with the "new start" experiences in suicide recovery. From resilience perceptible, the suicide recovering adolescents' personal resources or abilities are "conversion of suicidal thoughts", "awareness of change" and "the emotional regulation. An external resource also include "loving attachments", through the interaction of the aforementioned elements, it was able to elicit "the future prospects" in these suicidal adolescents. These adolescents were able to not becoming trapped in their turbulent lives and emotions. They were able to reflect on their lives' journey, to courageously challenge life, and to start over again from where they had fallen.

When the participants had overcome the suffering experiences of suicide. They were eager to help the others. And this is also the reason why these individuals had participated in this interview study. They wished that, through empathetic life experiences, they can help other young people undergoing same experiences. To create hope for themselves, for life, and for the future are of critical importance and significance in adolescents' suicide recovery.

Implications

Through this study, we suggest that an improvement to adolescent life education is needed. By recognizing the preciousness of life, or to

observe other people's will to survive can encourage adolescents in reflecting their own lives and create faith in cherishing life. Other lessons can include teaching the adolescents in differentiating emotional response and perception, learning non-destructive methods in expressing emotions, communicating their needs verbally, and acquiring comforting hobbies. Furthermore, through activities such as volunteering services, we can increase the adolescents' self-esteems, explore their hopes for the future, and help them to find their own meaning of life. Professional help and families are all resources that can be used in teaching the adolescents in seeking help and expressing their needs. Finally, parents, mentors, and peers are all important suicide preventers. The adults' sensitivity toward the adolescents' needs, a safe and friendly schooling environment, and teaching adolescent peers to report suicidal tendencies are all effective measures in setting a comprehensive suicide prevention system.

Limitations

To avoid the adverse effects of a comprehensive interview to the adolescent participants, this study utilized retrospective interviews. But, because the fading of past experiences and selective memories; the information can be limited or incomplete. The interviews were conducted in a general hospital in northern Taiwan, thus these experiences can be spatially limited. Therefore we cannot impose our findings in understanding the life experiences of other adolescents that were in another geographical location.

References:

- Department of Health ROC (2011). Health and National Health Insurance Annual Statistics Information Servicettp. Available at : [http:// www. doh. gov. tw/ CHT2011/DM/SEARCHRESULT.aspx](http://www.doh.gov.tw/CHT2011/DM/SEARCHRESULT.aspx), 2011
- Ahern, Nancy R. (2006). Adolescent resilience: An evolutionary concept analysis. *Journal of Pediatric Nursing*, 21(3), 175-185.
- Bergmans, Yvonne, Langley, John, Links, Paul, & Lavery, James V. (2009). The perspectives of young adults on recovery from repeated suicide-related behavior. *Crisis*, 30(3), 120-127. doi: 10.1027/0227-5910.30.3.120
- Bostik, Katherine E, & Everall, Robin D. (2007). Healing from suicide: Adolescent perceptions of attachment relationships. *British Journal of Guidance & Counselling*, 35(1), 79-96.
- Bostik, Katherine E., & Everall, Robin D. (2007). Healing from suicide: adolescent perceptions of attachment relationships. *British Journal OF Guidance & Counselling* .35(1), 79-95.
- Crouch, William, & Wright, John. (2004). Deliberate self-harm at an adolescent unit: A qualitative investigation. *Clinical Child Psychology and Psychiatry*, 9(2), 185-204.

- Cutcliffe, JR, Joyce, A, & Cummins, M. (2004). Building a case for understanding the lived experiences of males who attempt suicide in Alberta, Canada. *Journal of Psychiatric and Mental Health Nursing*, 11(3), 305-312.
- Everall, Robin D, Altrows, K Jessica, & Paulson, Barbara L. (2006). Creating a future: A study of resilience in suicidal female adolescents. *Journal of Counseling & Development*, 84(4), 461-470.
- Everall, Robin D., Altrows, K. Jessica, & Paulson, Barbara L. (2006). Creating a Future: A Study of Resilience in Suicidal Female Adolescents. *Journal of counseling & Development*, 84, 461-470.
- Herrestad, Henning, & Biong, Stian. (2010). Relational hopes: A study of the lived experience of hope in some patients hospitalized for intentional self-harm. *International journal of qualitative studies on health and well-being*, 5(1).
- Hooker, Shirley D., Freeman, Linda Holbrook, & Stewart, Pamela. (2002). Pet therapy research: a historical review. *Holistic Nursing Practice*, 16(5), 17-23.
- Jennings, L. B. (1997). Potential benefits of pet ownership in health promotion. *Journal Of Holistic Nursing: Official Journal Of The American Holistic Nurses' Association*, 15(4), 358-372.
- Jorgenson, Jennifer. (1997). Therapeutic use of companion animals in health care. *Journal of Nursing Scholarship*, 29(3), 249-254.
- Kaminski, Mary, Pellino, Teresa, & Wish, Joel. (2002). Play and pets: The physical and emotional impact of child-life and pet therapy on hospitalized children. *Children's health care*, 31(4), 321-335.
- Kool, Nienke, van Meijel, Berno, & Bosman, Maartje. (2009). Behavioral Change in Patients With Severe Self-Injurious Behavior: A Patient's Perspective. *Archives of psychiatric nursing*, 23(1), 25-31.
- Levine, Glenn N, Allen, Karen, Braun, Lynne T, Christian, Hayley E, Friedmann, Erika, Taubert, Kathryn A, . . . Lange, Richard A. (2013). Pet Ownership and Cardiovascular Risk A Scientific Statement From the American Heart Association. *Circulation*, 127(23), 2353-2363.
- Lin, Yao-Yu, Huang, Xuan-Yi, Chen, Chung-Ying, & Shao, Wen-Chuan. (2009). The lived experiences of brokered brides who have attempted suicide in Taiwan. *Journal of Clinical Nursing*, 18(24), 3409-3420.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*: Sage Publications, Inc.
- Polit, Denise F. (2008). *Nursing research: Generating and assessing evidence for nursing practice*: Wolters Kluwer Health.
- Sun, Fan-Ko, Long, Ann, Boore, Jennifer, & Tsao, Lee-Ing. (2006). A theory for the nursing care of patients at risk of suicide. *Journal of Advanced Nursing*, 53(6), 680-690.

- Wojnar, Danuta M, & Swanson, Kristen M. (2007). Phenomenology an exploration. *Journal of holistic nursing*, 25(3), 172-180.
- Zayas, Luis, Gulbas, Lauren E., Fedoravicius, Nicole, & Cabassa, Leopoldo J. (2010). Patterns of distress, precipitating events, and reflections on suicide attempts by young Latinas. *Social Science & Medicine*, 70, 1773-1779.
- Puzo, Mario. *The Family: A Novel*. Completed by Carol Gino. New York: Harper, 2001.
- Rowling, J.K. *Harry Potter and the Chamber of Secrets*. New York: Scholastic, 1999