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Suicide Survivorship Among Lesbians

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SUICIDE SURVIVORSHIP AMONG LESBIANS

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ABSTRACT

SUICIDE SURVIVORSHIP AMONG LESBIANS

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It is commonly understood that approximately 10 % of the U.S. population is gay,

lesbian, or bisexual. It has been well-documented that gay people face a heightened risk

of suicide that is different and more severe than heterosexuals. Although it is known that

both suicide attempts and completions are disproportionately higher among gay

adolescents than heterosexual ones, there is a paucity of research on the phenomenon of

suicide survivorship. Because lesbian adolescents in particular have higher rates of

depression, drug or alcohol abuse, and suicidality than heterosexuals, there is a

demonstrated need for studies which explore the experiences of lesbian women

specifically. This dissertation sought to understand the meaning behind the experience of

surviving one's own suicide attempt, both at the time of the attempt, and at least ten years

post. Six women who self-identified as lesbians who attempted suicide during

adolescence were interviewed, and asked a question designed to evoke an exploration of

the meaning of their experience: What is the lived experience of having survived this

attempt? As a lesbian? As a woman? Interpretive Phenomenological Analysis (IPA) was

used to uncover distilled meaning and shared themes among participants. Although three

main super-ordinate themes, Catalysts, Return Journey, and Meaning of Survival, were

determined, within this last were the following results: most of the participants were

grateful for their present lives and survival, although none of them had been so initially; they hoped their stories would be helpful to others, and had broken their silence in order to help others; and for many their on-going survival and choice to live was tied to claiming a publicly lesbian identity. Finally, among those who reported both being grateful for their lives and that their attempts had been integrated into the larger mosaic of their lived experiences, the role of motherhood was listed as a salient factor in these, and in their on-going decisions to continue living.

The electronic version of this dissertation is at OhioLink ETD Center, www.ohiolink.edu/etd.

ACKNOWLEDGEMENTS

Every time I try to kill myself it helps
He said
It gives me a restart, a rebirth
Why is my life so hard?
Mind said
How to help someone stand over their own abyss
Safely?
Heart said
There is no safety
There is only abyss
And the light we carry inside ourselves to see our way through
Sometimes someone else carries that light for us until we can hold it ourselves
-excerpt from õTen to Twelveö Amy Davis, 2007

õSince the savagery of any punishment is proportional to the fear of the act, why should a gesture so essentially private inspire such primitive terror and superstition?...Christian revenges repeat, with suitable modifications, the taboos and purification rituals of the most primitive tribes.ö Alfred Alvarez, 1990 (p.66)

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INTRODUCTION

Outline of Dissertation

In the Introduction, the main focus is on introducing the study, defining key terminology, and discussing my personal interest in this topic. Next, the statement of the problem and research question is placed into context, the methodology introduced, and purpose of the study explained. Finally, my own assumptions and expertise are examined, and my position as researcher and quasi-participant explored.

In the Literature Review, a full review of current and influential literature in the field is surveyed broken into two main areas: lesbian identity formation (with sub-topics regarding history of identity formation models beginning with Marcia and Erickson, ending with Cass and most recently Troiden) and suicidality (with sub-topics such as adolescent suicidality, a comparison of suicide statistics between genders, and in gay versus straight adolescents). Literature exploring theories of suicidality and rites of passage or moments of liminality are also included. Preliminary findings from research reviewed are surveyed, gaps in existing professional literature regarding lesbian adolescence, identity development and suicidality are illuminated, and directions for further research and necessity of this study are outlined.

In Methods, a history of the proposed methods is examined, and the necessity and inter-relation of narrative therapy, phenomenology, and IPA surveyed. Next, a description of how my own experience led to the participant characteristics, how I sourced, screened, protected, and fully interviewed those participants is discussed. Also included here are possible ethical considerations and mediating factors for them. A thorough examination of the process of data analysis itself follows. In Results, each

participant is situated briefly in context, and categories of emergent themes, as well as individual themes, are reported.

In the Discussion, my own assumptions before and during this process are revisited in context of the central findings from this study and how they emerged from the methodology. Categories of emergent themes, as well as extensive discussion of individual themes and divergent findings are analyzed, explicated, and hopefully illuminated. Finally, my own process and conversations between the results and the literature ends this section.

In the final section, Conclusions, limitations of the study are listed and explored. Issues of validity and reliability in context of an IPA study are outlined, and this study's methodological soundness assessed. Further directions of possible research are explored, and finally, the researcher's own personal reflections upon the process are briefly summarized.

Personal Statement

My interest in this topic arose out of several interconnected personal and professional crises of change that prompted me to explore two key events of my adolescence: coming out as a lesbian and surviving a suicide attempt. I thought that through therapy and my career choice as a psychologist, these issues were essentially resolved for me. I also believed that both had mostly positive meaning and impact on my life, and were not related to one another. I was wrong. What I negated or disowned were the parts of those personal narratives that were connected to each other, that were painful and traumatic, and impacted my adult life, personally and professionally.

During a three-year course of existential therapy, I began to delve into the full narrative of coming out and surviving a suicide attempt, and process them in a fundamentally different way. A simultaneous review of journals and poetry written during adolescence compared with current reflections and poetry led me to understand that once-singular events had multiple meanings for me and that meaning had evolved over time. I believed that my suicide attempt was unrelated to my sexual identity (I did not identify as lesbian at that time), and that it was a healthy õresetö button for me that was a turning point in my life. I also believed that my coming-out process was a mostly happy event, a joyous celebration of identity, and did not have any negative consequences for me. It was after reflection and therapy and conversation with other gay suicide survivors that I began to see the full narrative of both events had not been fully unearthed or processed.

These realizations and wonderings led to an examination of the current literature on lesbian identity formation, suicidality among gay and lesbian adolescents, and moments of liminality found in cultural or actual rites of passage (Turner, 1982). The basis for this exploration is first a profound lack of research on lesbians who survive suicide and little on the phenomenon of survivorship itself. Moreover, it is curious that in our society, having a lesbian identity and that of someone who has survived suicide have much in common: both can be hidden, both are disowned, unsanctioned, and in many cases illegal and stigmatized. What occurs then in the lives of those who live in the intersection of both identities? What meaning has been made by lesbian suicide survivors of their own experience? Are these other narratives and stories similar or different from my own? How has meaning evolved over time, if indeed it has? Was this event of

attempted suicide significant enough for other lesbians to change the course of their lives in some way, and if so, how? How were these two events similar to rites of passage, and did any other woman identify it or name it as such? How does passing through a moment of liminality (from the Latin õlimenö for õthresholdö) affect oneøs lived experience as a gay woman in our society?

With these questions and theories in mind, I saw the clear necessity for the survivors themselves, as well as clinicians who work with them, to have first-hand narratives about this phenomenon. Without the voices of the actual survivors being heard, it is difficult to draw connections between these two experiences, and unearth any potential meaning that may benefit the survivors themselves, as well as those at risk for suicide.

Statement of Problem & Research Question

Statement of the Question. A question has arisen out of my personal experiences: Was my experience of surviving suicide, and subsequent understanding of that phenomenon as a rite of passage connected to my identity as a lesbian solely subjective? Have other lesbian suicide survivors experienced similar phenomena? What is the essence of the lived experience of women who are both lesbians and survivors of suicide?

Background Context of the Questions. It is commonly believed that approximately 10 % of the U.S. population is gay, lesbian, or bisexual (Lee, 2000). It has been well documented that gay, lesbian, and bisexual (GLB) people face health risks that are qualitatively different and more severe than their heterosexual counterparts (DøAugelli, Hershberger, & Pilkington., 2001; Lee 2000; Russell & Joiner, 2001), including a heightened risk of suicidal ideation, attempts, and completions. Although

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exact consensus on the percentages has not been reached, more than twenty different studies to date have shown a disproportionate representation of GLB adolescents among those who attempt and complete suicide (Russell & Joiner, 2001).

In order to uncover similarities in experiences which might be used for further research or to design interventions to directly assist those most at risk for suicide, this dissertation study sought to interview lesbian suicide survivors to understand this phenomenon, and any impact or meaning it might have on the lives of those intimately acquainted with it. Of particular interest to this researcher was the possibility of how meaning of the event may be connected to identity, and the dual stigma of having twice-disowned socio-cultural lived experiences.

Methodology Introduced. As I reflected on the research question, and my own process of understanding these phenomena, I clearly saw that meaning for me had changed over time, and both past and present reflections were important aspects of the overall experience of healing. Therefore, I sought a methodology that could capture as many elements of interpretive memory as possible from the actual time period of the suicide attempt itself, as well as an in-depth exploration of each person's current understanding of their experience, reflection of the past events, and any current meaning found in their present lives. My research sought to unite an objective understanding of past narrative with a current frame of both reflection and present insight into the overall phenomenon itself.

In order to synthesize and capture these elements, I have chosen an integrative approach to qualitative research that combines elements of interpretation, co-constructive

phenomenology, and narrative inquiry: Interpretative Phenomenological Analysis, or IPA (Smith, Flowers, & Osborn, 1997).

IPA is an approach that is phenomenological as it seeks to explore how participants make sense of some aspect of their world or experience. It is also a dynamic, hermeneutic interpretive dialogue between researcher and participant: the researcher is deeply involved in making sense of the participantsøexperiences as they attempt to make sense and describe their idiosyncratic understandings of their own worlds (Smith & Osborn, 2003). IPA also is narrative in approach, as the co-creation of that story between researcher and participant will affect the meaning of the story itself by allowing representational space for a narrative to emerge between them (Kirmayer, 2003). As Smith and Osborn point out, IPA is particularly well-suited to questions which involve a process, novelty, or complexity (2003); certainly the phenomenon of lesbian suicide survivorship is directly at the center of all of these. There is no attempt with IPA to test a pre-determined hypothesis or restrict or remove the shared experience of the researcher, as with the element of Moustakasøresearch approach known as õbracketingö (Creswell, 2007, p. 59). Therefore, I chose this method as the most inclusive, appropriate approach to this particular phenomenon.

Purpose of this Study. Research on suicidality among gay people, especially adolescents, is exhaustive, and much has also been written in the last thirty years about lesbian identity development. An examination of the intersection between these two, however, is absent. Much of the existing research on suicidality among sexual minorities is quantitative with a preventative approach, and men and women are often combined in the samples. Other studies describe the phenomenon of suicidality by focusing on

contributing factors, rather than the experience of the attempt itself, and many are comparisons between heterosexual and homosexual population samples (Keefer & Reene, 2002). Many others exclusively describe the experiences of gay men (Cross & Epting, 2004). Only one of the studies I uncovered sought to understand the experience from the perspectives of survivors themselves, and this particular case study was of a heterosexual woman (Wise, 2004).

In order to uncover the essence of the lived experience of lesbian suicide survivors, and the meanings they make from it, I interviewed six women who identified as both lesbian and survivors of a suicide attempt at least ten years previously. By uncovering and distilling the essence of this phenomenon, it was my intention to use emergent themes to further explore how appropriate and beneficial interventions might be designed and implemented for those still at risk for suicide. It was also the intention in this study to unearth the full narratives of the participants. By attempting to illuminate these essences of meaning in a co-constructive narrative, using current interview data, this research study intended to lay the groundwork for the future creation of interventions by restoring facets of possibly disowned identity. This research may also be useful to other psychologists in their work with lesbian survivors of suicide.

Researcher's assumptions and expertise. I entered this process with certain assumptions based on my own experience that guided the literature review, as well as overall curiosity behind the phenomenon at hand. First, I believe there may be subtle differences in the lived experience for lesbians, as opposed to gay men, in how they create meaning from their process of identity formation, and the process of imagining, attempting, and surviving suicide. The intersection of both of these identities, õlesbianö

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and õsuicide survivorö is a distinctly different terrain in which to live than someone who has neither of these facets to their identity.

Second, our Western culture, both historically and currently, sends strong implicit and explicit negative messages about being gay and surviving suicide; both are inherently pathological, and these collective judgments are often sanctioned on religious, legal or psychopathological grounds. (For a more detailed explanation of how suicide in particular evolved from being perceived as immoral and sacrilegious to irrational and an issue of mental illness, see Tzasz, 1986).

Third, every culture has formal and informal rites of passage which serve a purpose of transition from one life stage to another, often from adolescence into adulthood. Every rite of passage contains an ambiguous period of transition, or liminality, through which each initiate must travel in order to rejoin the larger community and achieve identity reconciliation. These ideas and experiences are directly related to being both gay and a survivor of attempted suicide.

Lastly, a period of time in which to reflect on oneøs own experience is necessary for a more nuanced understanding of sexual identity, and whether or not it may have contributed to a suicide attempt. My curiosity lay not so much as whether being lesbian contributed to a suicide attempt per se, but how that process of identity development led to, was interrupted or affected by, the experience of surviving suicide. How these factors may affect someoneøs life now, and contribute to their overall understanding of their own health and meaning-making systems is at the heart of this dissertationøs inquiry.

Definition of Terms

For purposes of this dissertation, I defined the following:

Suicide Attempt: a physical act of intentional self-harm, with the specific purpose of ending one's own life. Whether or not the method used was specifically lethal (e.g. swallowing aspirin), if the intention to end life was present, it was included as a criterion in this study. Potential participants endorsing passive suicidality (e.g. lying in bed wishing to not wake up) were not seen to meet this criterion.

Lesbian: a woman who defines herself as having primary emotional, relational, sexual or otherwise attachment to other women, regardless of whether or not she has been sexually intimate with another woman, and regardless of whether or not she defined herself as such at the time of the suicide attempt.

Adolescent: this dissertation will define adolescence as beginning at age 12 and ending at age 20.

Rite of Passage: Van Gennup's 3 stage model (Turner, 1982) defines this as a ritual accompanying an individual's change in social status, and is referred to as a "life-crisis". The three stages of separation, transition, and incorporation are achieved by the initiate experiencing liminality.

Liminality: an ambiguous period of transition that each initiate must travel through in order to rejoin the larger community and achieve identity reconciliation; a threshold of uncertainty that is transformational and experiential.

A Review of the Literature

Underlying Theories and Assumptions

The initial step taken in this research study was to survey existing literature on identity formation. If suicidality is connected to sexual identity, regardless of whether the adolescent identifies any sexual identity at that particular time, then identity formation is the logical place to begin. The first section, **Lesbian Identity Formation**, will discuss existing theories of identity development and tasks of adolescence as understood and defined by psychology through the works of Erikson and Marcia. Helmsøracial identity model, which has often been used to understand that of sexual minorities, will be discussed. Finally, the specific models of Cass, Troiden and DøAugelli will be examined in detail, as they are most relevant to lesbian identity formation. Concerns with identity development being disrupted, as well as resilience when identity formation is healthy will be explored. The second section, **Suicidality among Lesbians**, includes a review of research regarding suicidality among adolescents, gay adolescents, and then narrowing down to lesbian adolescents in particular. Durkheimøs Theory of Suicide is discussed, and existing studies pertaining to rites of passage in adolescence and moments of liminality will conclude the literature review. Possible conclusions and questions for discussion will be proposed at the conclusion of the literature review, and a justification for the research study clarified.

Lesbian Identity Formation

Historically, homosexuality was pathologized by the mental health community. Although homosexuality was removed from the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (APA, 1973), only recently have gay men

and lesbians in this country been viewed as psychologically equivalent to their heterosexual brothers and sisters. Although research on gay and lesbian identity formation does exist, it is limited in scope, and much past research often used prisoners or in-patient samples as subjects. Past research is also strongly biased in its main focus on men (Galatzer-Levy & Cohler, 2002). This section will examine current and past research on gay and lesbian identity models. Similarities to racial and ethnic identity models, as well as differences, will be discussed. Contributing factors of successful identity development, as well as harmful impact of foreclosed or interrupted identity development, will be explored. Finally, implications of the research, as well as limitations of existing research, will be considered, and some preliminary conclusions will be drawn.

Erikson

Modern psychology has posited many different theories of personality and identity development, from the psychodynamic (Freud, Horney) and the behaviorist (Skinner) to the humanistic (Maslow, Rogers) and the biological (Pavlov, Eysenck) points of view. One of the most developed of these is the neo-analytic model proposed by Erik Erikson (1963, 1978). Erikson theorized that adult personality development was a continuation of childhood developmental processes, and divided the lifespan into eight stages. Unlike most of his peers, Erikson saw that development in childhood, although critically important, did not end with adolescence. Two of his stages, Identity versus Role Confusion (teenage years) and Intimacy versus Isolation (early adulthood), are of particular interest in this research study.

With each stage of Erikson's developmental model are specific tasks to be accomplished or attempted; successful navigation to upper stages is dependent on the

outcome of the crisis caused by the preceding stage, and whether or not those tasks have been successfully achieved (Friedman & Schustack, 2003).

In the Identity versus Role Confusion stage the task confronting the adolescent is one of experimentation with different roles, while simultaneously integrating identities from previous stages. For example, adolescents are confronted with making sense of themselves as children, friends, siblings, and students. At the same time, as adolescents are allowed growing freedom, they are placed in the position of being accountable for society's expectations of them as emerging adults: exploring the facets of who they will be when they are older, what work they will do, who they will choose for friends, and romantic partners. Erikson believed that success at this stage results in the gain of *loyalty,* understood as a choice and acceptance of the multiplicity of various identities into one cohesive whole; in essence, loyalty to the newly emerging self. In *active identity crisis*, on the other hand, was how Erikson described an adolescent who fails to work through this crisis of identity integration. During crisis, one remains stuck in an indecisive struggle to find or claim aspects of the self, and may also lack resources or tools to discover these answers on one's own.

Intimacy versus Isolation is the platform upon which adolescents begin to interact with others on a deeper level. The task of this stage is to successfully present this newly emerging self to connect with another person, specifically a romantic partner. If the adolescent is able to achieve this intimacy without forgoing or disowning portions of identity, the strong likelihood of a future that will include love and fulfillment is present. Failure to navigate this stage, Erikson believed, would likely result in its opposite: isolation, loneliness, and a tendency toward either superficial relationships, inability to

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sustain relationship at all, or becoming fused with another, and thereby sacrificing aspects of the emergent adolescent self.

<div align="center">*Marcia*</div>

James Marcia created his own four-stage model of identity formation using Erikson's theories (Marcia, 1966). Using Erikson's notions of a "crisis", which creates sufficient room for different options of identity to be explored, and degree of commitment an individual gives to that identity, Marcia (1966) posited four different possible identity outcomes: *achievement, foreclosure, moratorium, and diffusion*. Marcia (1966) later suggested a fifth possible identity construct, that of *alienated achievement*.

In *identity achievement*, one commits to an identity after actively deconstructing, challenging, and questioning it. Roles, and the inherent values they contain, are committed to only after alternatives have been contemplated and explored. Identity achievement is marked by having a secure and clear sense of who one is, and some resolution about beliefs, values, and morals. The adolescent has committed to living by his or her own beliefs, and they are embodying their identity.

Identity foreclosure occurs when adolescents commit to their identity without undergoing an identity *crisis*- much foreclosure is the result of simply accepting the roles or values of parents or other authority figures without questioning them. Marcia believed that foreclosure occurs when our identity is not a self-created construct, but a total adaptation or regurgitation of others' views.   This is of particular importance with regard to sexual identity; in a culture where heterosexuality is considered the norm, parental expectations (as well as societal or religious) play a large part in steering adolescents

toward a heterosexual identity. For young women in particular, heterosexuality is mandated by the demands of the larger patriarchal culture (Rich, 1993).

Identity moratorium is the result of an individual who questions aspects of his or her identity, but does not commit to any particular resolution; they are in crisis (and may be experimenting with sexuality) but remain undecided. Moratorium also is a possible turning point; although one does not yet have a sense of identity, one is actively striving toward that eventual outcome.

Identity diffusion refers to an individual who neither questions nor commits to an identity. Diffusion refers to a lack of awareness or concern about issues larger than the self, including religious, moral, or political issues. Experiments or searches for aspects of self lack the goal-directed intentionality that is the mark of active exploration and possible identity achievement.

Finally, *alienated achievement*, Marcia's later-posited category, refers to an individual who has renounced the values of the mainstream culture, and rejects identification in any way with a society or culture that they feel is inappropriate, or *bankrupt* (Marcia, 1966).

Critics of Marcia point to the faults that a linear stage model has in general: there is no clear pathway or timeline that applies to the identity development of each individual, and Marcia does not allow for different identities owing to variation in gender, culture, ethnicity, sexual identity, or class.

It is important, however, to reference some basic identity theories in any discussion of a lesbian identity, simply because this understanding allows us to evaluate existing identity models for minorities.

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The White racial identity model of Janet Helms (1990) has been widely influential, leading to much research and debate amongst psychological literature. Because it is one of the most-cited identity models and has been studied and used in the creation of several models of gay and lesbian identity formation, its inclusion is appropriate here.

Helms (1990) separated her identity model into two phases-Abandonment of Racism, and Defining a Non Racist White Identity. Each phase is then broken into several stages. Contact Status, the first stage, includes those who are oblivious to and unaware of racism. This allows Whites, the dominant culture, to avoid perceiving themselves as privileged or as having biases and prejudice. In a culture in which heterosexuality is the norm, all children, regardless of sexual identity, are presumably born into this stage. The effects of anti-gay discrimination are disavowed, even by those who may later claim a sexual minority status for themselves.

In the second stage, Disintegration, the White person begins to be conflicted over his or her own unresolved racist moral dilemmas, polarized viewpoints, and a growing understanding of their own denial of racism. A breakdown of this denial is often painful and anxiety provoking, and many Whites do not progress through it. From a heterosexist worldview, this stage might look like someone who believes he or she is not homophobic or anti-gay, but does not wish their own child to declare themselves a sexual minority. For the gay person, this stage might be understood as internalized homophobia, or blatant denial of one's own true self.

Helmsø(1990) third stage is characterized as a regression back to the views of the majority culture, and is often a fear-based response to relieve the dissonance caused by the end of ignorance brought by Disintegration. Racial minorities are blamed for their own problems, and White culture is believed to be superior to that of others. In gay culture, the backlash against gay marriage or gay adoptions can be understood as part of the majority heterosexual culture lashing out against their own fears, prejudices, and inability to challenge their own biased beliefs or privilege.

Pseudo-independence begins Phase Two of Helmsø(1990) model, and is often the result of a painful personal encounter or event which gives a White person deeper insight into the situations faced by racial minorities. The White person may begin to attempt to understand others of different races, may identify with them and their struggles to overcome discrimination, and may begin deliberately interacting with members of a minority culture. Helms felt that this stage was mostly an intellectual exercise for those in White culture, while underlying aspects of bias, privilege, and power remain unchallenged and unchanged. From a heterosexual worldview, this stage might include those who empathize with the plight of gay people, or know gays personally, and are truly outraged over their discovery of unequal treatment. However they fail to understand intimately their own contribution to the overall system of oppression and discrimination under which gays live.

The Immersion/Emersion status was how Helms (1990) described Whites who continue to explore not just *the other*, but themselves as a White person situated in a social context. As White people begin to understand more about their own biases and contributions to White privilege, they shift into a more activist stance in matters of racism

and oppression, and begin to incorporate an emotional understanding of events and self that the previous intellectual struggle did not include. Helms felt this stage was necessary if a White person was truly to develop a non-racist identity.

Finally, as White people move into Autonomy, they are less ruled by the overcompensations of White guilt, they accept their own roles in perpetuating racism and take action to change this, and they are no longer fearful or uncomfortable with the reality of race. Parallels in the heterosexual culture might include intimate interactions with gay persons, often family members, which result in a commitment to challenging oppression and discrimination toward not only those gay people known to them, but gays as a group.

Critics of Helms have pointed out that using a racial minority model to describe White development may be flawed, as Whites do not develop under the same system of oppression and prejudice as do people of Color. Secondly, Helmsø(1990) model focuses almost exclusively on Whitesøattitudes toward minorities, and not on themselves and their own identity, precluding an exploration of their own internalized racism. Finally, as with most stage models, that of Helms is criticized on grounds of being too linear and based on the ethics and experience of itsøcreator, rather than developmental and more generalized.

With regard to models of identity development among sexual minorities, Floyd and Stein (2002) make a similar point: if one of the most important developmental tasks for a gay adolescent is the coming out process, and if the personal and social stressors and possible results of rejection, discrimination, and victimization are unique to a gay identity development, then understanding gay identity development through models based on heterosexual youth is difficult and flawed at best. There is no equivalent

developmental task for straight adolescents to the gay coming out milestone event, and heterosexual identity development does not occur in the same social, political and religious environment as that of gay adolescents. Turning now to models of identity formation that were influenced by those of Erikson, Marcia, and Helms, but that are specific to lesbian and gay identity will further illuminate the importance of these differences.   *Cass*

Perhaps one of the earliest and most-researched models of homosexual identity development was created by Cass (1979), only six years after homosexuality was formally removed from the DSM. Her model has been reviewed and criticized by a number of research studies (Degges-White, Rice, & Myers, 2000; Konik & Stewart, 2004 Yarhouse, Tan, & Pawlowski, 2005). Cass's six-stage model is broken down into identity *confusion, comparison, tolerance, acceptance, pride*, and *synthesis* (Yarhouse et al, 2005).

Cass (1979), similarly to Erikson and Marcia before her, believed that identity development was best understood as a progressive model of stages, with each one involving a crisis, a necessary task, and the opportunity to either fulfill the purpose of that stage, or become defeated or õforeclosedö in their gay or lesbian identities (Yarhouse et al, 2005). Further, Cass posited that gay identity formation is drastically different from that of heterosexuals in that instead of a mostly internal process in the latter, and one supported and reinforced by the majority culture, gays and lesbians could be prevented from õthe acquisition of a lesbian or gay self-understandingö (p. 4) by dynamic interactions with homophobic, discriminatory environments.

In Cass's (1979) first stage, the first conscious awareness of homosexuality as something that applies to oneself emerges. While often occurring in adolescence, this may also occur later in life. Behavior, feelings, thoughts, and attractions which raise the question about having a gay or lesbian identity begin to take shape, and this often creates inner turmoil, anxiety, and feelings of alienation and loneliness. Unless identity is foreclosed, stress and confusion often create enough dissonance to propel the person into the next stage, *Identity Comparison*.

Identity Comparison is characterized by a growing awareness of the differences between oneself and others, and a tentative commitment to exploration of the gay or lesbian self. Some enter into positive self-acceptance, while others who reject or disown this aspect of themselves may cope by believing their identity is temporary, or limited to exceptions with one important other. In some cases, there may be overt attempts to change or hide behavior in order to escape the negative perceptions of themselves and others. If these attempts to disown a gay identity succeed, Cass warned, identify foreclosure ensues, and a õdangerous amount of self-hatred and increased risk of self-harmö (Degges-White et al, 2000) is seen as likely.

If one successfully moves on from an awareness and temporary acceptance of one's gay identity, they are in Cass's (1979) third stage, *Identity Tolerance*. To manage feelings of anxiety and alienation, the gay adolescent seeks out other sexual minorities to either confirm their emerging identify or refute any undesirable self-concepts. Provided that foreclosure does not occur, the person moves into the next stage.

Identity Acceptance is marked by increased contact with other sexual minorities, and a beginning sense of belonging to a community, resulting in feelings of normalcy.

Differences between the gay and heterosexual cultures are seen as more incongruent, and a positive resolution of this stage moves the adolescent into *Identity Pride*. Cass (1979) viewed this stage as a more polarized reaction to heterosexual identity and culture: more complete self-acceptance, coupled with a growing understanding of the mistreatment and rejection of gays in heterosexual society that often results in an idealistic activism and purposeful confrontation (or rejection) of the majority system. Being gay is now the primary focus of the person's identity, and self-disclosures are more common and widespread.

Finally, in *Identity Synthesis*, Cass (1979) describes the gay adolescent reaching an integrative place of identity, with their sexual selves becoming part of, rather than, their entire selves. Through increased contact with other supportive heterosexuals, as well as a stronger sense of place within the gay community, the gay adolescent is now able to unify his or her personal and sexual identities into one congruent whole.

Although Cass (1979) remains one of the most widely used models of homosexual identity formation, critics have pointed out its rigid linear progression and lack of applicability to lesbians as serious flaws to her work (Degges-White et al, 2000). Cass developed her model from the experiences of gay males and believed that lesbian sexuality began at puberty, rather than earlier in childhood as is now commonly believed for both gay men and women. It is also arguable that Cass' model fails to describe women whose spark of sexual identity recognition occurs later in life.

In their proposal for a qualitative study to create an updated version of Cass's (1979) model, Degges-White & Myers (2005) agree with critics of Cass and further suggest that although Cass' model is comprehensive and affirming, it has become

outdated and ought to describe a process of more fluid identity development normalized on the experiences of gay women, not men (p. 186). Their proposed model is a synthesis of Marcia's work and Cass' phases and was piloted on structured interviews with adult lesbians.

Degges-White and Myers (2005) suggest that their version of *Identity Diffusion* is characterized by a sense of feeling different from other female adolescents, regardless of whether that difference is connected yet to sexual identity. Women interviewed often described feelings of being different, lonely, and flawed. Feelings of shame, unworthiness, confusion, and even despair, were common (p. 190). The result of this stage, authors suggest, is a complete shut-down (foreclosure), exploration, or diffusion (deferral of exploration or decision).

Participants in the authors' study who were categorized as having a foreclosed identity responded negatively to feelings of same-sex attraction and identity, often becoming depressed and suicidal, and fearing being "sinners" going to hell" (p. 190). The authors suggest that such foreclosure has negative implications: continued denial or avoidance of themselves may lead to self-hatred, sexual promiscuity, even pregnancy. Fear of rejection, actual rejection by peers, parents, or society in general, can lead directly to a commitment to a false identity or adoption of the imposed heterosexuality of the dominant culture.

If a young lesbian understands and experiences herself as lesbian but has not yet committed to an identity, she is in *Moratorium*. Young lesbians may appear or act asexually and feel unable to override the conditioning of their religious views or

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upbringing. They may suppress parts of themselves, attempt to *pass* as heterosexual, or comfort themselves by telling themselves this new identity is transitory, only a *phase*.

If the lesbian adolescent has faced some sort of crisis surrounding her identity and made a commitment to that identity, she has attained *Identity Achievement*. The beginning of this stage may involve a complete rejection of heterosexual norms, and a more polarized embrace of a *lesbian lifestyle*. Clothes, haircuts, friends, choice of jobs or medical professionals may all be changed to reflect the emerging lesbian self. Even if this process is enthusiastically embraced, the challenges a lesbian adolescent faces are steep. Degges-White and Myers state that depression, hopelessness, and suicidality often accompany the lesbian teen at this point, and these emotional states are often linked to coming out to one's family members (p. 191).

Konik and Stewart posit another model in which they suggest that successfully achieving a lesbian identity is linked to having a more õadvancedö global or political development (2004). They found that sexual minority adolescents were likelier to score higher than their heterosexual peers on measures of identity achievement, while heterosexuals were found to have higher rates of identity foreclosure, diffusion, and moratorium (p. 815). Konik and Stewart suggest this is a likely result of being forced to enter into identity crisis earlier and in more arenas than in those encountered by heterosexual adolescents. Because heterosexuality is considered to be the norm, an examination of heterosexuality is unlikely by those who identify as such. Lesbian identity requires a more engaged and active exploration and possible rejection of mainstream culture. This identity development may involve other than traditional domains (p. 822). In fact, one result of the authors' study was that õsexual minority identified participants

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were more likely to describe sexual identity formation as an effortful processö (p. 831), which may be very different from the *default* sexual identities assumed and adopted by the heterosexual majority.

<center>*Troiden*</center>

In their study of milestone experiences and relationship to identity formation among sexual minority adolescents, Floyd and Stein (2002) cite coming out as a key developmental task, with no equivalent in the heterosexual culture. Failure to come out, or the subsequent rejection or victimization is a key contributor to depression and increased risk of suicide. In their study, authors cite the 4-stage model of Troiden (1989) as an *ideal* form of sexual identity development. According to Troiden, the first stage, *sensitization*, begins in childhood or early adolescence when an individual becomes aware of same-sex attractions. *Identity confusion*, the second stage, includes inner turmoil and upheaval regarding sexual identity and often begins in adolescence. Often a first same-sex physical encounter or act proves as an important gateway which leads to an awakening or confirmation of sexual identity. With this knowledge, the adolescent moves to the third stage, *identity assumption*. In this stage the adolescent defines themselves as gay or lesbian, naming themselves as such and makes disclosures to limited others. Finally, the fourth stage, *commitment*, is characterized by taking on this sexual identity as a way of life, part of the overall self and no longer a transient liminal phase. The two key markers of this stage are usually a same-sex relationship and disclosures to a wider circle of public and private others, including heterosexuals. Tasker and McCann (1999) also cite self-definition and self-disclosure as among the most critically important tasks for a

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gay or lesbian adolescent, and a clear area where therapists can either support and assist in this process, or cause tremendous harm.

<center>*D'Augelli*</center>

Another noted scholar who has concluded that the development of gay, lesbian, and bisexual youth is different from that of heterosexuals is DøAugelli (2001). His six-stage model supposes a common pattern of development for all LGB adolescents who come out: 1. exiting heterosexual identity 2. developing personal LGB identity status 3. developing LGB social identity 4. becoming a LGB offspring 5. developing LGB intimacy status 6. entering LGB community. Supporters of DøAugelliøs model note that it differs from preceding models because it incorporates personal, social, and cultural constructs and seeks to explain how rites of passage lead an adolescent into adulthood as part of a fully functioning community. Critics have also pointed out that his model also supposes one trajectory for all gay, lesbian and bisexual youth: from *straight* to *gay*, that being gay is seen as the endpoint of development (which does not hold for bisexual adolescents) and that coming out is the defining experience of a gay or lesbian identity development (Rivers, 1997).

<center>*Other Theorists*</center>

Another theory of lesbian-specific identity development was put forth by Sophie (1987) who noted two distinct differences between gay men and lesbians. First, she found that lesbians were more likely to enter their first significant relationship earlier than men and that negative identity did not necessarily precede positive identity. In other words, Sophie seemed to report that many of the women she interviewed had a positive coming

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out experience and were self-identified as lesbians without first having a negative renunciation of themselves or of heterosexuals.

In contrast, in Chapman and Brannock's model of lesbian identity (1987), authors conclude that a women's sexual identity may precede awareness. What this means is that an individual feels connection and attraction to another woman before she questions any incongruence between her own feelings and the societal norms. Because societal norms are so strong regarding homosexuality, most lesbians ingest a tremendous amount of homophobia from the society around them, even before they understand that it pertains to them as individuals. One challenge to forming a healthy sexual identity in this environment is that lesbians must find ways to connect to both the lesbian community and the larger heterosexual society; often lesbian adolescents have experienced rejection, discrimination, feelings of alienation, loneliness and *otherness* that long precede their successful identity formation (Fingerhut, Peplau, & Ghavami, 2005).

Some researchers feel that self-disclosure as a lesbian is a strong determinant for whether or not that person will have a positive identity development. McCarn and Fassinger (1996) believe this not the case, but that self-disclosure in a hostile and homophobic environment often leads to discrimination, even violence, and the negative results of such disclosure can prohibit or arrest an otherwise positive identity formation.

 Bringaze and White point out (2001) that although gay and lesbian identity models are similar to those that describe racial or ethnic identity, there are some significant differences. Typically, gay and lesbian identity development is delayed or even arrested due to societal stigmatization. Unlike most racial or ethnic identities, sexual identity can be virtually invisible, contributing further to stigmatization and a profound

lack of positive role models. If a racial minority resides in one's family of origin, that person has at least a small subgroup of people who accept and support that person when he or she encounters hostility and prejudice from outside. For many gays and lesbians, this most basic support system does not exist. In fact, the family of origin may be so unsupportive of a child's sexual identity that membership in that family becomes difficult or impossible for the gay child.

Olson and King (1995) state that because of this presumption of heterosexuality, gay adolescents are socialized to be unprepared to recognize their minority sexual identity as positive, and this is compounded by the overt and covert hostility toward gays and lesbians in this culture.

The intersection of gender and sexual identity has been studied, notably by Miller (1976), Ellis and Murphy (1994), and Schneider (as cited in Bobbe, 2002). According to Miller, all women experience some degree of shame and discrimination simply because they are women in a patriarchal culture. When a lesbian identity is added, a woman is even more severely persecuted and devalued because her existence is not dependent on a relationship with a man. She has violated one of the most sanctioned norms of American culture and because she has rejected male domination and control (Ellis & Murphy, 1994), she will face ever-present harassment and pressure to remain as invisible as possible.

The concept of invisibility as it relates to lesbian identity is an important one. No positive form of identity development can occur if the lesbian feels she is invisible or silenced, or is successfully *kept* so by a heterosexual mainstream. Visibility, even the most negative kind, is preferable to some over imposed non-existence. Saari (2001)

discusses how invisibility harms lesbians by diminishing the significance of their partnerships, their life stories, harming the ability to use these life stories to integrate aspects of healthy identity.

Invisibility (and its associated costs) in the lesbian community has been studied most recently by Kadour (2005). He found that most mainstream publications having to do with public health, such as the Morbidity and Mortality Weekly Report, usually make no mention of sexual identity, except to report on AIDS statistics. The consequences of invisibility to lesbian health, Kadour points out, are real: õWhen sexual minorities are not included in government definitions, they inevitably miss out on the benefits of public healthö (p. 32). He goes on to cite the higher-than average smoking, alcoholism, and suicide rates among lesbians and gay men as compared to heterosexuals.

The intersection of health and sexual identity has also been studied by Lewin and Meyer (2001). They point out that discrimination affects the health of gay people in four main ways: 1- stress from discrimination and social isolation contribute to poor physical and mental health, 2-heterosexism has resulted in a marginalization of GLBT health care issues in public health agendas, 3- healthcare research can stigmatize or render invisible GLBT people, and 4- homophobia creates barriers within healthcare institutions that lead to substandard or non-existent care for GLBT people. Finally, even though homosexuality has been declassified as a mental-health disorder since 1973, some forms of minority sexual identity are still seen as pathological (gender-identity disorder), and therapists can act as hostile representatives of a biased healthcare system. Medicine, according to Lewin and Meyer, then becomes a form of social control and upholder of *normative* standards.

A 1990 study by Rothblum sought to understand depression in lesbians and identify the factors of sexual identity that would either predispose or bolster a lesbian against depression. She cites the national lesbian health survey, NIMH, 1987, which reports the most common reason lesbians sought counseling was for depression. Although research indicates that lesbians with a strong sense of social support were less distressed, finding social support within an often invisible community is a stressor in and of itself. She also discusses that despite tremendous societal pressure for women to be married, some studies suggest that for women, being single is psychologically *healthier* (Horwitz, White, & Howell-White, 1996). Ironically, because most lesbians aren¢t married, that may serve as a protective factor against depression. Rothblum¢s study predates the current struggle for marriage equality; clearly, research that focuses on newly married lesbians in Massachusetts, Vermont, Connecticut, Iowa and Canada, where same-sex marriages are now legal, should assess the validity of that assertion.

Many researchers have also studied various markers of physiological and mental health among sexual minority women and adolescents. For example, Cochran, Sullivan and Mays (2003) found in a representative survey of 2917 midlife adults that lesbians had a greater prevalence of anxiety disorder compared to heterosexual women, and that their use of mental health services was more frequent as well.

Lehavot and Simoni (2011) surveyed almost 1400 sexual minority women and concluded that *minority stress*, or the impact of heterosexism on sexual minorities, had significant impact among lesbians on both elevations in substance use, as well as increased use of mental health resources. Rosario, Schrimshaw and Hunter (2009) studied the impact of a negative reaction from family members to a sexual minority¢s disclosure

of his or her sexual identity, or coming out. Among young people, ages 14-21, the number of rejecting reactions to disclosure of sexual identity was associated with abuse of alcohol, tobacco, and marijuana, even when demographic factors were controlled.

Beyond Models: Positive Factors

A more recent study by Bringaze and White (2001) moved beyond theoretical models to identify factors that contributed to healthy identity development in lesbians who were considered leaders, in their communities or nationally. They identified helpful resources these women used in their coming out processes, personal beliefs about homosexuality, and past obstacles related to being lesbian. In general, among the 262 participants, the following three resources were most commonly employed: association with other gays and lesbians, self-help resources, and counseling, especially person-centered or Rogerian (Lemoire & Chen, 2005).

First, association or even seeking out other gays and lesbians, is critical to understanding one's own lesbian identity. It moves one away from the standard of invisibility or non-existence imposed by mainstream culture, and it offers important role models. Access to social support is a key component of health for anyone. For someone actively experiencing discrimination or prejudice, it becomes of paramount importance. Also crucial is the kind of association; social or political groups were seen as more helpful to identity formation than reliance upon gay bars for contact with other lesbians. Indeed, one possible explanation for elevated rates of problem drinking and alcoholism among lesbians is the lack of available social networks other than bars (Bobbe, 2002).

Bringaze and White (2001) found that self-help resources, such as books, spiritual practices, and self-study were listed as important resources by most (65%, $N = 262$)

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participants. It is interesting to note that spiritual *practices* like prayer or meditation were seen as beneficial, but participation in a religious community was often not; only 13% of participants identified their religious communities as being helpful, and 33% said they were not. The Internet has provided many more options for obtaining such self-help information and forming social networks than those in existence even a decade ago.

Finally, 35% of participants in Bringaze and White's (2001) study cited counseling as being helpful during their coming-out process. Some research has shown that gay men and lesbians are two to four times more likely to seek psychotherapy than nongay people, and approximately 25-65% of the lesbian population seeks counseling at some point in their lives (Rudolph, 1988). Being able to intimately examine and reject many of the mainstream views about homosexuality is a critical task the facing the lesbian adolescent attempting to internalize a positive sexual identity.

As a result of being acculturated into a heterosexist and homophobic society, some degree of internalized homophobia and self-hatred exists among all lesbian and gay adolescents (Szymanski, Chung, & Balsam, 2001) which is directly associated with low-self esteem, loneliness, and hostility toward self and others (Syzmanksi et al, 2001; Rivers & Noret, 2008). A recent study by Frost and Meyer (2009) found a significant association between internalized homophobia and greater relationship difficulties. They describe the extent to which internalized homophobia, once self-generating, can persist even in the absence of external threat. Suicide, the ultimate act of such self-hostility, is all too-often the result (Radkowsky & Siegel, 1997; D'Augelli & Hershberger, 1993).In contrast, lesbians whose identity processes receive positive support from important others

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show markedly higher levels of self-esteem, life satisfaction, and lower levels of depression (Beals & Peplau, 2005).

Preliminary Findings

It is clear from existing literature that lesbian identity formation has been moderately researched and has been the topic of much debate. However, much of the existing work is formulated on outdated models (Cass), has been understood through the lens of men (Galatzer-Levy & Cohler; DøAugelli, 1994), or comes from a pathological perspective, rather than a positive one. Helms focuses on the changing or understanding attitudes toward another, rather than focusing on the identity components inherent to oneself. Identity in this model seems formed mainly in resistance to, or acceptance of, another.

All the stage models have limitations and do not fully capture the complexity of contextual integration of multiple identities. Nevertheless, the process among lesbian adolescents appears somewhat different than that of their gay male peers, and certainly that of their heterosexual counterparts. From this existing body of literature, some preliminary findings can be drawn. First, feelings of alienation, loneliness, and being different in a negative way are common among gay adolescents, especially girls, regardless of whether or not they realize or claim a lesbian identity at that time. Second, more lesbian adolescents than heterosexual or bisexual may actively go into identity crisis earlier (Konik & Stewart, 2004) challenging societal and parental norms to eventually arrive at some sort of successful identity resolution, whether it is called autonomy, achievement, synthesis, or integration.

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There is also a direct parallel between many of these stage models, and the transitions between them, and Van Gennep's (1908) three phases of a rite of passage: separation, transition, and incorporation. The separation stage involves a sacred demarcation of both time and space, apart from non-sacred space, which includes symbolic behavior, such as special clothing, hair ornaments, food, and the like. During the *margin* or *limen* phase, the ritual subjects pass through a period and area of ambiguity or void during which aspects of the previous identity or community no longer apply, and any future ground of community or identity is as of-yet unknown. To assist in this passage, reintegration uses symbols and actions which directly facilitate the emergence of the ritual subject into the new, defined place and membership in community.

For those traversing various stages of any of these models of identity, particularly adolescents, there are very clear markers where one separates from the dominant culture (or is born into that condition). One begins to take on the symbols of being gay or lesbian, through dress, language and friends. Finally, when one moves from foreclosure into synthesis or achievement one must first enter into that void of liminality, the place of transformation where all known ground is absent and the leap of potential will hopefully be rewarded. What place community may play in such rites of passage for lesbian adolescents is problematic: communities of family cannot be assumed to be supportive, and communities of elders who have already passed through their rituals are not always easily accessed or found.

Failure to resolve such an identity crisis can come about through internalized homophobia and self-hatred; or societal, familial, religious or cultural rejection; or any combination of these. A foreclosed or interrupted identity formation or a complete

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alienation from or rejection of one's sexual identity is associated with depression, hostility, low self-esteem, increased substance-abuse, family conflict, and suicide. Although there is agreement in the literature regarding the importance and difficulty of identity achievement for gay adolescents, particular attention is necessary when considering lesbian youth because lesbians are doubly stigmatized for being sexual minorities and female in a culture which privileges male heterosexual norms (Rivers, 1996; Olson & King, 1995). Further, being able to tell an integrated, inclusive life story or narrative that includes both the inner and outer selves gives one a sense of *personal coherence*, which may be severely compromised, hidden, or interrupted in lesbian adolescents. One extreme way in which the narratives or life stories of lesbian adolescents are rendered invisible or absent is frighteningly literal: suicide.

Suicidality among Lesbians

Introduction: An overview of suicidality among lesbian and gay adolescents.

According to current research, including recent articles by the American Psychological Association and others (Mitchell, Kim, Prigerson, & Mortimer, 2005), suicide is now the third leading cause of death among young Americans between the ages of 10-24, and accounts for approximately 30,000 deaths annually (National Institute of Mental Health, 2003, Department of Health and Human Services, 1999).

Suicidality among gay and lesbian adolescents has been a frequent topic of research over the last 25 years. The publication of the U.S. Secretary of Health and Human Services report (1989) indicated that gay and lesbian youth are two to three times more likely to attempt suicide, and that they account for up to 30% of the total adolescent suicide rate. A follow-up study (Rotheram-Borus, Hunter & Rosario, 1994) documented

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that between 48-76 % of gay and lesbian youth think about suicide, and between 29-42% have attempted it. However, the samples used in the preceding study were not random, and results may not be easily generalized. A study by Bagley and Tremblay (2000) bolsters support for the direct link between homophobic persecution from schools and families and suicide attempts among adolescents, and authors also call for greater awareness in school communities and among mental health providers who directly screen for and target suicidal ideation.

In Russell and Joyner's (2001) literature review on this topic they concluded after looking at 20 different studies that there is no consensus yet on the degree to which same-sex orientation is a risk factor for adolescent suicide. They go on to identify clear risk factors for adolescent suicide, including depression, hopelessness, substance abuse, and the recent suicide attempt or completion of a family member or close friend (Russell & Joyner, 2001). Because depression and substance abuse in particular are much higher among gay or lesbian adolescents than heterosexual adolescents, these risk factors point to an alarming possible trend.

To address potential weaknesses in previous studies, Russell and Joyner (2001) studied a random sample of 12,000 teens from 134 different schools and had them fill out an in-home survey. Measures included risk factors for suicide as well as factors of adolescent sexuality. Cases were then individually weighted to estimate a sample of the total U.S. population representing nearly 22 million adolescents. Their results showed approximately 7% of the teens reported a same-sex attraction or identity, with boys reporting slightly higher levels than girls. Consistent with previous research, girls showed higher frequency of suicidal thoughts and attempts. Overall, these researchers found that

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youths with same-sex attractions were more than twice as likely as their heterosexual peers to attempt suicide, and had significantly higher rates of alcohol abuse and depression. However, they went on to discuss that the overwhelming majority of gay and lesbian adolescents-84.6% of boys, 71.7% of girls- reported no suicidality at all.

According to Vare & Norton (1998), gay and lesbian youth are at higher risk than non-gay peers for suicide attempts and completion, infection with HIV, violence, and dropping out of high school. They further conclude that approximately 1500 sexual minority adolescents take their own lives every year, making them 2-6 times more likely than other teens to attempt suicide, and they account for 30 % of all completed suicides among adolescents, even though they make up only 10% of the population.

In their discussion, Vare and Norton (1998) propose that a gay or lesbian sexual identity in and of itself is not the primary risk factor for suicidality; rather, it is the accumulated distress felt by immersion in the perceived and real hatred and prejudice that surrounds them, especially in public high schools.

Diane Elze (2002) also analyzed risk factors for gay and lesbian adolescents. In her study of 169 teens (ages 13-18) in northern New England, she found that the risk factors for suicide varied greatly among gender. For males, higher suicidality was associated with substance use, a more feminine gender role, and situational stressors, such as coming out to friends or family. For females, low-self esteem, loss of friends surrounding a coming out experience, hostility toward others or from others, and frequent attendance at gay bars were associated with higher suicide risk. Elze went on to identify risk factors for gay youth not related to gender, including victimization, negative family attitudes, and stigmatization by others. In her discussion, she proposed mitigating factors

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that have been studied previously, including family support (including attitude), self-acceptance of one's sexual minority identity as opposed to hiding or denial, and a lack of stressful events surrounding the coming-out process. Limitations of her study, however, include the participants all being *out* to at least one parent and being a convenience sample of white upper class New Englanders. Certainly this demographic does not include gay teens who are too fearful to disclose their sexual identity, gay teens of color or lower SES, or teens raised in a less accepting educational system than New England. In short, results are not generalizable.

In a unique study of sexual minorities and their heterosexual siblings, Balsam, Beauchaine, Mickey and Rothblum (2005) found that sexual minority status was directly predictive of suicidal ideation and attempts, self-harming behavior, utilization of mental health services, and use of psychotropic medications, over and above effects of family adjustment.

D'Augelli et al. (2001) surveyed 350 gay youth between the ages of 14-21 regarding their family reactions to sexual identity, suicidality among relatives and friends, and their own suicidal thoughts and behaviors. Nearly half of those surveyed (42%) had sometimes or often thought of suicide; one third (33%) had made at least one attempt. Most of those teens associated their suicidality with their sexual identity. Frequently, attempts were made either after awareness of same-sex attraction developed or before disclosure of sexual identity to others. Twenty-five percent also disclosed that a family member had made a suicide attempt, and almost three-quarters of the sample said a close friend had also attempted suicide. Because they are more likely to have other

lesbian friends who discuss or attempt suicide and in general report higher levels of depression and suicidality, lesbian teens seem to be at an even greater risk.

DøAugelli, et.al. (2001) outline stressors unique to sexual minority youth including family problems relating to sexual identity, acceptance *or* rejection of a childøs sexuality, a family pattern or background of alcoholism or drug abuse, and reliance on social support from people who reject or victimize them. Of particular note is the link between parental response to a childøs sexual identity and suicidality; teens whose fathers were intolerant or rejecting were nearly twice as likely to report a past suicide attempt, regardless of gender. Among different domains of suicidality (thoughts, reports of past attempts, current risk), DøAugelli documents that risk in gay or lesbian adolescents is substantially higher than that of other adolescents.

Cochran, Stewart, Ginzier, and Cauce (2002) compared homeless gay and lesbian teens with their heterosexual counterparts in Seattle, WA. The National Network of Runaway and Youth Services estimates that 11-35% of homeless teens are gay, lesbian, bisexual or transgender (GLBT). GLBT adolescents are more vulnerable to health and psychological problems, including suicidality, than their homeless heterosexual counterparts. Many GLBT youth are victims of parental abuse, substance abuse, sexual abuse, and overall victimization. Gay and lesbian teens frequently encounter escalated incidence of substance abuse, assault, robbery, and rape once they become homeless. High rates of risky sexual behavior have also been reported by homeless youth, usually as a survival technique (trading sex for food, drugs, or shelter), putting them even further at risk for STDøs, including HIV, and sexual assault.

Cochran and colleagues surveyed 375 homeless adolescents between the ages of 13 and 21, from 1995-1998. Teens were recruited by the Seattle Homeless Adolescent Research project at street locations, shelters, and social service offices in the Seattle area. Findings revealed that gay youth were kicked out or left home more frequently than other homeless youth, experienced higher levels of physical victimization on the streets than their heterosexual counterparts, and reported higher levels of sexual victimization. Gay teens also reported higher rates of depression, psychopathology, and substance use than non GLBT teens, as well as higher rates of unprotected sex. Although researchers offered few individual mitigating factors for reducing suicidality, they did suggest an intervention of focusing on the family to prevent GLBT youth from becoming homeless.

Hillier and Harrison (2004) in their qualitative study of 200 gay adolescents in Australia uncovered and documented the struggles of these young people to develop positive sexual identities in the face of *dominant discourses* that label being gay or lesbian as *evil, diseased and unnatural*. These authors cite the 5,000 suicides in the United States every year and point out that over 30% of these among adolescents ages 15-24 are directly attributable to õemotional turmoil over sexual preference issues and societal prejudices surrounding same-sex relationshipsö (Hillier & Harrison, 2004).

Numerous recent studies have cited a significantly greater risk of suicidal ideation, attempts, and completions among gay, lesbian and bisexual youth (Silenzio, Pena, Duberstein, Cerel, & Knox, 2007; Proctor & Groze, 1994; Kitts, 2005), with averages from 20-40% higher rates than those of heterosexual adolescents, and most of these authors point to psychological distress and societal discrimination as key causal factors. One 2003 study by Savin-Williams and Ream found a rate of 30-40% of suicide

attempts among gay male adolescents, compared to 6%-11 % of heterosexuals in the same demographic groups, while another study lists over half of suicide attempts among its participants (*N* = 528, 33% attempting) as related to the attempters' sexual identity (D'Augelli et al, 2005). Although the authors point out that half of those attempting did not use lethal methods, they found that attempts by females (21%, *N* = 27) were more common than those made by males (13%, *N* = 29).

McDaniel, Purcell, and D'Augelli (2001) point out the difficulties in doing research on stigmatized populations, such as sexual minority youth, and discuss how many previous studies showing severely elevated levels of suicidality among gay and lesbian adolescents have been rejected by members of Congress or other prominent officials, because the information was considered to be *contrary to family values*. In the authors' review of some 15 studies from 1994-2001, they found rates of 23-40% of suicide attempts among gay and lesbian adolescents, compared to 3.4%-15% among heterosexuals. They also found that lesbians were twice as likely to attempt suicide as heterosexual women and that most attempts took place at age 20 or younger, with a full one-third of these before age 17 (p.90).

Another review of relevant empirical literature by Anhalt and Morris (1998) found rates of suicide attempts ranging from 11-42% among gay and lesbian teens; most of the studies reviewed, however, showed much higher rates of 30-42% compared to average rates of 4- 14% among heterosexuals.

Although the focus of this study was on lesbian suicide survivors in the United States, the literature suggests that feelings of oppression and discrimination that may lead to suicidality are not uncommon in other English-speaking countries as well.

Skegg, Nada-Raja, Dickson, Paul, and Williams (2003) performed assessments of self-harm on 946 young adults in New Zealand, with the following results: those who experienced same-sex attraction or identity had higher rates of self-harm than those who did not, with over one-third of gay and lesbian young people having attempted suicide, compared to 5.5% and 1.9% among heterosexual men and women, respectively.

Floyd and Stein (2002) also found that a higher number of suicide attempts were made by gay or lesbian adolescents, especially those who had an early awareness of their sexual identities or attractions, and who had made early disclosures to family members.

One study which looked in-depth at the link between past childhood abuse, sexual identity, and suicidal ideation found that lesbians were significantly more likely to report both previous abuse and suicidality than gay males or heterosexual women (Garcia, Adams, Friedman, & East, 2002). The authors felt that the significantly higher rates of suicidal ideation and attempts among both male and female gay adolescents was accounted for by the very high frequency of reported suicide attempts among lesbians and had to do with previous emotional, physical or sexual abuse in these women's histories.

In contrast to the previously cited studies, Rutter and Soucar (2002) examined suicide risk in 100 teens ages 17-19; and reported that sexual minorities had no greater suicide risk than their heterosexual peers. Although they agree with previous research that lists depression; low self-esteem; self hatred and victimization to be among the greatest risk factors, they also believe that psychosocial variables, such as social support and internal locus of control have more impact on suicidality in the GLBT community than systemic oppression or homophobia.

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Lesbian-Specific Research

Only a handful of studies specifically examine suicidality exclusively among young women and some of these indirectly as part of studies of lesbian identity formation (Degges-White et al., Rice & Myers, 2000) or as part of larger health-care studies surveying a number of concerns (Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Lehmann, Lehmann, & Kelly, 1998). Regardless of the paucity of research on lesbian suicidality and on survivorship among lesbians, Matthews et al. (2002) found that lesbians are at greater risk for depression than heterosexual women and have twice the risk for suicide attempts as their heterosexual counterparts. Lehmann et al. surveyed 53 self-identified lesbians (median age 23 years) and found that 49% of them were clinically depressed, and fully 27% of these had attempted suicide.

Durkheim's Theory of Suicide

One key study, designed to be utilized as an assessment tool with young adults questioning their sexual identities, cited previous research that confirms the õunusual prevalence of suicide attemptsí among gay and lesbian respondentsö (Kulkin, Chauvin, & Percle, 2000). This study offered clarifying theories around the definition of suicide itself and theories behind different types of suicide, most notably that of Durkheim (1897). Durkheimøs main contribution to the area of suicide research was to demonstrate that although suicide is an individual act, it can be explained by sociological factors. One of his assumptions was that suicide can be categorized with regard to how a person is integrated into society, thereby allowing an assessment to speculate on the degree of suicidality by observing a personøs attachment to groups. When this sense of attachment or belonging to a group is weakened, Durkheim argued, suicidality can develop, which

he termed Egoistic. Kulkin et al. (2000) point out that this type of suicide is characteristically displayed by gay and lesbian adolescents, in particular young adolescent lesbians. Rejection by families and larger institutions, devaluing by peers, cultural norms and values, and feelings of alienation and isolation likely render a lesbian adolescent more vulnerable to suicidal ideation and attempts.

The other type of suicide defined by Durkheim (1897) is Anomic: which is indicated by weak societal control, decay in social norms, or breakdown in anti-suicide social structures. Previous moral *rules* against suicidality, such as religious or legal constructs which directed individual and group behavior, are no longer applicable when an individual is estranged from participation in the larger culture or society. Such an individual is more *prone* to suicide (p. 11). Kulkin and colleagues conclude by speculating that there is increasing need to normalize and accept homosexuality across societal and familial structures, and this would allow gay adolescents to develop increased feelings of belonging and participation in the larger group, possibly resulting in a decreased risk of suicidality among gay and lesbian adolescents.

Rites of Passage and Liminality

Much of the extant work on rites of passage and moments of transformation or liminality are contained within the cultural anthropology bodies of research and literature and are not directly relevant to this literature review. However, studies by Cato and Canetto (2003), Black and Underwood (1998) and Radkowsky and Siegel (1997) directly shed light on rites of passage for gay and lesbian youth and strongly suggest that suicidality and suicide attempts are direct and actual rites of passage in and of themselves.

It would be helpful to draw parallels once again between Van Gennep's (1908) three phases of rites of passage (separation, transition, and incorporation) and survival of suicide. First, separation among suicidal persons is demonstrated in many ways, literal and symbolic. The decision to kill oneself immediately separates the person from time and space and the common experience of others; future time will not apply, and one enters into a realm of potential non-existence. Some suicidal people make this more literal by giving away possessions or otherwise separating themselves from their former identities or lives. Transition, or liminality, again emerges for the suicidal person at the moment he or she decides to take some sort of action in this reality to end life, at the moment such an action is done or seen as inevitable, and literally in such cases where there is unconsciousness or temporary death. Any near-death experiences a person remembers and holds with them when they return are certainly transformational and separate them again from others in community. Finally, incorporation or re-entry into a community or an established place after a suicide attempt is a unique territory only inhabited by survivors-they have traveled through a void of sorts and have returned. Unlike most formal rites of passage, often there is no expectant, supportive community of experienced elders awaiting them as guides and mentors. Frequently this particular, most potentially healing element, is spontaneous, informal, or absent. Van Gennep describes ritual initiates as sacred, although humble and weakened: "novices are outside society, and society has no power over them, especially since they are actually (in terms of indigenous beliefs) sacred and holy, and therefore untouchable and dangerous, just as gods would be" (Turner, 1982, p. 27).

In literature examining rites of passage and suicidality, Jennifer Cato and Silvia Canetto surveyed attitudes toward a suicidal decision when coming out was the precipitant of the suicidal act (2003). In their study, they argue that suicidal behavior among gay and lesbian adolescents has many known risk factors and occurs frequently enough to be called a õpainful but avoidable rite of passage for LGB youths at the coming out stageö (p. 497). In their discussion of suicidal behavior, the authors point out that the likelihood of responding to adversity (coming out as gay or lesbian) with suicidality depends partly on cultural factors, including the accepted social meanings and scripts attached to suicidal behaviors.

Social meanings of suicidal behavior are defined as the social interpretations of the suicidal act itself, and there is great cultural variance. For example, the authors compare suicidality among widows in India (accepted and expected) with suicidal behavior in young people in the U.S. (evidence of mental disorder, immoral, or illegal), and point out that social consequences of suicidal behavior vary in accordance with those interpretations and assigned cultural meanings. From how a person is viewed if he or she reveals ideation to the consequences of the act itself (hospitalization, incarceration, or eulogizing if deceased), a personøs choices are certainly affected by the accepted social scripts and meanings of the act as he or she begins to contemplate, attempt or survive suicide. Certainly these findings have direct implications for this research study. Cultural meanings and social scripts surrounding suicide survival and claiming a lesbian identity are both equally powerful, marginalized, and potentially thrice-disowned; being female and homosexual- as well as a survivor of something as stigmatized as suicide- places

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lesbian adolescents in an untenable social position, and the scripts surrounding the meaning of these identities are largely negative, discriminatory, and disempowered.

In Cato and Canetto's study (2003), 237 women and 219 men, 97% of whom self-identified as heterosexual, were surveyed about their attitudes toward suicide attempts precipitated by coming out as gay or lesbian, versus those attempts linked directly to other stressors such as illness, relationship loss, or academic failure. The following results were discussed: Physical illness was seen to be the sole *relatively understandable* motivation for suicidal behavior, but the decision to attempt suicide following parental rejection after coming out was perceived as *unsound and weak* (p. 502). Further, attempting (and surviving) suicide was seen as *youthful, feminine* behavior, regardless of the gender of the attempter, which clearly suggests that lesbian adolescents are placed into a double-bind because they are expected to engage but at the same time condemned for engaging in what is perceived to be *unsuccessful* suicidal behavior (p. 503). Similarly, the authors cite another study (Linehan, 1973) in which attempted suicide was perceived as more õfeminineö than death by suicide (p. 503).

The silencing and disempowerment of lesbian adolescents was also discussed by Janet Black and Jackie Underwood (1998). These authors state that lesbian adolescents are especially vulnerable to *non-existence*. They have long been the *invisible homosexuals* by being both women and gay, and are expected by society to follow an explicit and implicit code of silence, obedience, and invisibility (p. 15). They directly cite this invisibility as a primary cause of both lesbian adolescent suicidality and an underrepresentation of lesbians in professional literature. Although they also point out that the challenges lesbian adolescents must confront (and master) in order to develop a

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positive, healthy identity can result in increased coping skills; overall, lesbian adolescents don∉t have access to the same rites of passage other teenaged girls are allowed to pass through. As non-members of society and unsanctioned invisible non-beings, the rites of passage which help shape and create an adolescent into an adult and allow access and membership into the adult community as a whole are not open or inclusive for lesbian adolescents; cultural and societal scripts simply do not name, include, support, or allow for the lesbian adolescent experience, according to these authors. Authors suggest that various coping methods, such as *passing* (posing as heterosexual or not claiming a lesbian identity) or becoming model students, friends, etc., may delay healthy identity development and leave the lesbian teen feeling even more isolated, inauthentic, and depressed. If these coping skills do not develop, however, or if sexual identity formation emerges before these skills are available, suicide too often is a frequent and prevailing risk.

Finally, Radkowsky and Siegel (1997) also discuss how societal stigmatization robs the gay or lesbian adolescent from experiencing the rite of passage of normal developmental milestones and may impair relationships with peers, potential lovers, parents, and society as a whole. Social isolation, peer rejection, and fear over not having a romantic partner are cited as direct causes of academic failure, running away, depression, violence, substance abuse, and of course, suicide. Authors point to intimate relationships as being among the most important tasks of the adolescent, a rite of passage that is complicated, compartmentalized, or simply denied:

> Many of those rites of passage through which other teens pass are not open to the gay and lesbian adolescent. The glances and shy smiles exchanged across a classroom, the sending of a valentine, the agony of the first telephone call asking for a date, the shared bag of popcorn in a movie

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theater and the walk home on a moonlit night with arms about one
another, the first kiss and touch- all of these are simply not realities for
most gay and lesbian teens or are experienced heterosexually with a sense
of falseness and confusion. (p. 196)

Although many of our societal norms, both cultural and legal, have changed

somewhat since Radkowsky and Siegeløs (1997) article was published, much of the

stigma surrounding both homosexuality and suicidality, especially among women,

remains. Powerful social, religious, and cultural messages abound regarding being gay or

lesbian in our society, and attempting suicide remains, for most, taboo. A further

examination of the intersection of these stigmatized identities follows.

Thrice-Disowned: Female, Lesbian, and Suicidal

Much research has outlined the history, effects, and consequences of being a

member of a stigmatized group. Tzasz (1986) outlines the history of the cultural and

social meanings given to the act of suicide itself in his article õThe Case Against Suicide

Prevention,ö and traces how suicide in Western culture changed from being a sin and a

crime to an act of mental illness, around the end of the period of Enlightenment,

approximately 1800 (p. 806). Rather than being treated as any other life-threatening

disease, Tsasz points out, suicide has come to be viewed *scientifically* as an act of

insanity, irrationality, and mental incompetence; yet the sociocultural, moral, and

religious overtones of sin and crime against God remain. In his discussion on the

overwhelming (and patronizing) responsibility mental health care providers now face in

attempting to *prevent* their clients from attempting or completing suicide, Tzasz

illustrates this connection with the following: õí our acceptance or rejection of coercive

suicide prevention is perhaps best viewed as a manifestation of our moral and political

(existential, religious) beliefs in certain ideas and their practical implications-such as free

will and personal responsibility on one hand and ‑mental illnessø and therapeutic paternalism on the otherö (p. 808). He goes on to remark õIt is worth noting in this connection that psychiatrists now stigmatize and ‑punishø suicide much as priests did before themö (p. 808). In other words, regardless of whether suicide is viewed as an offense against God because only God can bring or end life (ending oneøs own life supposes equivalence with God and is an offense against the divine order) or as an act of mental illness and insanity which should be combated as a disease like any other matter of public health, both those who suffer from suicidality and those who treat them are participants in this stigmatized realm of existence.

The impact of stigma on the lives of gay men and women has also been extensively researched, and countless studies have documented the direct link between societal rejection, stigma and suicidality among gay and lesbian adolescents (DøAugelli et al., 2001; Kitts, 2005; Remafedi, 1999; Rivers, 1996; Russell & Joiner, 2001). Authors once again point out that increased risk of suicidality comes from the effects of psychosocial distress, rather than some inherent defect associated with being gay or lesbian (Kitts, 2005).

Many studies document a direct link between societal homophobia and increased risks of suicide attempts and completion, particularly among women. Kulkin et al. (2000) discuss the tremendous impact of society upon the self-esteem and coping of young gay adolescents, particularly girls. In these authorsø literature review, they cite many studies (Gibson, 1989; Ramfedi et al., 1991; Roles, 1983) which directly link hostility and homophobia from society and suicidality. Most lesbian adolescents, already struggling with identity formation and issues related to self-esteem must now combat the negative

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attitudes and remarks of others close to them, as well as society as a whole; lesbian teens have often been immersed in, and have internalized, repeated messages of hostility, violence, and shaming related to their sexual identities, often before they develop a clear awareness of their own identities. These authors suggest that by the time most lesbian adolescents name and disclose their sexual identities, even to themselves, they have been immersed in messages of pathologizing and hostile homophobia and have a keen understanding that their very existence places them in direct conflict with approved societal and religious norms. These authors suggest that low self-esteem, depression, anxiety, and suicidality are often the immediate result (Kulkin et al., 2000).

Anhalt and Morris (1998) discuss the direct link between disclosure of one's sexual minority status to friends and acquaintances and suicide: homophobic remarks, stereotypes, and in many cases, loss of such friendships and an experience of being shunned from the larger group are directly causal in many lesbians' suicide attempts.

A key study by D'Augelli et al. (2005b) confirms this link. Among the three groups whose suicide attempts were examined, over half of those who had attempted suicide did so because of their sexual identity. Factors linking sexual identity and suicide centered on displaying more gender-atypical behavior and being more easily identified as being gay or lesbian, particularly by parents. It seems probable that the more identifiable one is as being non-compliant with gender or sexual identity norms created and maintained by society, the more of a target one is for homophobia, alienation, and abuse. Much of this internalized self-hatred may become actualized into a suicide attempt.

As Black and Underwood (1998) state:

In a world that tells lesbian youths that they are deviants, sinners, criminals, and mentally ill, a damaged self-esteem is almost inevitable… the painful experience

of being different, accompanied by constant verbal and physical abuse, leads these youths toí self-hatred, self-devaluation, acting out, isolation, and self-destructiveness. (p.20)

Another likely outcome these authors suggest, is suicide. As Radkowsky and Siegel also (1997) point out: õInternalized homophobia is particularly insidious because to a large extent it is non-conscious, continuously reinforced by societal laws, social policies, religious beliefs, and negative media imageryö (p. 199).

Kitts (2005) points out that in spite of recent changes taking place in the media (greater visibility of gay and lesbian characters on mainstream television programs and movies) and the legal system (same-sex marriage battles taking place in multiple states, and foreign countries including Spain and Canada, as well as countless state laws either bolstering or attacking gay rights in areas such as employment protection, healthcare, and adoption), gays and lesbians remain one of the most victimized and discriminated groups in the United States. Rejection by peers and families, homelessness, substance abuse, hate crimes, and violence are still common in the day-to-day lives of gays and lesbians. Kitts reiterates that it is not necessary to experience hate crimes or discrimination first-hand to suffer ill effects, although most gay and lesbian adolescents have. In a culture where Matthew Shepard was brutally tortured and murdered as recently as 1998 solely for being openly gay and some church groups rose up to praise the murder and condemn gays and lesbians, how does the gay or lesbian adolescent develop a positive self-identity? When a liberal president sends direct messages against gay marriage (Bill Clinton passing the Defense of Marriage Act) and a conservative president makes õprotection of the familyö part of his state-of-the Union address (George W. Bush), how can a gay or lesbian

adolescent develop self-esteem and self-worth in the face of constant rejection, hatred, discrimination, and hostility from the macro to the microcosm?

Radkowsky and Siegel's 1997 study found that same-sex acts are still illegal in many states, including the District of Columbia, some with fines and prison terms attached (Montana was one of the last with a so-called "bestiality clause," rendering same-sex acts as equivalent to forced intercourse with animals; both were punishable by a 10-year federal prison sentence and a $100,000 fine). Gays and lesbians are still forbidden to serve openly in the military, even in this current time of war; Pentagon officials admit that many of the translators released in desperately needed areas, such as Middle East posts, have been removed because of the current "Don't Ask, Don't Tell" policy. With the exception of six states and the District of Columbia, gays and lesbians are denied legal marriage, and in many states, equal protection under the law with regard to housing and unemployment does not exist. Custodial rights of parents who are openly gay are frequently challenged, and gay adoption is prohibited across most states and in many foreign countries.

Radkowsky and Siegel (1997) point out that the field of mental health has contributed to this stigma by endorsing the belief that homosexuality is pathological (as upheld by the American Psychiatric Association until 1973). Despite the current official position of both the American Psychiatric Association and the American Psychological Association that being gay or lesbian is a normal, natural variant of sexual expression, a 1991 survey of clinical psychologists found bias, inadequate or inappropriate understanding of the assessment and clinical needs of the gay community on a wide range of topics (Garnets, Hancock, Cochran, Goodchilds, & Peplau).Further, this study found

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that one in five psychologists still treat homosexuality as a mental illness, using so-called *reparative* or *conversion* therapies, and that 45% of those surveyed do not consider their behavior as unethical.

It is beyond the scope of this research study to document or cite even a small sample of empirical and theoretical literature which discusses how women and young girls have been oppressed, victimized, rendered invisible, silenced, and otherwise suffered significant and ongoing harm by living in a patriarchal, sexist culture. Even among researchers who specialize in gays and lesbians, the assumption that gay and bisexual men are more frequent topics of research interest is made and much of this is related to the fact that gay and bisexual men retain their patriarchy-given power, even though they do not conform to heterosexual norms (Rivers, 1997).

Shulamith Firestone sums this up succinctly in her book entitled *The Dialectic of Sex* (1974): õSex class is so deep as to be invisible. Or it may appear as a superficial inequality, one that can be solved by merely a few reforms, or perhaps by the full integration of women into the labor forceö (p. 282). Penelope writes (Feminist Philosophies, 1992, Kourany et al., eds.) more specifically about the territory inhabited by lesbians, versus gay men:

> Our invisibility, even to ourselves, is at least partially due to the fact that our identity is subsumed by two groups: women and gays. As a result, lesbian issues seem to find their way, by neglect or elimination, to the bottom of both liberation agendas. The liberation of lesbians is supposed to wait for the liberation of all women, or be absorbed and evaporate into the agenda compiled by gay men. Instead of creating free space for ourselves, we allow men to oppress us invisibly in both categories, as õwomenö or as õgaysö, without even the token dignity of being named ‑lesbiansø As soon as we name ourselves lesbians, we step outside of the category ‑womanø(p. 77).

Summary

Much research exists on both identity formation and suicidality among gay and lesbian adolescents. With regard to identity formation, many of the existing stage models are criticized for the following weaknesses: they are categorical, rather than dimensional; they are hierarchal and based on a particular trajectory, they often fail to include complex intersections across multiple identities, and often lack sociocultural context.

Although models of developmental identity formation have progressed from being largely based on children to include adults (Erikson) and have included members of different races (Helms), many of these existing models either focus on a pathological perspective of not accomplishing tasks (Erikson) or are defined by response to another group, rather than one's own (Helms). Models of identity, such as Marcia's, describe various failures of identity formation, but offer little regarding possible solutions to those failures or specific information about how they apply to stigmatized groups. Models specific to the identity development of gay men and lesbians frequently overlook other sexual minorities such as bisexuals or transgender youth (D'Augelli).These models are also based on out-dated assumptions of obstacles faced by sexual minorities (Cass), are developed from models of men (Cass), or assume healthy identity development can only occur during or after a coming-out process (Cass, Troiden, D'Augelli). There are territories of identity that don't fit into many of these models, and the role of stigma, although frequently discussed, is not central to current understanding of identity integration. Few, if any, of the previously cited models discuss how an adolescent rite of passage is essential to the overall development of a young person into a valued,

connected member of society, much less how society makes this difficult for sexual minorities.

With regard to the body of literature on suicidal ideation among gay adolescents, many of the studies, whether experimental or reviews of the literature, focus mostly on risk factors for suicide, strategies for prevention, and pathological factors inherent to being gay or lesbian in our current society. While not negating the importance of suicide prevention, it is important to note that few, if any studies, focus on the phenomenon of suicide survivorship itself. Regarding survivorship, there is a paucity of qualitative research regarding how suicide survivorship might relate to interrupted identity formation, how that might be seen as a rite of passage (with moments of liminality or transformation), or how that process might differ based on gender.

Many of the key studies focusing on suicidality among gay and lesbian adolescents are also quantitative and somewhat reductionistic, and few offer up a phenomenological approach or offer the participants any opportunity to be heard in a more narrative, descriptive way. Most of these studies categorize gay males and lesbians into one homogeneous group, thereby discounting the separate experiences of different genders in our culture. Often these studies seek to compare suicidality between gay and heterosexual adolescents, rather than attempting to study the phenomenon as a separate experience more fully informed by the context of a gay or lesbian culture. Such comparisons between hetero-and homosexual groups are useful in that they describe, repeatedly, the significant discrepancy between rates of suicide among sexual minority and sexual majority youth; clearly, the risk for suicide is still greatly elevated among gay,

lesbian, and bisexual adolescents in spite of ongoing efforts by clinicians, scholars, and activists alike.

What remains unexplored to any great degree is how someone experiences the world through multiple lenses of persecuted, stigmatized identity: female, lesbian, and a survivor of suicide. How someone overcomes social, familial, religious, political, and peer hostility toward women, lesbians, and suicide and navigates the complex formation of identity to exist in the world is largely unexplored and unknown. It is this particular territory which this research study sought to explore and begin mapping.

Remaining Questions

Rivers (1997) discusses the need for research which focuses on the development of lesbians or bisexual women, and directly states that much of this literature gap is due to patriarchal privileging of male power, regardless of sexual identity. Kulkin et al. (2000) also discuss the bias of research on lesbian suicidality as focusing mainly on risk factors and prevention, and the role of stigma in skewing sample populations. Only those who will self-identify as lesbian volunteer for such research and the stigma surrounding being lesbian and suicide survivor limits the possible participants still further. In their discussion, these authors strongly suggest research which seeks to uncover *suffering* in this population that is not just related to risk factors or prevention, but includes an understanding of the components of the suffering itself, and how the intersection of sexual identity and suicidality is different from that of heterosexuals.

One known risk factor for suicide is being related to or acquainted with someone who attempts or completes suicide (Mitchell et al., 2005), and statistically, lesbian adolescents fall into this category of elevated risk. Mitchell's study of the relationship

between complicated grief and suicidal ideation among survivors of suicide attempts to explore this risk. However, this study examines the phenomenon from the point of view of those who have never attempted suicide and also uses a heterosexual population sample. Although the authors found there was an elevated risk of 9.68% of suicide attempts by family members or significant others of those who complete suicide, the sample of Caucasian, heterosexual Catholics does not answer the questions asked by this research study, nor does it seek to understand suicide survivorship from the perspective of the suicide attempters themselves.

Finally, in their article on gay and lesbian self-identification, Olson and King (1995) clearly state that although many studies exist with convenience samples of those gay adolescents who will allow themselves to be studied, we have only a *rudimentary* understanding of the overall process of identity development in the larger population of gay and lesbian youth. Most studies also use anecdotal pieces of information, if they are qualitative at all, and most have been primarily about males. They correctly point out that there are far fewer studies solely on lesbian adolescents, and that overall there is a significant knowledge gap in the complex processes of identity and suicidality among these girls. In short, there is a paucity of research on the phenomenon of suicide survivorship among women who identify as lesbians and virtually none which explores the suicide attempt itself from the perspective of possible rites of passage or transformation as a means of joining a larger community.

Because lesbian adolescents have higher rates of depression, drug/alcohol abuse, and suicidality, there is a demonstrated need for interventions which target gay women specifically. Before such interventions can be crafted, the lived experience of lesbian

survivors of suicide themselves must be sought after, explored, and given voice. Only by seeking to understand the intersection of these thrice-disowned identities and what possible meaning the experience has had on the lives of these women can we begin to fill in these missing pieces with actual, living voices of the survivors themselves. Such a study is an important step in reclaiming some of the lost, disowned, or silenced identities of lesbians who survive suicide.

METHODS

Introduction

This chapter will focus on a short history of the chosen research methodology and explanatory information regarding the choice of this particular model. The usefulness of Interpretive Phenomenological Analysis is outlined and explicated as an appropriate choice for this dissertation. Next, a thorough description of how my own experience led to the participant characteristics, and how these participants were sourced, screened, protected, and fully interviewed is discussed. A brief discussion of possible ethical considerations and mediating factors is included. The data analysis process itself is uncovered and explained in some detail, because the process of researcher and participant making sense of the meanings behind the interview data is an inherently important part of this work.

Research Design and Methods

As described in introductory statements regarding methodology, this research study sought to utilize current interview data to uncover an understanding of the overall phenomenon of suicide survivorship among lesbians themselves.

As I reflected on the research question and my own process of understanding these phenomena, I clearly saw that meaning for me had changed over time, and both past and present reflections were important aspects of the overall experience of healing. Therefore, I sought a methodology that could capture as many reflective elements as possible, to allow an in-depth exploration of each person's current understanding of her experience, reflection of the past events, and any current meaning found in her present life.

Rationale for Methods Used

In order to synthesize and capture these elements, I have chosen an integrative approach to qualitative research that combines elements of interpretation, co-constructive phenomenology, and narrative inquiry: Interpretive Phenomenological Analysis, or IPA (Smith et al., 1997). I chose this method as the most inclusive, appropriate approach to this particular phenomenon.

IPA, particularly as it contains within its aspects of narrative inquiry is the necessary and appropriate methodology for this study (Smith & Osborn, 2003). IPA is a phenomenological methodology that seeks to understand the distilled essence of an experience or a phenomenon. With roots in sociology and psychology, it is best used with research topics that involve a specific phenomenon or experience. To distill meaning from oral interviews with a small number of participants is frequently the mode of data collection. IPA is well-suited to those areas of inquiry that are process-oriented or novel.

Aspects inherent in IPA that are also consistent with narrative inquiry concern an exploration of the life-stories of an individual or a small number of people and combines oral interviews with written texts in order to understand both a more nuanced, detailed

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account of someone's life and to re-story or recreate by their retelling the meaning behind events. It is in the intersection between the language we use as lesbians who have survived suicide to describe ourselves and our stories and how those meanings and symbols impact our identities that meets the co-researcher in the verbal retelling and allows the possibility for further interpretive communication to occur.

Interpretive Phenomenological Analysis

IPA is an approach that is phenomenological as it seeks to explore how participants make sense of some aspect of their world or experience. It is also a dynamic, hermeneutic interpretive dialogue between researcher and participant; the researcher is deeply involved in making sense of the participants as they attempt to make sense and describe their idiosyncratic understandings of their own worlds (Smith & Osborn, 2003). IPA also is narrative in approach; the co-creation of that story between researcher and participant will affect the meaning of the story itself by allowing representational space for a narrative to emerge between them (Kirmayer, 2003). However, the researcher will not attempt to influence or change the meaning of the narrative by the participant-but will attempt to better understand the meaning to the participant, as well as her own experience in this shared context.

As Smith and Osborn (2003) point out, IPA is particularly well-suited to questions which involve a process, novelty, or complexity; certainly the phenomenon of lesbian suicide survivorship is directly at the center of all of these. Because there is no attempt with IPA to test a pre-determined hypothesis or restrict or remove the shared experience of the researcher, as with the element of Moustakas' research approach known as *bracketing* (Creswell, 2007).

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Precedents for using IPA exist within the bodies of research on both lesbian

identity and suicidality. Alexander and Clare (2004) used IPA to elicit themes among

women identifying as lesbian or gay who also self-injure and reported that this

phenomenological approach allowed them to get an *insider's* perspective of a particular

topic area. In their findings they state that because this process was both dynamic and

interpretative, a clear link between participants' subjective experience and how they

described it emerged. They also emphasized the absolute importance of the research

being collaborative, with the participants placed in the position of experts about their

stories and their experiences.

IPA contains elements of a narrative inquiry approach and is used in this

dissertation study. In order to situate the primary research question in its context, an

opening question of "tell me the story of that day, as much as you remember" was used

with each of the participants. As this is more directly narrative in methodology, it seems

appropriate to outline the precedents for using narrative methods with such studies as this

one (e.g. Scotten, 2003). Nonetheless, the primary methodology is firmly seated in IPA.

Narrative inquiry has long been used as a methodology for topics that are both

socially situated and constructionist in nature, such as aspects of identity formation and

how that may or may not relate to the phenomenon of suicide survivorship (Saltzburg,

2007; Cato & Canetto, 2003). In Susan Saltzburg's (2007) research on families when a

child comes out as gay or lesbian, she posits that narrative therapy and inquiry offer

"limitless possibilities" in allowing a re-authoring of one's lived experience, and by the

very nature of it being a non-pathologizing approach, it invites rapport, empathy, and a

supportive context for participants to begin to understand and explicate their own stories

(p. 59). Further, she points out that reality is socially and personally constructed through language and that õabsolute truthö gives way to an interpretive meaning-making which allows us to understand ourselves and our lived experiences. These meanings are embedded symbolically in language that we use, and meaning is co-created and interpreted by participant and researcher. Finally, the author points out the clear need for research which allows those who are outside the majority culture and have experienced themselves predominately as the õotherö, to have opportunities to add their unique and individual voices to the larger collective (p. 59).

Cato and Canetto (2003) used semi-structured interviews to elicit narratives regarding attitudes surrounding suicide as a consequence of coming out and discussed the psychological function that telling such stories serves for the participant. This õnarrating selfö is relational in nature, in that identity is viewed as a dynamic construct which is negotiated through dialogue with significant people in the narratorøs lives.

Dickerson (2004) found in her study on young women and identity that a narrative perspective allows the participant to grapple directly with his or her own meaning and experience, possibly understand how he or she has come to attribute certain meanings to phenomena in his or her life, and recognize many of these meanings can be culturally driven. Galatzer-Levy and Cohler (2002) have used personal narratives as a means to help participants become able to tell a õcoherent life storyö, and experience greater personal integrity and integration through the sharing of their story.

When investigating a phenomenon such as suicide, there is precedent for using single-case studies or qualitative samples that are small. Terry Wise (2004) was the subject of such an inquiry and revealed her meaning-making process of surviving her

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own suicide attempt following the death of her husband. In this piece she clearly describes that her meaning of that day was not about having *attempted* suicide; rather she states: õI killed myself.ö She goes on to describe her process of discovery through psychotherapy and her process of uncovering a particular transformation. For Wise, waking up alive was not the expected or hoped-for outcome of her *death*, yet she eventually came to recognize through therapy and journal writing that suicide for her was still an *escape route* she thought of under stress. The possibility of suicide had become a õdoor I needed to know could still be opened,ö but no longer her only solution. This depth of understanding, reflection and meaning-making provides tangible, vivid life and space to the voice of someone having undergone such an experience and more accurately describes a particular phenomenon than any number of quantitative measures can possibly do.

Participant Recruitment

Recruiting, screening, and interviewing participants greatly impacted, if not directly determined, the elicited themes and findings of this study. Careful consideration was given to the most productive and effective ways to establish this sample, perform a thorough prescreen interview which would not spoil possible data collection, but allow for as diverse a participant pool as possible. Specific inclusion and exclusion factors were predetermined and stringently met.

First, an electronic flier was created and distributed to organizations that might have had appropriate participants or connections to participants. Organizations included as follows: The American Foundation for Suicide Prevention, the Auburn SOS (Survivors of Suicide) and Out of the Darkness, The Youth Suicide Prevention Program of

Washington State, and Local and state chapters of PFLAG (Parents, Friends of Lesbians and Gays). The now-defunct Lesbian Resource Center of Seattle still maintains an active webpage and list-serve through which attempts to facilitate distribution to those interested in participating were made. Two fliers were created: one specific to the lesbian community and one more generalizeable to organizations geared toward suicide and suicide prevention (see appendices C 2 & 1, respectively).

Permission was received for electronic distribution to large groups of potential participants at various local universities and colleges in both Montana and Washington: Bastyr University, Seattle Central Community College, and the University of Montana. Ultimately, a targeted snowball sample connected to two key gatekeepers in the lesbian communities of both Washington and Montana was chosen as the most efficacious way to source participants. With regard to snowball sampling, many studies of various phenomena in the gay and lesbian culture have successfully used this technique, specifically because of the specific challenges in recruiting members of õvulnerable or hidden populationsö (Boehmer, Linde, & Freund, 2005). Essentially, targeted snowball sampling involves choosing specific locations where one hopes to find participants who meet the inclusion criteria and asking them to inform or recruit other people they know who meet the same criteria. Particularly in the lesbian community, this sampling method is the dominant method of recruiting participants for research (Konik & Stewart, 2004). As McDaniel and colleagues (2001) pointed out, research on suicide among gays and lesbians is further complicated by the fact that both identities can be hidden and, because of associated stigma, often are. Random sampling is almost impossible to achieve when a sample of participants who will reveal and discuss both these hidden identities is sought.

In order to elicit participation, two members of my immediate circle of acquaintances were additionally selected as gatekeepers. They posted the electronic flier with itsølink to the Survey Monkey prescreen interview to various list-serves and groups to which they belonged, ranging from The Rainbow Moms of Puget Sound to the Montana Lesbian Listserv. They were also asked to elicit support and possible participation from as many other women who fit these criteria as they knew. All six final participants came through these two gatekeepers, either directly or indirectly by word-of-mouth.

Ethical Concerns

It was critically important to safeguard the welfare of all research participants, especially when the primary research question dealt directly with suicide. Potential harm to participants may have come in the form of stress, anxiety or possible trauma undergone while retelling or re-experiencing painful or difficult experiences in their lives.

Every potential participant underwent an extensive process of informed consent, beginning with the prescreen interview, with opportunity to interrupt or terminate participation in the study at any time explained, as well as the right to withdraw any material from the final study. Participants in the study were also queried with regard to current support from either personal or professional sources, and if at such time they or the co-researcher felt it necessary, referrals to an appropriate mental health clinician would have been made. In the final summation, no such referrals were deemed necessary by either participants or researcher. All interviews were tape recorded and transcribed for further analysis.

Finally, all participant recordings and individual transcripts had all identifying information removed and possible identifying names or locations disguised; all six women used pseudonyms for this study, a process which will require further explication under the Results Section as itsøøown identity construct. Participants also had opportunities to see their portions of their individual transcripts and comment on accuracy.

Safeguards were in place and standards were consistently followed to minimize any potential harm from occurring. It was helpful to remember that suicide survivors who have processed their experience may have developed adaptive and coping skills equivalent to, or surpassing those of others without their experience. Approaching any potential participant with a supposition of fragility or risk of harm by simply discussing this event could be seen as short-sighted, patronizing, and somewhat inappropriate in general. Resilience and meaning are intertwined, and by definition these women agreeing to discuss their experiences are, in fact, survivors. Finally, out of a total of 10 potential participants who filled out the online prescreen interview, six were selected for this study.

Inclusion/ Exclusion Criteria

The following criteria for inclusion in this study were established as follows:

Age: participants must have been at least 10 years post-suicide attempt, and the attempt itself must have occurred during adolescence, defined as between ages 12 and 20; therefore participants were at least 22 years old. There was no age limit for this study.

Identity: Participants are female and self-identified at the time of the study as lesbian, regardless of whether they identified as such at the time of the attempt. Women

identifying as transgender, bisexual, or heterosexual were thanked for their interest in participating but excluded.

Articulation: Participants were those able and willing to articulate their experiences through spoken interviews. Those unable or unwilling to articulate meaning were thanked for their interest but excluded from the study. Finally, a willingness and availability to be interviewed and recorded digitally was explained and established.

Exclusion factors, particularly as they might have placed a potential participant at risk of harm, were an important consideration for this research study. Participants who had made multiple suicide attempts or were actively suicidal, or in treatment for severe depression, were excluded from this study. Those without a strong social support system or who had not yet articulated their experience to anyone regarding their suicide attempt were screened for possible referral to a mental health clinician (if appropriate or welcome) and excluded from this study. Using the above-mentioned factors of inclusion and exclusion, six final participants met the requirements and agreed to participate in the study.

Individual Interviews

Potential participants were provided with the link to a preliminary screening survey on Survey Monkey in order to help determine if they were an appropriate fit for the study. They could also contact the researcher through a special email address, set up specifically for this study, and included on all electronic communication about the study, to indicate interest and willingness to conduct the screening interview. The screening interview was done by telephone (see appendix), and each interested person was either

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invited to meet the researcher in person (if local) for the full interview, or as previously outlined, was given appropriate referrals to local mental health clinicians.

In-person interviews were conducted with each participant in neutral settings (either the Antioch University Clinic or private study rooms in two University libraries in Montana). Informed consent was explained carefully during the prescreen interview, and the document itself reviewed again and signed prior to the commencement of the face-to face interview. Informed consent also included possible benefits of this study to themselves and the communities in which they live. There were no direct benefits to participants, although indirect benefits may have included possible emotional relief from having shared their story, as well as an opportunity to explore and reflect upon their own experiences. Because of the nature of the material being uncovered, a brief discussion of potential risk or harm of discussing painful memories or traumatic experiences was included in informed consent.

Having received informed consent, each interview began with the most common approach in IPA, the semi-structured approach. Three main areas in each interview were addressed: rapport, main research question, and invitation for elaboration.

In order to allow each participant to be the expert of their own experience and for the researcher to enter into that world as fully as possible with them, an open-ended, less structured format was most appropriate. This style also allowed the establishment of rapport and empathy and the opportunity for participants to discuss themes or experiences of their own. It was also likely that as both a co-researcher and someone who shares both identities of lesbian and adolescent suicide survivor that such specific self-disclosure was quite possibly useful in establishing rapport. The way in which a narrative is told differs

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depending on the audience to whom one is speaking; the dynamic process of IPA allows for and understands that meaning is shared and co-created, rather than objective or static. Nonetheless, the researcher's identity and position and its possible implications will be explored further, both in Results and in Limitations.

The main question or questions asked in a phenomenological study exist in the frame of our own experience and assumptions, and although these experiences place this investigator in a position of co-researcher, rather than objective outsider, careful consideration was given to what question would be specific enough and yet broad enough to best allow the essence of each woman's narrative to be heard. Beginning each interview with the question: "Tell me the story of that day, as much as you remember?" allowed as broad a funnel of experience, emotion, memory, description and essence to emerge as possible, without directing or assuming our experiences as co-researchers are directly parallel. The second primary question was "As a lesbian, and a woman, what is your lived experience of having survived this attempt?" It is noteworthy that this question often came midway or farther into the interviews themselves; the first question was in some cases enough to unearth significant amounts of material and often led to a volunteering of what the lived experience, both past and present, was for them.

Finally, with the invitation to elaborate, if more information is necessary, follow-up questions, using their words whenever possible, were asked. Examples of these are as follows:

What was going through your mind?
What was the motivation/reason for doing it that day, at that time?
What was the desired outcome?
How has meaning of your own suicide attempt changed for you from the attempt itself to now?

As much as possible, such pre-planned questions were only used as prompts or guidelines; follow-up questions to the two primary ones arose organically and individually in the interaction between co-researchers. Smith and Osborn (2003) point out the importance in IPA of starting with questions that are general, rather than specific, and thus leading, and using gentle prompts if necessary, rather than explicit, close-ended questions.

Each of the six interviews was tape recorded and transcribed into computer documents using the data processing program Word, then sent to each individual participant by electronic mail for verification and inclusion in the study. If participants were able to use editing features (such as track changes) on the computer and send in any corrections electronically, they were strongly encouraged to do that. All six participants gave permission for the full inclusion of their transcribed interviews to be used by the researcher during this phase.

Data analysis in IPA, according to Smith and Osborn, õí involves the investigator engaging in an interpretive relationship with the transcriptí whose meanings are not transparently available-they must be obtained through a sustained engagement with the text and a process of interpretationö (2003, p. 64). The meaning of such narratives, Smith believes, represents not just a participantøs story, but also a piece of co-created identity, and as such, understanding the content and complexity of those meanings is the central aim of data analysis.

Smith and Osborn (2003) describe the following process of analyzing data in IPA, which was adhered to in this work: After completing each transcript, each was reread several times while noting any initial reactions, consistent possible themes, and the

overall flow of the narrative. The next step outlined in IPA is the "initial noting," which is

synonymous with a free textual analysis used by other qualitative coding processes

(Smith, Flowers, & Larkin, 2009). This initial noting was done by hand on printed copies

of the full transcript, using the right-hand margin. This portion of the analysis is most

closely linked to the explicit meanings of the participants and includes descriptive

comments (focused on describing content), linguistic comments (focusing on specific

uses of language, breaths, pauses, etc.), and conceptual comments (more abstract and

thematic notations, usually interrogative in form). Following is an example of one

participant's data at this stage of analysis:

6. I mean, things were kind of falling apart completely, *missing class a sx?*

7. 'cause I hadn't done it, which was a big deal. *Trying to be seen?*

8. And I do remember that morning, I just didn't go to

9. the seminar where I was supposed to be presenting *missing class a big deal*

10. this project. And so I just didn't show up. *Regular routine breaking down*

11. And then I think I found my roommate,

12. who I was totally in love with, but we weren't… *first love? Denial of ID*

13. I kissed her goodnight every night, but, *hiding*

14. um, I'm not a lesbian (laughs). *Painful laughter?*

15. As I think about it now, it's like, "wow, people" *Reflective present self*

16. But she was kind of like moving on *loss of love*

17. to these other friends. Basically, we were

18. kind of like breaking up, *loss of self, unclaimed ID*

19. even though we weren't lovers, *denial of roommate as lover*

After initial noting of the first transcript was completed, the notes and text were scanned again for emerging theme titles, where the initial notes and insights were transformed into more concise descriptions which seek to represent the essential quality of what was uncovered in the text. Although this process is meant to simultaneously reduce the volume of details and notes (six transcripts ranging from 7 to 16 pages single-spaced) while increasing density of complexity, it required a somewhat initially uncomfortable analytic shift. Although the initial noting directly involves the texts, the development of emergent themes involves working primarily with the notes themselves. If the initial noting has been thorough enough, emergent themes will likely be closely tied to the original transcript. Emergent themes were written in the left-hand margin of the already-examined transcript. Again, an example of one participant's data at this stage of analysis follows:

Breaking Down   I mean, things were kind of falling apart completely,

                'cause I hadn't done it, which was a big deal.

Ambivalent Self   And I do remember that morning, I just didn't go to

                 the seminar where I was supposed to be presenting

Hiding   this project. And so I just didn't show up.

                 And then I think I found my roommate,

Denial of Self   who I was totally in love with, but we weren't'

Denial of Lesbian Identity   I kissed her goodnight every night, but,

Denial of Other   um, I'm not a lesbian (laughs).

                 As I think about it now, it's like, 'wow, people'

                 But she was kind of like moving on

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Loss of Love   to these other friends. Basically, we were

      kind of like breaking up,

 Denial of Lesbian Identity even though we werenøt loversí

  The next stage of analysis was searching for connections across emergent themes. This involved a more theoretical ordering of these previously-chronological themes into preliminary connections among them. All themes were written on sticky notes, loosely ordered, and placed on a board. As the interviews were fairly unstructured and the questions open-ended, looking first at the frequency of emerging themes was one clear way to begin determining relative importance of each one to the participant. To begin this phase of analysis, repeating themes were noted with the number of times each arose during the transcript. Themes that were very similar or repetitive were merged into one; themes that seemed wholly disconnected from the text were re-analyzed, changed, or removed. Themes that although tied to text did not seem predominant or central to the overall interview were merged with other themes, combined, or dropped altogether.

  Smith et al. (2009) discuss other specific ways to identify connections between themes, including abstraction (putting similar themes together and creating a new name which captures them), subsumption (an emergent theme acquires super-ordinate status as it helps bring together other related themes), polarization (oppositional relationships can highlight areas of similarity in other themes; particularly important with finding cross-connections between themes), contextualization (locating themes in a temporal context related to a narrative of life events), and function (seeking connections between positive and negative meanings; using more focus on language use). All of the above strategies were utilized in all six transcripts to some extent; abstraction and contextualization were

the main tools employed, and numeration was used as a way to first identify possible

clusters and second to bolster the validity of the themesøoverall relevance to the

participant.

Each sub and super-ordinate theme was then coded with identified examples in

the transcript of where key words of each could be found, and themes which were not

rich in data or subsumed by another were further distilled or dropped. For example, the

first transcript yielded 110 separate emergent themes before distillation, and finally

reached data saturation at five super-ordinate themes with 18 sub themes contained

within them. The super-ordinate and sub-themes were then described in a table for each

individual, as below:

Participant 1 : Emergent Themes
Catalysts for Suicide
Isolation Denial of Lesbian Self Loss/Denial of Love Suicide as Only Choice
Letting Go of Life
Death as unreal, impermanent Relinquishing roles as meaningless Killing off part of the Self
Aftermath of Attempt
Reluctantly alive Counselor Unhelpful Suicide as hidden and silent Poised between life and death Suicide as selfish choice
Reclaiming Life
The belonging, connected self Motherhood as anchor to life Knowledge of other choices
Survival
Gratitude for life Survival as catalyst Lessons left to learn

Finally, each transcript was coded separately using these same processes. Each participant was once again contacted by email and sent two tables: one of her individual emergent themes and sub-themes, and one with the themes and sub-themes situated within the text and linked to specific quotes within her own transcript. Each woman was then asked to comment on whether or not she felt as though the themes had accurately captured her experience as she had lived it. All six women emailed back and gave statements of agreement, some poignantly. One participant, for example, called the process of reading her themes õprofound, and highly reflective of my experience.ö

In order to examine them together, all super-ordinate and sub-themes were written on a large paper according to participant. Processes of abstraction, contextualization, and numeration were particularly important here. By allowing myself to consider sub-themes and super-ordinate themes as once again equivalent in this process, I was able to conduct an analysis of the entire groupøs data in which both convergent and divergent themes were identified.

It is important to note that these õmasterö themes were not identified solely on prevalence within the data, but also by the richness of the particular passage they occurred in and how well the theme might illuminate the overall essence of the phenomena under study. They were then confirmed by the opinions and reflections of those best in the position to speak about their relative import or accuracy: the participants themselves.

RESULTS

Although a wide net was cast for potential participants and the recruitment flier submitted to a large number of organizations to solicit participation, a total of 10 women completed the online preliminary screening interview. Of those 10, six women who self-identified as both lesbian and survivors of a suicide attempt were interviewed and deemed appropriate for inclusion in this research study. A sample of this size, although small, allowed for a greater depth of exploration of the spoken narratives they share, as well as the potential implications of where their experiences diverge. Findings from the data analysis itself, as well as divergent findings, are explored in depth in the following section**.**

Participants in Context

Devi

Devi is a 48- year-old Caucasian woman currently living and working in a large west coast metropolitan area. She is partnered and the mother of a first-grade aged girl. She is employed in a technology- related field and reports õgreat supportö from her partner and close circle of friends. Deviøs suicide attempt occurred 28 years ago when she was a 20-year-old college student. Devi did not mention her family being religious. Deviøs attempt involved a large amount of alcohol and pills, resulting in hospitalization. Devi worked briefly with a therapist after her attempt.

Michaela

Michaela is a 30- year-old Caucasian woman living and working in a large west coast suburb. She is partnered and is a mother. She is currently employed in real estate

and describes her support as her õpartner and lots of local friends.ö Michaelaøs suicide attempt occurred 15 years ago when she was 15 years of age, and involved significant amounts of pills. Michaelaøs mother worked in the legal system and was frequently gone from the home. Her family had frequent discussions about life after death but was not specifically religious. Although Michaelaøs attempt did not result in hospitalization, she did work very briefly with a therapist following her attempt.

Lisa

Lisa is a 41-year-old Caucasian woman currently living and working in a small western town. She is currently partnered and describes her support system as: õsearching. I have a few friends, some family.ö Lisaøs attempt occurred 24 years ago when she was 17 years of age. Lisaøs mother had depression and had survived several suicide attempts. At the time of Lisaøs attempt, she was estranged from her father and no longer living in her motherøs house. Lisa was living with her best friend and her family. Lisaøs attempt involved significant amounts of pills, and resulted in both hospitalization and follow-up therapy.

Lucinda

Lucinda is a 36-year old Caucasian female living and working in a small western town. She is currently partnered and is a mother. Presently, she is part of her local volunteer fire department, and reports her support system as õgreatö from partner and friends. Lucindaøs attempt occurred 17 years ago when she was a college freshman. Lucindaøs family was extremely religious, and Lucinda spent her early years in a small religious school before transferring to a larger school. Just prior to her attempt, a close older friend had died, and Lucinda was pondering life after death. Her familyøs extreme

intolerance of homosexuality was based upon their religious beliefs. Lucinda's attempt involved significant amounts of pills, and resulted in hospitalization, post-attempt therapy, and significant periods of in-patient treatment afterwards.

Dani

Dani is a 61-year-old Native female currently living and working in a small western town. She reports no partner, child, nor stated profession, and she is currently employed. Danni's support system consists of a few close local friends and some from her former home state. Dani's attempt occurred 42 years ago when she was 18 years old. Dani's family was religious, and questioning life after death or religious beliefs was not allowed while she was growing up. Dani's attempt involved the ingestion of significant amounts of weed killer, but did not result in hospitalization. Dani did receive counseling after her attempt.

Susan

Susan is a 34-year-old Caucasian woman currently living in a suburb of a large west coast city. She is partnered and a mother of six children. She reports her support system as õawesomeö, and lives with her children, partner, and former husband. She also reports close support from her mother and grandmother. Susan's family was living in a small town at the time of her attempt, and Susan describes them as being well-known for being the only family in town to practice the Baha'i faith. Susan's attempt occurred 22 years ago when she was 12 and involved ingestion of a bottle of Tylenol. Her attempt resulted in hospitalization and therapy post-attempt.

Main Findings

   Three super-ordinate themes (and their sub-themes) emerged after the final

analysis of all six interviews (See appendix A for a master list with identifying words and

quotes). These themes are displayed in Table 2.

Table 2. Super-ordinate and Sub-Themes (n/N)
Catalysts
Isolation (5/6) Suicide as only choice (4/6) Loss of love (4/6) Denial of Lesbian Self (4/6)
Return Journey
Suicide hidden/silent (6/6) Anger/disappointment at being alive (5/6) Therapy/counselor unhelpful (4/6) Poised between life & death (5/6)
Meaning of Survival
Wanting to help others with story (5/6) *Gratitude for life (4/6) Importance of motherhood (3/6) Survival connected to lesbian identity (4/6) *Attempt Integrated (4/6) *- all 4 of these in both emergent themes are the mothers of the sample*

The following tables (Tables 3-8) display distilled results of super-ordinate and sub-themes emerging from the six individual interviews (See appendix A for a master list with identifying words and quotes):

Table 3. Devi		
Current age: 48 age at attempt: 20 years since attempt: 28		
Catalysts for Suicide		
	Isolation	
	Denial of Lesbian Self	
	Loss/Denial of Love	
	Suicide as Only Choice	
Letting Go of Life		
	Death as unreal, impermanent	
	Relinquishing roles as meaningless	
	Killing off part of the Self	
Aftermath of Attempt		
	Reluctantly alive	
	Counselor Unhelpful	
	Suicide as hidden and silent	
	Poised between life and death	
	Suicide as selfish choice	
Reclaiming Life		
	The belonging, connected self	
	Motherhood as anchor to life	
	Knowledge of other choices	
Survival		
	Gratitude for life	
	Survival as catalyst	
	Lessons left to learn	

Table 4. Michaela
Current age: 30   age at attempt: 15   years since attempt: 15
Perceptions of Life & Death in Adolescence

Life as passing time
       Meaninglessness of life & death
       Death as mysterious
       Death as stress relief

Catalysts

Curiosity
       Feeling overwhelmed
       Relationship with mother problematic
       Difficulty coping w/ daily stressors

Meaning of Suicide

Suicide as impulsive act
       Suicide as coping tool
       Sexual identity separate from suicide
       Helping others

Consequences of Survival

Disappointment
       Counselor as unhelpful
       Fear of telling others
       Isolation
       Living on the edge
       Long journey toward choosing life

Present Perceptions of Self

Suicide attempt as un-impactful
       Gratitude for present life
       Afraid of death
       Urgency to live
       Being drawn to othersø suffering

Table 5. Lisa		
Current age: 41 age at attempt: 17 years since attempt: 24		
The Lost Adolescent Self		
	Feeling disowned, abandoned	
	Isolation	
	Lost safety	
	Lost hope	
Relationships as Problematic		
	Loss of love	
	Loss of social group	
	Counselor unwanted	
The Silent Self		
	Disowned pain	
	Silence around suicide	
	Running from pain	
Journey Toward Survival		
	On edge of death	
	Claiming Lesbian Self	
	Story being told	

Table 6. Lucinda	
Current age: 36 age at attempt: 19 years since attempt: 17	
Catalysts	
	Isolation
	Conflicts with religion
	Loss of parental figure
	Feeling unsafe
Slipping Through the Cracks	
	Shaken foundation
	The unseen self
	Lack of belonging
	Therapy unhelpful
Preparing For Death	
	Music to die to
	Pushing others away
	Death As Relief From Pain
	Not wanting to die alone
Long Road Back	
	Angry to be alive
	Trying to be normal
	Risky behaviors
	Suicide still hidden
	Helpful Others
	Breaking silence
Integration of Attempt	
	Gratitude for life
	Emerging lesbian self
	Motherhood as anchor to life
	Attempt as part of journey
	Telling story to help others

Table 7. Dani		
Current age: 61 age at attempt: 18 years since attempt: 42		
Process of Naming & Remembering		
	Difficulty Remembering Attempt	
	Difficulty Naming Death	
	Naming Self as Survivor	
Catalysts		
	Isolation	
	Hidden Lesbian Self	
	Societal Oppression	
Meaning of Attempt		
	Suicide as Only Option	
	Silencing of Attempt	
	Spiritual Beliefs Regarding Suicide	
	Suicide as Selfish Act	
Aftermath of Attempt		
	Wanting help	
	Deciding to live	
	Searching for Meaning	
	Poised Between Life & Death	
Survival		
	Survival Deepening Compassion for Others	
	Reflections on Adolescent Self	
	Lesbian Identity Through Community	

Table 8. Susan	
Current age: 34 age at attempt: 12 years since attempt: 22	
Catalysts	
	Isolation
	Relationships with Family as Problematic
	Being Bullied in School
	Confusion about Identity
Meaning of Attempt	
	Suicide as Only Choice
	Suicide as Revenge
	Silencing of Attempt
Aftermath	
	Angry to be Alive
	Reaching out for Help
	Hidden Lesbian Self
	Physical Damage
	Stigma
	Being Abandoned
The Journey Back	
	Therapy as Helpful
	Suicide as Understandable Choice
	Learning About Other Choices
Reclaiming Life	
	Speaking out About Suicide
	The Connected Self
	Attempt Integrated into Identity
Meaning of Survival	
	Gratitude for Life
	Motherhood
	Helping Others with her Story

Discussion

Introduction

Six women of varying ages, ethnicities, and professions were interviewed about one singular event in their lives, attempting suicide as an adolescent and surviving it, and its impact. As women who now identify as lesbians being asked to look back at that event in order to re-tell the story of that day and to situate that event within their own current lives these participants have reflected upon and created enough meaning of that event to articulate their stories to another.

Although many of these women had told their stories to significant others or therapists, almost all six women were worried about the possibility that they would not remember enough detail of the event itself, or that the information they offered would not be helpful; this concern showed up thematically for many of the participants. A number of the participants, regardless of length of elapsed time since their suicide attempts, experienced profound emotional reactions during the interviews as they re-told their stories, and they were often surprised by this. All of the women recalled the event itself in great detail, often complete with antecedents, aftermath, and reflections upon the integration (or lack thereof) into their current lives.

After the process of data analysis was complete, three super-ordinate themes pre-dominated: *Catalysts, Return Journey, and Meaning of Survival*. To some extent, the narratives of each woman were naturally broken into a timeline: Before (the attempt), During/After, and Now. Every woman spoke extensively, painfully, and eloquently about the *settings* for their suicide attempts, the contributing factors, the triggers, and, in some cases, poignant details from the day, including what they were wearing, what they

planned to die in, and what music would accompany them into death. Each sub-theme of *Catalysts* will be explored in greater detail.

Each woman also spoke about the aftermath of her attempt, what I have named as *The Return Journey*. This super-ordinate theme contained sub-themes that were uplifting and enraging, surprising and difficult, and often provoked the greatest emotional responses from the participants in the re-telling. One of the key experiences I had as a researcher and witness to these stories is about that question of the return: had all of these women, in fact, truly ‑returnedø from that void, that place of darkness they entered during their suicide attempt? I found this question was not idle or merely situated within my own interests, but had direct impact on how each woman articulated her experiences and feelings surrounding the final super-ordinate theme, *Meaning of Survival.* It is within this category that I found much of my original research questionøs answers and some substantial differences and surprises that I had not anticipated. To further situate each super-ordinate theme and sub-theme within the text itself and explicate the data analysis process, each theme will now be explored and articulated in greater detail by using the original text and analysis process.

Catalysts

Among the triggers, or catalysts, for each womanøs suicide attempt, four sub-themes came up frequently and clearly: Isolation, Suicide as the Only Choice, Loss of Love, and Denial of a Lesbian Self.

Isolation

Five out of six participants spoke, in many cases extensively, about the isolation they experienced as adolescents, especially prior to their suicide attempts (Isolation as an

after-effect will be discussed separately.) For example, Devi spoke about sending up

signals of distress, and feeling unseen, unheard, and completely hidden from others:

> There can be so much pain and nobody will know about it… I think the signs are there if anybody's paying attention… I was failing in school, you know, and nobody caught it… nobody else really knew anything… I think it was just a big farce. I mean, it sort of felt like nobody sees, nobody sees what's really going on. Yeah, really, nobody sees what the truth is, of anything that's going on.

> Devi also reflected later in the interview that to be unseen or unheard by others, to

be truly isolated from oneself and one's community, is akin to non-existence:

> I think when I was a teenager, it was like if nobody sees what's going on with you, then it's its own certain kind of death. I think I was still unseen by my family, by my parents, things like that. It was like part of me was already dead.

> Lisa spoke frequently of feeling disowned and abandoned as a teenager, both

prior to and after her attempt:

> I was living with a family, a good friend of mine in high school; staying with her family and had been for, I don't know, 4 or 5 months, something like that, because my mom had pretty much kicked me out of the house. They were a good family and everything, but I definitely always still felt out of place.

She also named isolation as a key catalyst the night of her attempt:

> So I was going to be home alone. Yeah. The first ingredient there. So, as soon as everyone left, I… I don't think I had anything to drink, but I remember turning on some music, some angry sort of music, and cranking that, and just sitting there and thinking and stewing and thinking.

Lisa also discussed on-going experiences of being unseen or unheard by others, which in

turn seemed to instill in her an experience of isolation from her own emotions:

> The last thing I remember before getting to the hospital is that her parents were driving me, and I was in the back seat. And they thought I was passed out, and they pretty much talked shit about me the whole way to the hospital. So that kinda hurt.

The isolation Lisa felt only increased after being hospitalized:

Then I got to the hospital, and I didnøt want anyone to be there, and I didnøt want anyone to be in the room.

Lucinda, who had moved from her small high school to a larger town where her closest friends were her siblings found integrating into her new school profoundly difficult and speaks of her isolation this way:

> The social part suckedí Did not know how to make friends, did not know how to beí did not know how to be, you know, in a group. Didnøt know how to relate to people my ageí And I was painful lonely, and really isolated and really donøt know what I would have done if I had had a friend, because I really even know how to relate to people.

At one point, near the time of her attempt, Lucindaøs main friendship was with the spirit of her deceased friend Vince, an elderly man who was a safe grandfather-figure to her. Although she took solace from her talks with Vince, the fact that he was deceased further isolated her from being able to talk to anyone else in her family about her struggles:

> But around the time of the suicide attempt when I was 14 I remember talking to him a lot. And I remember thinking that he was talking back to me and I rememberí it was a conscious thing not to tell my folks.

Dani, who as the eldest participant of the six and the longest-out from her attempt, spoke of her adolescent self as being in pain so great that she still had trouble verbalizing it and did not believe that talking to anyone about her pain would help:

> There were no such things as like, school therapists... I didnøt even really have the words to explain what the hurt was. Or why it was more than I could deal withí One didnøtí there was a stigma about seeking help if you were, you know, feeling mentally and emotionally out of sorts. I didnøt think anyone would really understand what was bothering me.

Dani reported feeling isolated within herself, within her family, and within her community at large:

There was no place to discuss anything I was feeling or thinking… they (her parents) were limited, you know, in what they were able to handle.

Dani also spoke for the need, some 43 years after her suicide attempt, for connection with others that might have helped in her case:

I guess if I had just had… to know that there's people you can go and talk to, that are not your parents, and that there's not going to be any ramifications with school or anything. Just to know that there's counseling, that's independent, that's free… that's going to get me through this crisis. That would have… made all the difference, probably.

Of all participants, Dani had the greatest difficulty telling her story and was the most surprised at the strength of her feelings so many years later:

This doesn't really make any sense to me, you think I might… might be somewhat happy to sort through this… I didn't even really have the words to explain what the hurt was. Or why it was more than I could deal with.

Finally, Susan reported an adolescence that became troubled by her parents' decision to move to a smaller town, their eventual divorce, her inability to *fit in*, or find friends, and her becoming a target for sexual harassment:

It was a very difficult place for me to live. I was not popular socially… I didn't have many friends... So, anyone who did stand out was… mercilessly harassed. And I stood out… I was getting harassed, sexually harassed in school, because I wouldn't date the boys. And they were really upset about that.

For Susan, her difficult family life, feelings of being different and not fitting in, culminated in her eventual suicide attempt:

I drank them all. The whole thing. It was like 300 or 500, it was a big bottle. Whatever you get at Costco, it was the big bottle. And I drank them all, and then I went to sleep. And I remember just wanting to be done. It just hurt so much to be me right then.

In many ways, all six of these women seemed to be confronting Erikson's Intimacy versus Isolation, wherein connecting a newly-emerging self with important others is a key developmental task, and failure to do so results in isolation, loneliness, and difficulty risking relationships.

<u>Suicide as only Choice</u>

Four of the six women interviewed spoke about suicide as their best, or in some cases, only remaining choice. The felt sense of isolation in many cases contributed directly to the desire to end a painful, lonely existence that, in many cases, felt already unreal. For example, Devi discusses her suicide attempt partially as an attempt to be seen, to break out of the pain and isolation she was experiencing:

> If nobody sees it, then I was just going through and there was no way out, other than to choose to die… and so I'm guessing that for me attempting suicide I was probably trying to share in certain ways, but it just wasn't getting out.

Devi also talks about her suicide attempt as being a choice mainly by default because no other choices seemed available or possible:

… just being at a loss as to how else to handle it. I just didn't seem like I had any choice.

Lisa also reported remembering that suicide became a way out, an escape, from a life that was increasingly bleak and showed little sign of getting any better:

> And, just thinking so much about how bad my life was and that I didn't like it. Cause I can remember in a way starting to think that this was how things were going to be.

Lucinda's suicide attempt was her only remaining option, as she saw it at the time, to end pain and loneliness that had become intolerable:

> God, I'll finally be done. Finally be done. With everything. With everything. I won't disappoint people anymore, I won't… hurt anymore. The damned penis that was chasing me down the street won't chase me anymore. I was dealing with some pretty harsh stuff. I won't be lonely anymore. I won't… hurt anyone

anymore. Umí yeah, I wonøt disappoint people was big. I just wanted to be done. Wanted to be done. The path that I saw ahead of me was not something that I felt like I could do, you know? I could not imagine, you know, living another full year. That was just too much, too terrifying. My life was not, it wasí really hard to deal with.

Dani, too, spoke of being overwhelmed and worn down by her own pain and her lack of other choices open to her:

I just didnøt want to be around anymore. I just, I was done. I was fed up. And I just couldnøt see any point. I was aware that if you took a whole bunch that it would be fatal, so I didnøt know of any other choicesí because sometimes it does hurt so much that that does feel like the only way.

Finally, Susan also spoke of suicide as her best remaining option, partly out of ignorance, helplessness, and anger:

I was, at least for that evening, I was aware that that was, that I was just done. I was just really angry and I didnøt know what else to do. I didnøt know. I only had so much power. Because it was such aí itøs a decision that was made out of such ignorance and fear, in the sense that youí if you know better, you donøt make that choice as a general rule.

Susan also recalled that suicide became her only remaining option to finally break out of her isolation and reach her father, however brutally:

Maybe if he woke up to find me dead he would realize that I actually meant it, and thatí you know maybe they would get help for my brothersí I wanted release, and I really really wanted to hurt my dad.

Loss of Love

Four of the six women experienced a significant blow in their personal lives and named it as a catalyst. For one of the women, Lucinda, it was the loss of Vince, her grandfather-figure. This loss evoked sorrow and further isolation. For three other women, Devi, Lisa and Dani, the loss was of a romantic figure, often a first girlfriend, either literally or through conflict. As Devi explained:

We were kind of like breaking up… I think that was the primary thing… the instigating thing.

Lisa explains the fight she had with D., her best friend, the night of her suicide attempt:

You know, it all seems really petty as far as the actual things happening at that time, but there was so much other stuff going on in my life that I think it was just kind of a catalyst, especially since D. was like, I think, my hold on sanity at that time. Her friendship...The next day D. didn't pay any attention to me. And we lived in the same room, and… and I was cut off, she was going to the keg and planning the whole day with this other girl who was a friend of ours, but it was just like… our friendship was pretty much over. Too much pain, it seemed to me she was my last friend… feeling like I'd lost my best friend.

Although Lisa did not self-identify as a lesbian at the time of her attempt, nor did she view D. then as a potential lover, as an adult reflecting on that time, Lisa spoke about why the loss of D.'s love and friendship had been such a strong trigger for her:

I think this is probably why the loss of D.'s friendship affected me so much, is I was always very very deeply involved in special friendships with women. You know? At that time, I didn't really know why. Later on when I came out as a lesbian, I was like, that was why. My bonds with women were really a lot tighter.

Lucinda's loss of the only ‑safe‑ figure in her life increased her isolation and loneliness and contributed to her overall experience of feeling lost, unsafe, awkward, and alone:

It was probably two years prior; the safe man in my life died… and I didn't know how to grieve over that, and had no tools to work through that, and really carried that around with me… and I would talk to him at night. He was 70 when he died, so sort of a grandpa figure. I don't really know what a grandpa figure would be; I mean I didn't have one, so that's the closest thing I could compare it to...my life revolved around getting to the bus on time, and surviving the day, and then getting home. And, you know, finding somewhere to hide during the lunch time…

Dani's love for her best friend and her being unable to talk about her feelings led directly to her suicide attempt:

Especially in your teens, the whole thing of being accepted is so huge… There was this one girl I couldn't tell anybody about, so… and I do know that I was more concerned about my best girlfriend's level of attention and appreciation or

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whateverí than I was my boyfriend. Yes, soí it may have been feeling unloved by her.

After her attempt, Dani describes the pain and anguish that occurred when she told her best friend what she had undergone:

> My best friend was totally un-sympatheticí I didnøt tell her really why. Ií and I think she got upset and said that was a really stupid thing to do, which wasí It was really awful.

Denial of Lesbian Self

Three women described an experience of losing love and named it as a contributing factor to their suicide attempts. They also described a very strong sense of their lesbian identities being hidden. All three women looked back on their adolescent feelings and developing selves and described realizing how much their developing lesbian identity had been disowned or shunned during their teenage years, and what a tremendous source of pain and grief it was at that time. For these three participants, the denial of their nascent sexual identities was experienced almost simultaneously with the loss of their first loves. Devi jokingly described her relationship with her college roommate with whom she was living at the time of her attempt:

> I think I found my roommate, who I was totally in love with, but we werenøtí
> I kissed her goodnight every night, but, um, Iøm not a lesbian (laughs).
> As I think about it now, its like, ÷wow, peopleø But she was kind of like moving on to these other friends. Basically, we were kind of like breaking up, even though we werenøt lovers, so it was kind of likeí yeah, I think that was like the primary thing. That was really like the instigating thingí And I think it was the breakup that really set me off, that instigated it. Cause she was kind of like my first. I mean, I kissed her every night (laughs).

I asked Devi what her immediate experience was like after her attempt when she was in the hospital with her roommate. Her pain and grief are still palpable, some twenty-seven years later:

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R: so what was it like for you to come to, and be awake in the hospital?

D: um, (pause). Well, I just remember feeling so horrible. I mean, physically. Like, just really horrible, and not wanting to be there. And, but in some ways it was like… I remember my roommate, the woman I was in love with, my roommate was there… I need more tissues.

R: you were glad she showed up?
D: yeah. I think I was just kind of confused. I mean, I was really confused. Like, cause I just, I mean I never really… I didn't know what happened. I'm not really sure how I got home.

Lisa spoke about her pain over losing D. in high school and her process of coming

out later, after having been married and joining the military:

> I think this is probably why the loss of D.'s friendship affected me so much, is I was always very very deeply involved in special friendships with women. You know? At that time, I didn't really know why. Later on when I came out as a lesbian, I was like, that was why. My bonds with women were really a lot tighter… But … I haven't talked to her much since then, so… and then, I came out as a lesbian, and it was too much (laughs) for her to handle.

After coming out to herself, Lisa remembers telling her mother, with whom she'd

had a conflictual and often-estranged relationship:

> I was worried, more worried in a way about coming out as a lesbian because I was still married at the time. So when I told my mom, I thought she would disapprove, get on my case for that if nothing else. She was like "yeah, you're a lesbian." I was like, "well, you could have told me." (laughs) And you know what they say, it's not like they don't know. That's the one thing I'm thankful for with my mom. Yeah, it just wasn't a big deal.

As I had done since the first interview, I queried Lisa about which was the more

difficult identity in her life to discuss, being a lesbian or being a survivor of suicide:

> R: So which for you is easier to talk about, being gay or having survived a suicide attempt?
> L: Being gay. I think probably the fact that I experienced my coming-out process the military, which at that time was still very "Don't Tell." You know.
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Lucinda, having grown up in a large and very religious family, didnøt really question her

sexual identity either way as an adolescent but began to understand her attraction to

women was more than just a passing phase when she entered college:

> I really did not know that homosexuality really existed outside of screwed-up
> stories that were all other people in sin. I went to this conservative Christian
> boarding schoolí I was not aware of any sexual orientation at the time, and it
> didnøt occur to me the option to have a boyfriend or a girlfriend or a friend, for
> that matter, you knowí I donøt have a boyfriend, Iøm buying presents for that girl
> in the skirt, and the cute hat, and that scarf with all those colors. And my folks are
> mad about thatí

Dani remembers feeling completely alone in her growing realization that she had

romantic feelings for other women and being unable to discuss them with anyone:

> And there wasí there was a part of my life thatí was totally secret, you know
> my my secret affections for the same gender that I knew were not what they were
> supposed to be. So, I told nobodyí and then having no way to really understand
> the feelings that I had for a lot of girls, knowing they werenøt acceptable, and
> knowing there was nobody that I could discuss it with. Umí because of the time
> that it was, and I donøt know when the first time it was that I even heard the word
> lesbian. So I didnøt really know what my feelings were, you know, or that there
> were other people who felt that way.

<u>Divergent Findings</u>

Two participants, Michaela and Susan, reported different catalysts for their

suicide attempts and different experiences of their sexuality in adolescence. For

Michaela, she remembers herself as a bright adolescent with a great deal of curiosity

about life after death, and this in combination with being under tremendous stress and

pressure led up to her attempt:

> So we were having a lot of conversations in the house aboutí what happens after
> you die, do you go to the light, or near-death experiencesí í all of a sudden
> thereøs this new topic of what happens, and thereøs no immediate answer for
> anyone thatøs alive to knowí I remember feeling particularly overwhelmedí so I
> think that combination was something that led up to tryingí

However, Michaela also described a tremendous sense of the meaninglessness of

her life at that time and her ambivalence towards remaining alive:

> Iøm wasting time. Iøm just finding ways to pass the timeí I had a totally cavalier
> attitude about ití if I died, I died; if I was alive, I was alive. It didnøt seem to
> have meaning in either directioní

Michaela also reported that her suicide attempt was not related to her sexual

identity, either directly, as through the loss of a hidden love as with other participants, or

indirectly, as a complication of feelings of isolation or alienation from herself or her

community:

> Iøm not sure thereøs necessarily a tie between being a lesbian and trying to have
> committed suicide in my particular instanceí

However, she is keenly aware of others who have attempted suicide because of

isolation and alienation surrounding their experiences of being a sexual minority,

something she spoke about as being a component of her decision to volunteer for the

study:

> but Iøve certainly met enough other people where there does seem to
> be a correlation between their experience of coming out and feeling
> rejected and things like thatí   so I think what youøre doing is crucial.

Several of Michaelaøs high school friends successfully completed

suicide, and although it does not appear to be related to their sexual identities,

it contributed to her overall experience of life as meaningless and her being

unable to break her silence to others concerning suicidality in herself and

others. It also revealed a continued attitude towards her own experience which

seems, at times, deceptively cavalier and nonchalant:

> Right before spring break, one of them committed suicide and sent
> letters to the other two of us, letting us know that it was our fault. To
> which, the second one of the group, they committed suicide shortly

thereafter. I guess it wasn't ruled that way, it was ruled an accident, but really when you're going straight at the tree and you don't use the brakes, that kind of lends itself toward thinking that perhaps it was intentional. And then the third one was so distraught over all of this that she tried, but told me about it when she tried, and I told her parents, which created a break in trust, so I've actually never talked with her again (laughs) since then. So that was a pretty big thing to go through my senior year of high school.

Susan's experience was different in that her catalysts included isolation, similarly to the other participants, problematic relationships with her family, and her desire to get her father's attention:

> Maybe if he woke up to find me dead he would realize that I actually meant it, and that… you know maybe they would get help for my brothers… I wanted release, and I really really wanted to hurt my dad.

Susan also talks about being confused and unaware of any lesbian identity at that time and that sex with anyone was difficult:

> I lived in a very small town, I didn't even know you could like girls, that was so… it was such a novel idea to me, I mean. So I was just confused and angry. I also didn't date any girls, but that was because there was just no way. It was such a small town… I remember being… confused. Life was confusing at the time… I was always really aware of the power of my sexuality, and really happy to take advantage of that…

Susan, reflecting on her experience now of being in a relationship with another woman and recently coming out to her family, talks about the difficulty of revealing herself fully to them:

> And… anyway so now we're trying to plan dinner, and should my girlfriend come, and should her kids come along, and that is the first time in all of this that I have actually… dealt with that. I'm so open. I don't care who knows, but… One of my brothers won't talk to me; I think he's afraid his kids are going to catch gay. So I'm assuming my dad kinda knows. He's a big fan of ÷don't ask, don't tell, on a need to know basis, and I don't need to know.

When I queried which was the harder experience to disclose to others, her sexual identity or her survival of suicide, Susan was the only participant who answered that being a lesbian was the more difficult piece to reveal:

> I would have answered the other way, and would have said that it was easier for me to talk about gay, being gay, until just last night when I was, wow. This is really uncomfortable for me, and I've never ever had that.

Regardless of how these various catalysts intertwined, related to each other, or overlapped in spatial memory and time, all six women took physical actions to intentionally end their lives, and almost all of the women remembered wanting death or non-existence as their desired outcomes:

> Devi: and I thought I wanted to just… go to sleep… to go to sleep forever. To die. Not to sleep, but that was the easiest way I could think about it.

> Michaela: I think it was more impulsive than anything else… I don't remember there being some critical moment… there was just, well, "I think I'll try today." It would serve two purposes. One was to make the stresses go away, and two, find out what happens…

> Lisa: I don't think my intended outcome was to die. It was just what I had been pre-conditioned to know as a way out… My mom had tried to commit suicide three, four times so it was very very present in my mind… So… I don't think death was it. I didn't know what was going on. It was just a reaction. Too much pain.

> Lucinda: I just wanted to be done. Wanted to be done. The path that I saw ahead of me was not something that I felt like I could do, you know? I could not imagine, you know, living another full year. That was just too much, too terrifying. My life was not, it was… really hard to deal with…

> Dani: but I swallowed some, and then I laid down on the couch in my room, and… thought I would just drift off and not wake up. I didn't really think through what's this gonna do or what might it do or how might it you know, swallowing this… would it only make me sick, or would I just drift off to sleep, or… you know, die, or… And I wasn't… you know, wasn't going to be jumping from a tall building or something. I just wanted to just quietly exit.

> Susan: I was, at least for that evening, I was aware that that was, that I was just done.

Summary of Catalysts

Although the research question did not pertain directly to the catalysts the participants identified it is nonetheless important to understand the lived experience of the event itself; in describing the setting and ingredients of this time of their lives (What Lucinda refers to as õthe mosaicö that is her life and this event being only one piece) it becomes easier to understand what the impact of this event was on the rest of these womenøs journeys.

Again, returning to the previously-referenced theories of Durkheim (1897), although suicide is an individual act, it can be explained by sociological factors. Egoistic suicide, which he theorized can develop from oneøs felt sense of belonging or attachment to a group, occurs when that sense of belonging is weakened or diminished. Clearly, all of these participants felt not only removed from or cut off from the normal groups adolescents seek to belong to but also feeling as though they had never been a part of them at all.

Regardless of whether or not these six women identified themselves as sexual minorities in adolescence (Most of them did not, even if they were aware of feelings of love for another girl) five out of six of them report isolation as being a central reason they made the decision to take their own lives. Moreover, suicide seemed like not only the best choice in many cases, but also the only choice. For Lisa, as an example, it was an option in part because her own mother had attempted suicide, and that -solutionøhad been presented to her as a possibility before her own attempt. Four of the six women did reveal that their hidden feelings for other girls were part of the isolation they felt: they

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could not discuss their feelings with anyone-their parents, school counselors, families, not even the objects of their affections.

Four of six women experienced silencing and disowning their feelings for other women. Three of the four experienced a conflict or rejection by a woman who was the focus of those feelings. The same four women reported a deep and alienating isolation that eventually led them to suicide as their only solution. Whether or not this isolation was known by these women to be directly related to their sexual identities at the time of their attempts, the concept of invisibility as it relates to lesbian identity is an important one. No positive form of identity development can occur if the lesbian feels she is invisible or silenced or is successfully *kept* so by a heterosexual mainstream. Visibility, even the most negative kind, is preferable to some over imposed non-existence. Saari (2001) discusses how invisibility harms lesbians by diminishing the significance of their partnerships, their life stories, and narratives and, by harming the ability to use these life stories to integrate aspects of healthy identity.

Relating this event again to Van Gennup's (1908) stages of a rite of passage, there are some possible parallels between the first stage, separation, and the super-ordinate and sub-themes involved in *Catalysts* for these women. Devi, for example, reports a sense of relinquishing of her old identity and releasing her stress and pain as she made her decision to die:

> I was missing basketball practice, and I kept thinking, like, it's not going to matter. It's not going to matter...

as well as her utter confusion and groundlessness about her identity immediately after her attempt:

I remember being at a loss for what I was supposed to do. Like, okayí am I just supposed to still be a college student? Am I supposed to go back to class? itøs not like I could go back homeí I didnøt really know what to doí

Lucinda also had elements of an almost-ritualistic stripping away of aspects of herself; she isolated from her classmates and friends, drove her roommate away, packed her belongings in neat boxes, wrote letters to her family, and picked out special clothes and food as parts of her separation experience:

> I put on my clothes, I ate peach yogurt, which to this day, I canøt eat (laughs). Peach yogurt because it was going to keep me from puking up all of the handfuls of pills I was going to take. I took all those handfuls of pills. I took all the cold medicine that I had, I took all of the Tegretol that I had saved for months, I took you know, a couple bottles of Tylenol over a period of maybe two hours. And damned peach yogurt (laughs). And I sat down with my teddy bear and listened to the Bach Double Concerto on continuous play on CD, pushed the repeat button, and I waited to die.

For the two women whose reasons were somewhat different, the sub-themes of isolation and denial of lesbian selves were present at other stages of their journeys.

Although all six women survived their suicide attempts physically, the journey back from the void of desired non-existence was long, complicated, and, in many cases, almost as difficult as the journey that led them up to the edge of death.

Return Journey

Among the many sub-themes that were discussed as parts of the aftermath of their suicide attempts, the four that came up most strongly, most frequently, were: Suicide as Hidden/Silent, Anger/Disappointment at Being Alive, Therapist/Counselor as Unhelpful, and Poised Between Life & Death.

Inherent in the lived experiences of all of these women are aspects of transition, or liminality; many of them were in the void between life and death both literally and metaphorically far longer than the duration of their physical acts of intended suicide. For

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two of the participants there are still aspects of self which may in fact not yet have fully *returned*.

<u>Suicide Hidden/Silent</u>

All six participants revealed extremely consistent experiences of their suicide attempts as being hidden from others, in some cases remaining so in their present lives. If and when they did disclose their attempts to others, they often received a negative response, or even more damaging, no response at all, but deafening and destructive silence. Devi recalls that after her attempt she withdrew from school and returned to her parents' house:

> it was terrible. My parents didn't say a word. I didn't tell them I had tried to commit suicide or anything… neither of my parents said a word.

Devi also recalls, years later, over-hearing others who were unaware of her history and discussing the "selfishness" of suicide, resulting in her experiencing further pain and silence regarding her attempt:

> somebody was talking about suicide… and said –oh gosh, you know people who are suicidal are so selfish. Can you think of a more selfish thing to do? And I was just mystified, it was like they had no concept of what it feels like to be-it was like they had no concept… of what it feels like to be in that much pain, or to feel like that's your only option.

For Devi, fear of others' reaction led to further silence about her experience:

> I can still hear that conversation and being just kind of blown away about what others perceived about suicide. I think that taught me not to talk about it very much, –cause that's what people are going to think.

Michaela, too, recalls being non-communicative about discussing her experience with anyone, especially her parents:

> I never told anyone at the timeí í it was quite some time before I actually told anyoneí And it created a lot of problems because I should have told my parents, but I didnøt.

When queried what her experience was when she told her parents and some of her close friends, Michaela replied:

> Well, the problem isnøt in telling the story. The problem is in the resulting impactí it doesnøt make me very likely to share. Even now, to this dayí
> (R) When you told your parents, what was that like for you?
> (M) Done begrudgingly.

Lisa related that much of her inner life at that time was hidden from others and from herself. She felt unable to talk to anyone about what had led up to her suicide, the attempt itself, or anything that came after.

> I crawled into D.øs bed, and I was just laying there, feeling sorry for myself and stuff. she ended up showing back up for some reason. And, she was like, ÷What are you doing, why are you in my bed?ø And I as like, ÷oh, I was just cold, I donøt knowø And by that time I was getting really fuzzy and stuff, and things were kind of fading in and outí well, Iøm sure the rumors went around school, ÷cause I disappeared the last few days of schoolí I didnøt talk to anybody.

Lisa was released temporarily from the hospital for her high school graduation and remembers seeing D. and her family one last time:

> They let me out for graduation, so I could see the graduation ceremony. And then I was allowed to go to D.øs house for, like, a half-hour, and then I had to leave ÷cause they were having a party.

For Lisa, a key to her survival became not examining her inner world or her pain, but to disown it, minimize it, and keep moving:

> Same thing I did when I was in my momøs house. Just keep on moving, sort of move oní because a big part of my survival back then was never you know, examining it, never thinking about it, so you know, I didnøt. I didnøt. I didnøt think

about it at all. You didn't dwell on those kinds of things, you didn't think about those kinds of things.

When I asked Lisa how she told the story of her experience to herself then, she replied:

I didn't. I didn't… Sometimes how I'd tell the story was, õthere is no story, I'm here, so I have nothing to tell.ö I was feeling sorry for myself; there was a lot of stuff going on.

When I inquired what it was like for her to talk about it with others, she recalled having

tremendous difficulty doing so, difficulty which persisted until recently:

Well, it was a really good lesson in life as far as what happens to you is not important, you know. It's not as earth shattering to everyone else as it is to you… I've always had a rule thing that I stick to-suck it up, ignore the hurts. It's not that bad, suck it up, move on. My priority generally in life was not me anyway, until I started getting older. Since then I have learned to feel a lot of things I should have felt then.

For Lucinda, unprocessed grief, profound loneliness and depression in high

school, and her overall feelings of not belonging worsened after high school, impacting

her first year of college:

and I never really dealt with that at the time, or really anything else in my life. I finished the school year, worked at McDonald's that summer, learned how to drive even though I hated it, and drove this little beater pickup around… and then I went to boarding school. Where it was really convenient not to deal with anything because they really didn't teach reality there, so… So it just got tabled, and… never went away.

Years after her attempt, aspects of it are still hidden from those close to her:

I've told my wife… my folks know, my sisters, my close sister still doesn't know, she knows that I tried to kill myself and that I almost succeeded; she doesn't know the details. I don't know if any of my other siblings know.

Lucinda's attempt while in college was carefully planned and meticulous in its detail,

including the music she wanted to die to:

I remember picking out, putting on the music that I was going to die to: The Bach double concerto for two violins, played by Yitzhak Perlman and Pinchus Zuckerman. I love that piece of music, and now I can't listen to it without… going back there. And I even had planned the music I wanted at my funeral, you know. Music was important to me, so…

In the end, however, Lucinda became terrified of the silence and alone-ness

surrounding her imminent death, and unlike the other participants, she reached out in

what she believed to be her last moments of life:

Then I started shaking, and I thought —stupid Lucinda, why are you shaking? You scared, chicken-shit, you know? Maybe I am scared. Okay, I've done everything else alone; I shouldn't have to die alone. So I called my friend A____, and didn't tell her what I'd done, but she must have heard something in my voice. She said: 'Hey, let's go for a walk.' Alright, let's go for a walk. I thought —I'll be dead by the time she gets here anyway.'

Dani's suicide attempt occurred while her mother was in the house, and she

recalls becoming frightened and calling her boyfriend for help:

So he told me to go drink some milk right away. And I did, and it caused me to immediately upchuck. And my mother was asleep in the corner of the living room, and she only woke to say —do you smell something funny?' and I said —no', and I went back downstairs. And so that was the immediate event.

After her attempt she did not discuss it with anyone for a long while, although she

reflected that not telling her parents was in many ways a relief:

R: Did your parents know what had happened to you?
D: Not immediately after. I don't believe I told them. We never discussed it that I recall. I think they may have become aware of it… I don't know if my boyfriend told them… I don't know if they ever really did know exactly what I did do. They certainly didn't know how I was feeling or have any grasp of it. I don't think they… they may have found out completely. I know I didn't volunteer that information… if they knew, or if they heard anything about it, they knew it was a bad subject.
 R: What was it like for you to not talk about it?
D: .it was a relief because I really had no...you know there was no way I could… it would only be… there would not be any reaching out and trying to understand. That's not what our relationship was.

Nor was Dani able to speak with anyone else about her experience after her attempt and recalls it as:

> It was really awful. (pause) And… you know… given the time period there was no real… there wasn't a suicide hotline, there wasn't you know any of the kinds of awareness there is now… you know people didn't… people just reacted the way they reacted.

Of all participants, Dani had the most difficulty participating in the interviews, actually speaking of her experience, recalling her experience, and working with the material after the interview. For example, during the phone screen she expressed worry (as did all participants) that she would not remember enough of the details of her attempt to be helpful, and many times during the interview itself she reported not remembering. However the details and emotional resonance of the events were very much present in the interview:

> R: So what's it like after how many ever years to sit here and tell your story to me?
> D: … well you know, parts of it were a little difficult, as you observed… it's not… it's not horrible. I don't really remember much more than that.

Dani also had more difficulty retrieving words during emotionally-laden material than the others and was much more concerned with privacy during the face-to-face interviews. It is noteworthy that two participants reported being unable or unwilling to read through their full transcripts. Dani, although unable to approach her own material because of the emotional strain, gave permission by saying, "I trust that you transcribed the interview faithfully; I give you permission to move forward with it as is… "

When the transcripts were finished and released back to each participant for the initial fact-checking and agreement of data and accuracy, Dani also reported tremendous difficulty in reading over her transcript, essentially releasing her permission to use the

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transcript in full without being able to be "in a place where I can go back into the events discussed in that interview" (personal correspondence, May 14, 2010). At the present, Dani still has difficulty speaking to others about these events, a difficulty that has persisted for over 40 years:

> Well, I now have lesbian friends, and have been in… um, you know relationships, so… that's not an issue, but I haven't really told, you know, current friends… It's not something, you know… 'cause people still don't necessarily have that as something they… want to handle. So. Still I don't really, you know, I probably only discussed that in therapy sessions, or something. So.

Finally, Susan, whose attempt had arisen in part out of a desperate desire to connect with and be noticed by her father, reports the opposite effect:

> And then my dad hung up the phone, and he walked me out to the car, put me in the car, and drove me to the hospital and didn't say a word. He dropped me off in the ER and left…

Anger/Disappointment at Being Alive

Perhaps, given the intentionality of the participants' attempts, and the fact that most of them named death or non-existence as their desired outcomes, five of the six women were also disappointed or angry at discovering their attempts had not been successful and that they were still alive.

Devi describes her experience as:

> I remember feeling so horrible… and not wanting to be there.

Lucinda remembers being enraged and feeling betrayed by what she believed she heard from her grandpa-figure Vince, that it wasn't her time to go yet:

> I thought a lot about it (the suicide attempt) afterwards, and I was mad at Vince. He told me not to (kill herself) why, why is he not ready for me, what in the hell, you know, this sucks, I don't want to have to be here, I don't want do life here, this is stupid, I hate it, I hate everybody… And I was in the psych ward in the ____Center, and I was so mad. How dare I be alive? I was just so pissed. I could not believe that I had, you know, failed at this last thing I was gonna do. That I

couldn't even kill myself right. I was just so mad, and I mean— just humiliated-mad, like when you've got nothing left?

Dani remembers the aftermath of her attempt and the lack of resolution of her concerns, partly because of the stigma surrounding suicide and partly because of her still-hidden sexual identity; her pain and struggle to recall those events still evident in her description:

> It was really awful. (pause) And— you know— given the time period there was no real— there wasn't a suicide hotline, there wasn't you know any of the kinds of awareness there is now, or— you know people didn't— people just reacted the way they reacted— There's a lot in our whole social cultural thing that needs directly to become more accepting of all kinds of diversity. So. So there wasn't really— there wasn't really any resolution of what it was, you know. It was just more like try a couple things and nothing really—

Susan also remembers waking up in the hospital and when her parents were visiting her during the first few days after her attempt:

> And it was really really scary in the sense that, just the intensity of it and then at some point, I woke up, and I remember being really really pissed off. It didn't work! Oh, dammit! I was so mad. Because then I really didn't know what to do. God, that's not how this was supposed to work, now what do I do...yeah, I was livid. I was not— because then I knew he just— I mean, I wasn't gone, so I wasn't getting relief, and release, and it— and they wouldn't change a thing. It didn't change, and it hasn't since.

Michaela alone among the participants described once again a curious ambivalence about her attempt and at remaining alive:

> there was kind of a —well, I guess that didn't go. Oh, I guess I'll keep on living— There was a continued nonchalance about it, I guess.

However, later in the interview, upon reflection back to her 16 year-old self, Michaela reports:

> and then I remember disappointment at actually waking up the next day— being 16 and having regret for the fact I didn't pull it off.

Therapy/Counselor Unhelpful

If most of the participants were angry or disappointed to have failed in their

attempts and at remaining alive, some of the likely people who could have most assisted

them directly after their attempts were the counselors or therapists that almost all of the

women went to, either directly afterward, or as in Lucinda's case, after she went to an in-

patient unit. Of the six participants, five spoke specifically about going to therapists or

counselors after their suicide attempts (Lucinda had two different therapists before her

attempt.). Of these five women, four of them reported that their counselors or therapists

had been, on the whole, on a spectrum from minimally helpful and unwanted to

destructive and even harmful.

Devi reports that:

> neither of my parents said a word, and then they set me up with this
> counselor I could see… so I could do some short-term counseling.

Michaela had this to report about the therapist she saw after she eventually

told her parents she had tried to kill herself:

> So then she dragged me into a counselor, because I finally told
> her, and the counselor was the worst counselor I can ever
> imagine visiting. You know, I just pretty much told my story in
> a flat monotone, and she was like õokay, well I think you're
> okay!ö and I saw her for two sessions, and that was it. I think
> you have to want to get something out of therapy, though,
> where what was happening was my mom was forcing me, so
> I'm not entirely sure that there was anything that really could
> have been effective. But, realistically, not the best experience.

Lisa also remembers going to a counselor after her attempt:

> I was sent to a counselor that I had to talk to, that was about it.

Lucinda's experience was more atypical within the context of the group. Her family had

been doing family therapy before her attempt, as her family had been considering

adopting a child who had been living with them. During family therapy, it came to light

that Lucinda was depressed, and her therapist suggested that she keep a journal to explore

her feelings, which she did. Her therapist intercepted the letters and turned them over to

Lucinda's parents, with near-disastrous consequences:

> so the therapist wanted me to write down my feelings in a little journal.
> And so I started writing this guy letters… And one of the letters, finally,
> came to my parents' attention, that I was suicidal. And it was this huge
> breach of trust, you know; here I'd gotten brave enough to tell this guy
> that I didn't want to live anymore, and he tells my folks. See if I tell you
> anything ever again.

Despite what Lucinda experienced as a breach of trust, she saw another therapist

at the time of her suicide attempt a few years later. For Lucinda, it was the effectiveness

of her second therapist, ironically, which was harder for her to tolerate than the

disappointing betrayal of the first:

> I was in this therapy that I desperately needed to be in, finally, after
> almost you know, 20 years of shit happening to me (laughs). Finally there
> was someone that would listen to me, and and I didn't know what to
> do… with that. I mean, she believes me when I say –so and so did such and
> such– My god! I'm not a liar, I'm not crazy? I don't understand! It's too
> much to deal with.

By then, Lucinda's despair had grown too significant to change her plans to

commit suicide, something she successfully kept from her therapist despite their

obviously strong alliance:

> And did all this without… you know, I was in therapy at the time, which, to not
> tell my therapist about it in the weeks that I was, you know, laying it all out…

That night, however, Lucinda's friend took her to see her therapist; upon seeing

her, Lucinda finally relented and talked to her, and her therapist helped her get to the

hospital:

I canøt, I love my therapist too much toí to not tell her whatøs going on, andí Letøs see, Iøm a couple, three hours into this whole thing, and Iøm probably going to die anyway, so Iøll just tell her. Sheí we talked, and I gave her all the letters.

Susan had therapy throughout her adulthood and (again alone among the six women) felt very positively towards it. Of the five participants who discussed their therapy, Susan alone reports her therapy, immediately after and later as being helpful:

And thení I saw the therapist for like a year, and Iøve continued, my whole lifeí it was actually a really good opportunity to gain appreciation for the benefit, and to realize that you can learn that, like the different methods of therapy and that for me realizing that cognitive behavioral therapy works really wellí It was through that process (attempting suicide) that I was able to learn that that was even an option. So yeah, I went to therapy after that for man, probably a couple years. Saw a school counselor. Never tried again.

Therapy became instrumental for Susan in helping her decide against attempting suicide again, along with the memory of the aftermath of her first attempt:

if I survive, I have to do the therapy anyway. So you know, just go find a therapist, start that from the beginning. No way to go through the quick route; just take the long roadí

Because I knew how angry I was when I survived it the first time, and I did not want toí I just remember knowing that I could try and fail to meet my objective of dying.

Finally, all six womenøs physical recovery was, for the most part, successful. Their emotional, spiritual, and existential journeys, however, were still unfolding. For many of these women, although they were physically alive and healthy, parts of them had been lost in that void during their suicide attempts, and they would remain on the threshold of death for years to come.

Poised Between Life and Death

Five out of six women spoke at great length about being somewhere on the edge between life and death after their suicide attempts. For some, it seemed to be an

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accentuation of a typical adolescent immortality complex with some thrill-seeking behaviors added in. For others, risky behavior that could have been deadly was part of their lives for years. For one participant, there remains some question and doubt as to whether or not she has returned or survived at all.

Devi describes her immediate coming-out experience as intermingled with her new perspective on being alive:

> after that suicide attempt and after I graduated and became a lesbian I was really into being alive and begin as close to death as I couldí .and I was kind of in this different mode, like I was highly alive but very close to death. I could easily have killed myself a number of timesí I think in some ways I thought I was kind of invincible. I kind of went from one extreme to the other. From Iøm going to sleep forever toí Iøm going to be alive, and Iøm going to take these risks, too.

Michaela again named her survival and her feelings about it as being mostly accidental:

> I didnøt try again, butí there wasnøt a sense of urgency about it one way or anotherí well, I stopped doing as many risky behaviors.

When I queried her as to what sorts of risky behaviors she had been engaging in, she told this story:

> So, once I had a car, it was a Chrysler____, but it also had a digital speedometer, and once you hit 80 it wouldnøt move, even though you clearly had made the car go faster. So, we used to do things like test it to see, you know, how much faster we could get it to go, versus a car that had an actual, regular speedometer. Just things like that, that clearly arenøt safe. I used to teach my friendsø younger siblings how to drive when they were like, 14. Also not really a safe behavior, although Iøm actually a pretty good teacher, so (laughs).

Upon reflection, Michaela expressed substantial regret and recognition that her behavior could have had dire consequences. She seemed more able to discuss her risky behaviors post-attempt than about the attempt itself:

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And I think there wasn't a recognition of how my behavior impacted other people, as much. Not just from the emotional standpoint, but recognizing that if I'd actually been successful, for my family and friends, but also some of my behaviors, you know, the driving unsafe speeds on local roads, not even on the freeway. No recognition that someone could actually have gotten into a car accident. Things like that, so.

Lisa also felt on the edge of death for some time after her attempt, a realization

which led her to leave the town she was living in to stay with her father:

I just kind of wandered around homeless for a little while in Livingston, and ended up staying with whoever, partying… And I said well, if I stay here, it's definitely going to be a short-lived life… so I called my dad, who I'd had a relationship on and off through the years, and I just said, ‑I need to come live with you. Can I do that?

Lucinda spoke most poignantly about her struggle to remain alive, especially

while living at home with her parents:

They… they did their absolute best to be supportive, and… and to keep me safe. And they really had no idea how to keep me safe, and I really really gave them a run for their money. I fought them every step of the way, about keeping me safe. I just was… really out of control… it was really… really hard, because I had to go live back with them, and I continued therapy here in M. so I drove to M. once or twice a week. So that was just a huge mission in itself, driving my car, keeping it between this solid line, and that dotted line, and not hitting anything, and not driving it over a bridge, or into a tree, it would be so easy, and they're trusting me here (laughs). You know?...it was present for years. And kept coming up. There were some behaviors I did that were seen as attempts, but weren't, that still could have killed me. But that whole period after that suicide attempt was just really raw.

Dani reports remaining uncertain whether she would live or make another attempt for

some time afterward:

I said okay, at least let's not do anything, let's not, let's make that commitment. During that time, you know. We'll wait till cooler heads prevail, and we'll decide if, you know, if we should make another attempt or not, you know. I think it was kind of… it has been on and off in the background, and that may be one of the only things that has stopped it. Any time it's become more than a, you know, kind of just quick… ‑well maybe I should just… this is getting hard, maybe I should just… ‑chuck it.

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Of all participants, Dani's sense of not having come completely out of her experience seems the strongest:

> So… apparently I survived… I'm a suicide survivor, I suppose I did survive.

Although Susan spoke of feeling alone and abandoned after her attempt and encountered difficulty after her adolescence, she remained in therapy and vowed not to attempt suicide again:

> And… you know, so yeah, I just came unhinged, I was so mad, and my mom… and they left and never came back.
> R: never came back?
> S: never came back to the hospital at all. And then I stopped staying with them… then I was on my own for a little while, I was homeless for a little while, with my son. Got through that after a few months, I was really glad I had a car… So yeah, I went to therapy after that for man, probably a couple years. Saw a school counselor. Never tried again.

Summary of Return Journey

It is unsurprising that the isolation felt by each woman remained, and often worsened, after her suicide attempt. It is also unsurprising that most of the women were angry at having survived, whether it was because their hoped-for escape from their stresses and problems was now denied, their own sense of having failed even in this final act, or because they already felt desperate and ill-equipped to cope with their daily lives. It is also not surprising that the families of these women, who were adolescents at the time of their near-death experiences, further contributed to their sense of being alone, shunned, isolated, and encased in silence. Isolation and silence surrounded most of these women regarding their sexual identities and its expression thereof, and now silence and stigma about having attempted suicide added another layer of separation from the rest of society. For Lucinda and Dani in particular, having been raised in highly religious

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households, their parentsø silence was experienced as an overall condemnation of their choice to die, and likely also of their sexual identities, had they been consciously aware of or made public those identities at the time.

Many adolescents go through a normative phase of feeling immortal and being unable to process any long-term consequences of their often-risky behaviors. For these women, that sense of recklessness, of being õimmortalö, as Devi describes, seems to have been further heightened and was likely linked to a lesser form of suicidality for most of them.

The most surprising discovery of this particular super-ordinate theme was that of the participantøs interactions with the therapists. Although every single woman was either in therapy before or directly after her attempt, only two women describes their therapist as being helpful. One of those, however, discusses another therapist whose breach of trust regarding her suicidality proved to be an instigating factor in her later almost-successful attempt. Was Lucindaøs reluctance to disclose her well-planned death to her second therapist, with whom she had an alliance, related to the breach in trust she experienced with her family therapist? Could that therapist have averted this break in alliance with Lucinda if he had revealed to her his plans of breaking her confidentiality to her parents or if he had discussed Lucindaøs journal entries with her first? The fact that only one participant found post-suicide attempt therapy not only helpful, but also a factor in her decision not to make further attempts is striking and alarming from a clinical perspective. Even if, as Michaela cites, much of the therapy was not the idea of the participants themselves, but likely forced on them by worried parents or hospital staff, why were the outcomes from these clinicians so poor?

The opportunity for clinicians to consider these results is substantial. Some research has shown that gay men and lesbians are two to four times more likely to seek psychotherapy than non-gay people, and approximately 25-65% of the lesbian population seeks counseling at some point in their lives (Rudolph, 1988).

One of the key elements of making a return journey from an experience of liminality back into a community or society, according to Van Gennup (1908), is having a supportive group of experienced elders who have made such crossings safely themselves. It is disheartening, puzzling, and surprising that for these women, the community that was available to them, and ideally ought to have been a source of help, guidance, and healing, seems to have been exactly the opposite for most of these participants.

Meaning of Survival

Finally, the third super-ordinate theme, Meaning of Survival, describes the main findings that most directly relate to the research question: What is the lived experience, as a woman and a lesbian of having survived your suicide attempt? Five sub-themes were most predominant: Wanting to Help Others with Story, Gratitude for Life, Survival as Connected to Lesbian Identity, Integration of the Attempt, and the Importance of Motherhood.

<u>Wanting to Help Others with Story</u>

Five of the six women expressed directly the desire and hope that their stories would be helpful to others, even if their stories were clearly not always easy for them to process or share with me. Michaela recalls finding herself speaking frequently with suicidal college women as an RA at her university:

I think because of my own experience and because it went so well the first time I talked with someone like that, I all of a sudden wound up doing a slew of like, instances where I was either talking people out of it, or getting them additional help for it… so in that sense I think it was helpful, since I was able to share some of those experiences or at least the related part with some people that hopefully… had chosen not to go down that route.

However, Michaela expressly stated that she did not feel her suicide attempt was related to her choice of profession, either her degree in psychology, her career in worker's compensation, or what she now describes as her "urgency" to live:

I hate to think I'm missing anything, so sometimes I've even gone to the extreme of having sleep problems cause I'm like "I don't want to miss anything." I can't necessarily control when I die, so if I only knew when I was set to die, then I perhaps would have less of a sense of urgency about it in some ways.

Lisa sent back her full interview transcript with her approval and stated that she hoped her story had "helped in some small way".

Lucinda volunteers for the fire department in her town and related the following regarding sharing her story with others:

I hate suicide calls on the fire department and as a general rule, I don't go on them. I'll leave that to people who want to be a hero; I really don't want to be a hero. But on occasion, I will go, and I will sit on the edge of someone's bed, you know, or they're sitting on the edge of their bed with a razor in their hand, or a handful of pills, or whatever, crying "I just want to die, I just want to die", and I'll… you know, maybe very vaguely, say "you know, from personal experience, it can get better." We've all lived through hard times, I've been through a dark time, and right now I'm really glad I wasn't able to kill myself because… I have a better life than I ever imagined. I bet that if you get out, at least you'll have a chance to see.

Dani spoke at great length about her distress at others' labeling of suicide or suicidality as "selfish", and had this to share about what would be her approach to others in distress as she was:

to be a little bit offended by some who have called it the most selfish act. It's like, okay, yeah, maybe from your perspective, but you know from the person who is in that situation, there's a little bit else going on. And it's a little bit… it's kind of

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selfish for you just to sit there on your soapbox and sayí   this is the most selfish act. Soí   if I were to encounter someone else who were feeling that way, I would certainly not be going around with the =thatøs the most selfish act you can doø crap, you know. And would be able to have some empathy for you know, yeah, thereøs a lot of shitty stuff in life (laughs), you know?

Most poignantly, Dani had one last thought to share at the conclusion of our interview, even though she had been obviously upset and struggling during much of our time together:

> you said your goal was to find things that might be useful for young women who are facing that kind of aí umí   struggle in their own lives and putting it out there in a way that is helpful for them. Iøm sure thereøs lots of different stories and lots of different ways that people return from the brink.

Susanøs experience differed from the other five women, most particularly in her openness and willingness to discuss her suicide attempt from the beginning, despite the silencing of stigma:

> it was interesting because you know people were kind ofí   people were scared, like it was catching. Like they didnøt want their kids around me. í Iøve spoken to a couple of people in my life who tried, and talked about it, and you knowí   to me itøs really strange because people have a lot of social B.S. around it, and I donøt.

Susan has continued to speak to others about her suicide attempt:

> Iøve always been open about my suicide attempt. Iøve spoken with other people about it. I donøt think I advertise it. If it comes up in conversation-suicide, suicide attempts í yes, I will mention it. I will freely; no one has to ask me. If weøre talking about suicide, I will mention that yes, I tried andí   that I failed, in that sense. But succeeded in other arenas.

Susan is especially vehement that another person at risk of depression or suicide needs immediate intervention and that sharing her experience can be useful to others and may be a reason she survived:

> And I assume that Iøm here because Iøm supposed to be, and thatí   somebodyøs supposed to learn from my mistakes, and my successes, hopefully. And so Iøve been open with my kids as theyøve gotten olderí   And then you just hope that you

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have the opportunity to help others who are similar, so that they make different choices. And so I've tried to be really aware of the risks of that, and I know children as young as 8, 9, 10; very young children have committed suicide. It is not limited to adolescents and adults. One of the things I've come away from my experience with and have carried with me is that awareness that it is a very real risk and that I survived, but that doesn't mean anyone else would.

Susan went on to discuss how worry over her own child's well-being led her to

tell her own story in order to help him:

> and I just said, you know, you need to go to therapy-this is not an option. And got him in and now he's talking to somebody… you know, I'm not interested in even pretending or trying to deny, or whatever. You know it's interesting. I actually had, I think, probably a unique experience with it, but having children… the topic of suicide comes up in school. They bring it up, and we talk about it. I don't hide anything from my children … you know, I'm an open book, and I believe in authenticity and truth. But that was really odd to tell him… I mean I've told other people, but to tell my child that… I had done that was really… unsettling and weird. But at the same time really validating in the sense that and humanizing, I hope.

Susan hopes that her experience may be helpful as her younger children continue

to grow and that her experience uniquely qualifies her to recognize and help address

difficulties they may face:

> But my younger children are getting to that, and will get there at some point, so it's like, "hm, this will be really helpful to have to go through it again." I think I'm more aware than most parents that there are skills that can prevent that, that make it less likely. There's nothing that can guarantee that that's not going to happen.

Finally, Susan describes her enthusiasm for participating in this study:

> And I'm really glad that you're doing this work, I hope that it's helpful. I'm glad I could help.

Gratitude for Life

Four of the six participants directly spoke of being grateful to have survived their

suicide attempts and for their present lives. It is fascinating as well as relevant to note that

the same four women who did so, and the same four women whose attempts seem to

have been most fully integrated into their lives and identities, are the women who are also

mothers. Further discussion of each of these findings is forthcoming.

Devi discusses both her own gratitude in surviving and her connectedness to the

meaning in her life:

> You know I'm grateful I didn't really harm myself...looking back, I'm
> glad I wasn't successful. I mean now, I'm like, oh God, if I kill myself I
> would pop right back into a body as fast as I could, you know? 'cause I
> have lessons to learn.

Although Michaela reports that her suicide attempt or her survival were not

terribly impactful in her life:

> Honestly, I don't know that it has a lot of impact. Until your email
> asking if anyone would do this, it really hadn't crossed my mind in quite
> some time.

She does report that it was this choice that finally led her to begin examining her

other choices more carefully, including her decision to be more fully alive:

> I don't think there was a conscious connection... but I think it was that
> incident that made me really recognize that this was not the choice I
> wanted to make... I think I try to be more intentional about the choices I
> make...

When asked a more direct follow-up question, Michaela reported:

> I think it was making a conscious and intentional choice to be alive as
> opposed to going through the motions of being there.

For Michaela, her survival seems to have shifted in her narrative from a

seemingly random non-event to something that she is clearly conscious of now, many

years later:

> The survivorship was accidental. It took awhile to perceive it, but I did it
> which I'm grateful for now. But at the time, it was very accidental... but I
> think it was that incident that made me really recognize that this was not
> the choice I wanted to make.

Lucinda expressed gratitude for her current life, as well as those who helped her directly after her attempt when she herself could not maintain hope or purpose in remaining alive:

> And I'm really grateful for the people that stuck their necks out for me, and stayed awake nights with me, and babysat me, and put their careers on the line for me, and believed in me when I couldn't… And I had people that really stuck by me, that could see the light at the end of my tunnel, even when I couldn't. And they believed in it for me until I could.

About her survival, and her present life, Lucinda had this to say:

> right now I'm really glad I wasn't able to kill myself because… I have a better life than I ever imagined. Looking back, I think that it really is… searching for the word. Miraculous that it wasn't successful, that I didn't die, because I mean, pharmaceutically, I should have died, and… I mean, I did everything "right", to die. And I didn't. Well, now I'm glad that I didn't… Because now, my life is, it's more than I ever imagined that it would be. So… now I'm really grateful… that… that I'm alive, and that I didn't kill myself. Vince was right.

For Susan, her life is a second chance that she tries her best to make use of every day:

> Well, then I was just really pissed off. Now I'm grateful. Yeah… then I was just really really mad. Now I'm really grateful and fortunate, and I consider myself incredibly lucky. And I try to… I try to make that… gift of a second chance worth something. I try ….I often say I… I try to go to bed each night knowing that I left the world better than when I found it in the morning. That's really important to me.

Susan sees meaning in her life now, in part, as being connected to and helping others:

> When I go to bed I try think about who did I touch, whose heart did I help put a smile in, and in my own, you know? Am I better than I started? And I think for the most part I achieve that. I live very consciously. I make some dumb choices, like I still haven't been able to quit smoking. So that's not the smartest choice. But I in general am very grateful for the opportunity to try again, and I try really hard not to waste that.

<u>Survival Connected to Lesbian Identity</u>

For four of the six women, surviving their suicide attempts and undergoing the difficulties of that experience-the silencing, stigma, shaming, fear, rejection by others, and uncertainty of whether to live or die-meant that for these women, parts of them which had been hidden or disowned had to be reclaimed if they were to survive and begin more fully living again. In Eriksonian terms, by being able to privately and publicly accept a lesbian identity, four of these women seem to have successfully navigated the Identity versus Role Confusion Stage.

As Devi explained when asked which was easier to discuss, her sexual identity or her suicide attempt:

> being gay's easy. Once I stopped kissing and saying I'm not a lesbian, and kissing and saying I AM a lesbian, it got way easier….I think that's when I decided, alright, I'm going to do that too. I can do whatever I want to.

For Devi, her survival became a catalyst to more fully claim and express her sexual identity:

> I mean I think I figured out "screw the things that everybody else thinks are so important," that I'm trying to do. I'm just going to live; I'm going to live for me now….probably having had that experience and thinking that was my only option, and basically choosing to live after that, I think it was kind of like, "fuck it," I'm going to be a lesbian… it was a big turning point… if I'm going to have to stay alive and awake and be in my body, then I'm going to enjoy it and be a lesbian.

For Lisa, her difficulty in her marriage and her bonds with women made sense after her suicide attempt when she began exploring and claiming her sexual identity:

> I was worried, more worried in a way about coming out as a lesbian because I was still married at the time. So when I told my mom, I thought she would disapprove, get on my case for that if nothing else. She was like "yeah, you're a lesbian." I was like, "well, you could have told me." (laughs) And you know what they say, it's not like they don't know. Yeah, it just wasn't a big deal.

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And, I think also, you know the way I, I think this is probably why the loss of D.'s friendship affected me so much, is I was always very very deeply involved in special friendships with women. You know? At that time, I didn't really know why. Later on when I came out as a lesbian, I was like, that was why. My bonds with women were really a lot tighter.

Lucinda describes her awakening sexual identity her first year in college:

So, came here my freshman year, and oh my God there's this thing called Lambda! I would timidly go to the meetings, and ah, dammit they noticed I walked in the door and they said hello, and they want to know my name! Kept going whenever I felt brave… I was spending my sexual energy thinking about chicks. Oh, she's cute. Then freaking out, thinking, oh my God, what would I do with her? I couldn't even talk to her; I can't even be in the same room with her, oh my God! (laughs). Going through a pretty late sexual adolescence, and it scared the shit out of me because I knew it was a sin.

For Lucinda, naming herself as a lesbian is now easier than revealing her identity

as a suicide survivor:

identifying as a lesbian (laughs). Yeah. Because that's… people that would watch me in my daily life, it wouldn't be immediately obvious to them that I survived a suicide attempt. It is immediately obvious that I'm a lesbian (laughs)… I guess they're both part of who I am, they're not both… worn as an outer layer of myself.

Dani recalls her isolation and lack of awareness of the gay community that was

around her in her adolescent years in San Francisco:

Well if I had known then that even at that time, San Francisco was something of a Mecca in the gay community, and I was so insulated I had no clue. If I had known then that… I'm not sure what it was, but I think I told you I read Maya Angelou's "I know Why the Caged Bird Sings" in which she referred to the "Well of Loneliness" and I don't know if I read "The Well of Loneliness" before or after that event. So that was the first time I had any indication that there were any other people besides me, but I didn't know who they were… So, certainly I wasn't the only one, but I didn't know who the others were. But I did meet one later. Much later, in a women's bar… "but not you! You were one of the popular girls!"

Her life, she feels, would have been different if she had been an adolescent today,

suggesting that if she would not have been so cut off from the gay community and her

own emerging sexual identity, she may not have attempted suicide at all:

at least there would be other things I could do. There would be people I could talk to. There's books out there, there are other people who are openly gay, you know, there's Ellen. You know, and Melissa Etheridge. I mean, there's just a whole lotta people who are still well-thought of and who have come out, so.

<u>Attempt Integrated</u>

Four of the six women discuss how their attempts have become part of their overall identities and experiences, not *the* singular event in their lives or even the most difficult, but part of their lives. Devi explains that:

> I used to think that nobody notices and I don't count, that nobody sees the reality or what's going on with me, but now I have people who do' I have a really strong spiritual practice, and I meditate. I didn't have anything, any resources like that. That makes a huge difference in my life...I'd rather work it out in this body. I love my partner; I love my daughter, so I just keep going. I think I have a much more universal experience.

Now, Devi feels that she has what she didn't as an adolescent, in addition to a loving family - other choices:

> after that' there was some part of me then that knew I always had a choice. Like, I didn't' that wasn't my only choice. When that happened, I had no concept that there was another choice' .so I remember a couple of tough times after that that I felt like I always had a choice.

Michaela reflects on her adolescent experience versus feelings of gratitude for her current life:

> Not grateful at all. As opposed to now, where I would say I'm pretty grateful for every day that I get' I can recall it, what it's like to feel that way. Now it kind of makes me nervous, 'cause I'm like, God, that was such a gift of life, and so unappreciated.

Michaela also reports a lasting effect of her survival as an urgency to live and a fear of her life ending before she's ready:

> I've got a lot of stuff I still believe in, to do in life' I'm really not ready yet. I have a really large fear of death' I think being able to be

appreciative of being alive still comes from, that was just reinforced for me after that.

For Lucinda, her attempt and her survival have been steps along the way in an ever-unfolding journey. As she explains it:

> So, you know I think if I had it to do over I wouldn't want to have to go there, but I don't really regret having gone there, at the same time… I've learned to accept who I am, mostly… That event, or series of events surrounding that or relating to that suicide attempt… doesn't stand out to me as being a pivotal event in my life. It's… part of a mosaic of events… in my journey. And it's… part of what has gotten me to what I am now. Its part of what has helped to make me who I am now… but… that's small beans compared to some of the other places I've been. I think that all of the things that I've been through, that suicide attempt included, have helped make me a really rich person with a lot of depth of experience, and probably more than most people my age.

For Susan, also, it has been part of her overall experience and narrative, but not necessarily a main factor in her identity:

> … it's been an interesting… footnote in my existence; it's not a defining factor. It's not something that I have carried with me at great cost emotionally or psychologically …. Probably because that's so far removed and not part of my current identity… it's not part of my recent life experience. Although it is definitely something I experienced… and I think is, you know, a part of who I am.

For Susan, some of the meaning of her attempt seems strongly tied to being able to make better choices now as an adult, regardless of whether suicidal feelings still come up for her. She also speaks of developing compassion for her adolescent self and her experiences:

> I forgave myself for it a long time ago. It was a very young choice made out of ignorance and fear and anger… to me, it was a very understandable choice for that age. And for my circumstances, and what I was going through, where my skill set was… In fact, I have been there since, and I have thought of suicide since. I went through a period where I was incredibly depressed and thought about walking in front of Mack trucks, and then I decided that was terrible because I would probably just end up paralyzed and still alive… It doesn't fix anything.

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Importance of Motherhood

Three of the women specifically cite motherhood and connection to their children as being a key component of what currently gives their lives meaning, and how grateful they are that they lived long enough to experience being mothers.

While explaining why her life is meaningful and rich to her now, Devi proudly showed me a picture of her young daughter:

> it's mid-October (the month Devi attempted suicide), and I'm doing okay. These days, it's just being a mom...my daughter was really nervous the night before first grade… we asked her what's the most important thing you do know? And she said, "oh, that's easy-I love myself." And it was like, oh my God, here is a life thing, not just for first grade. But I thought, God, I think of me at 6. I had no concept of something like that… and it was the top thing on her mind. Just right there.

For Lucinda, motherhood is both an integral part of her adult identity and an anchor to life:

> Now I'm a grown woman, and I have a wife, I have a kid… I have tools to deal with daily life… I still have days when I'm driving home with my dear sweet child in the back of the car, thinking, there's that other person driving, they're not paying attention. Swoop, swerve! Wait, I can't do that, I have an infant in the car. Oh shit, I'm a mom, I really can't do that!

For Susan, motherhood seems to be a bolstering factor against future suicide attempts, as well as a way for her to find meaning in her own story and possibly help others:

> I knew that I could try it, and then have to deal with the ramifications at not being successful at dying, and… and I was more aware of what those ramifications would cost you, as an adult. As an adult, as a parent, you know, having a suicide attempt at that time would have been extremely… it could be far more damaging… I think I'm more aware than most parents that there are skills that can prevent that, that make it less likely. There's nothing that can guarantee that that's not going to happen… I assume that I'm here because I'm supposed to be, and

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that… somebody's supposed to learn from my mistakes, and my successes, hopefully. And so I've been open with my kids as they've gotten older… And then you just hope that you have the opportunity to help others who are similar, so that they make different choices.

Summary of Meaning of Survival

To attempt to distill meaning from the lived experiences of participants, each woman was asked essentially two main questions: Tell me the story of that day and what is the lived experience of having survived your attempt? The first question elicited mostly the narrative of events surrounding each woman's suicide attempt: the catalysts or ingredients leading up to the event, the aftermath or experience directly after, and the start of an often long journey towards choosing to live and participate more fully in life, often while integrating both the attempt and an emerging lesbian identity.

It is the second question, that related to the lived experience, that was designed to hopefully elicit meaning, the essence of not only the experience of survival, but, after a reflective period of at least ten years, the meaning of the attempt overall on the lives of each of these women. From the results of these six interviews, as well as some of the later follow-up communications, some preliminary conclusions and descriptions of meaning can be drawn.

First, almost every single woman, although worried about not being able to recall the details of that event, not only recalled it often in great detail, most were surprised by the emotionality they experienced when recalling their experience. This suggests that even though each woman had told her story, in some cases once or twice, in some instances many times, there remained tremendous energy behind breaking silence and offering up their stories and their reflections about their own stories.

Next, it was clearly important to each woman that her story and experience be helpful to others. Almost all of the participants mentioned using their stories to help others in their lives, and most expressed the direct wish that their stories be helpful to me as a researcher. After each participant was sent her transcript to read over and approve, most of them sent back extensive replies, including wishes that her story would be helpful. Susan said: õThank you for taking time to do this studyö, and Lucinda said: õThank you for giving me the opportunity to share. It felt powerful, and, in a way, healing.ö (Personal correspondence with participants, May 12 2010, April 25, 2010). Dani, in my opinion the most reluctant to share her story, the most concerned with privacy and confidentiality, and the most surprised at the strength of her own feelings, directly referenced her desire to help, despite the pain it was obviously causing:

> you said your goal was to find things that might be useful for young women who are facing that kind of aí umí struggle in their own lives and putting it out there in a way that is helpful for them. Iøm sure thereøs lots of different stories and lots of different ways that people return from the brink.

Although it had been very difficult for Dani to complete the interview, and ultimately she was unable to read through the transcript (õSo my gut is telling me that I just am not in a place where I can go back into the events discussed in that interviewö) fully, she gave her permission for her information to be used, and ended her communication to me with this: ÷I hope my information was what you were looking for and useful to your researchø(personal communication, May 14,2009).

Many of the participants reported that connection to others was ultimately what helped them return from their suicide attempts more fully, and connection with others gives their lives the most meaning now. The four women who spoke about motherhood, many directly citing it as one of the reasons they continue to live and one of the most

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meaningful parts of their lives, were the same four women who directly verbalized being grateful for their survival and their current lives. They are also the same four women who spoke the most and most directly about their suicide attempts as being important, but only as a part of their identity, no longer the main defining event. In the sub-theme of what I named Attempt Integrated, these four women spoke of belonging, connection to others, love and compassion for themselves and the choices they made, and the blessing of having different options and choices open to them in the present. Having children seemed, for these four women, to have anchored them more fully in their lives than anything else that was mentioned, including work, partners, and other connections, although many of these were mentioned as important.

Meaning was also found for several women through spiritual practices, and some fear that attempting suicide again would simply result in having to re-learn and re-do many of the lessons they were already working so hard in this lifetime to achieve. As Susan explained, upon exploring different spiritual beliefs and weighing her decision to stay alive or not:

> So that kind of made me think that no matter what else is going on, that maybe that isnøt such a good idea because you could come back with the same hang-ups and have a whole lot of other stuff going on that could even be worse, soí maybe one should try to work through it somehow.
> And that basically I kind of see this as a no matter what your spiritual, religious thing is, you know, that and no matter how bad it gets that thatøs not really going to solve anything.

Devi, too, spoke of having many lessons left to learn and that some of the meaning of her life is deeply wrapped up in those lessons and in sharing a life with her partner and child:

> I mean now, Iøm like, oh God, if I kill myself I would pop right back into a body as fast as I could, you know? ÷cause I have lessons to learn.

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Making sense of the meaning of their suicide attempts also seemed tied to uncovering, claiming, and living more directly as openly lesbian in an often-hostile world. Four of the six participants, including the ones who cited loss of a love or breakup as a catalyst for their attempts, began to be much more forthcoming and direct about living openly as lesbians as a direct result of their suicide attempts. Survival, then, seemed to be about reclaiming parts of their identities that had been silenced, even from themselves. Surviving suicide was a benchmark for the difficulty of other things, including coming out and reclaiming a hidden lesbian identity:

> I think I figured that out easier than a lot of people after.
> Probably having had that experience and thinking that was my only option, and basically choosing to live after that, I think it was kind of like, well fuck it, I'm going to be a lesbian. Yeah… it was like a big turning point. (Devi)

For four of the participants, again the mothers in the sample, meaning of their attempts ultimately had less to do with surviving suicide as an adolescent, but more about how they are currently living their lives. Meaning of survival then, for these women especially, seems to be found in having integrated their attempts into the rest of their lives. As Michaela explains:

> Honestly, I don't know that it has a lot of impact. Until your email asking if anyone would do this, it really hadn't crossed my mind in quite some time… I think it was making a conscious and intentional choice to be alive as opposed to going through the motions of being there.

Susan also states that for her, her suicide attempt was anecdotal in the rest of her life; it is her present life, and her gratitude to have it, that gives her life meaning now:

> it's been an interesting… footnote in my existence; it's not a defining factor. It's not something that I have carried with me at great cost emotionally or psychologically.

It is Lucinda who speaks to this felt sense of incorporating her suicide survival

into the rest of her life. In an email response to reading through her own full transcript,

she offered the following summary of her interview, her reflections on it, and herself:

> There is so much more to me, to my life, than a suicide attempt. Whilst talking to
> you, I tried hard to keep the other elements of my story closed. They are not the
> focus of your work. I do want to say though, that there is so much more to me, to
> my story, to my experience (personal correspondence April 25, 2009).

Additional Findings

One of the most interesting and curious findings within this research study was

somewhat accidental and something that almost did not occur. When I finished

transcribing the interviews and prepared to send them out to each participant, I began

organizing each woman's data and reflected upon the necessity of assigning pseudonyms.

Part of this was to protect privacy and confidentiality, as agreed upon in the informed

consent document, and part of it was a way to keep the boundaries between each

woman's experience and data clear as I readied myself to analyze and deconstruct the

meanings within their words. As I was reflecting upon how to go about this process, I

reread part of the introduction to the study itself, which declared in part that the hoped-for

outcome was that the: "lived experience of lesbian survivors of suicide themselves

must be sought after, explored, and given voice". For me, as investigator and one who

would now attempt to analyze and assign meaning to their very personal stories and

words, what would be the result if I chose their pseudonyms versus asking the women to

do so themselves? I realized that almost without thought I had nearly taken an action

which, although common to research studies and many methodologies, would have, in

my deepest reflection, contributed to the silencing of these women's voices and

experiences. I quickly added a sentence to each email that asked each participant to

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choose her own pseudonym and let me know what that might be, along with any other comments she had about her transcript.

Lucinda, as I had come to expect, was immediately responsive, thanked me for asking, saying that this felt õempoweringö to her. Her choice of Lucinda was based in part on a song called õLucindaøs Stone,ö some of which is reprinted here:

> I am the tender of the graves
> And the keeper of the history in the bones
> I came today with weary in my heart
> Then I came upon Lucindaøs stone
> And strength still rises from the words upon your stone
> It takes life to love this life, after all (Cris Williamson, Tret Fure)

As the replies from each participant began to come in, along with their pseudonyms, came more stories and brief explanations. One woman chose her daughterøs name as her own pseudonym, while another picked the name of the first girl she had unrequited love for. Dani, after explaining her difficulty reading over the material, simply stated that õí you can use Daniö without offering further detail. Only one participant, the woman I ultimately named Michaela, seemed either unable or uninterested in providing a name for herself within this study, saying that: õí Iøll let you pick some theme for your pseudonyms. Depending on your sample size, maybe colors? Best wishes.ö (personal correspondence, February 9, 2009).

As I began to analyze the data and began to understand how much meaning of surviving their suicide attempts and being alive presently had to do with their connections to beloved others, I revisited the issue of naming once more. Why had Michaela decided to forgo this part of the process? Did she truly not have an opinion, was she maintaining the attitude towards the whole topic and her experience she herself described as õcavalierö? Was the issue of naming linked to identity, the process of reflection, and how

long each woman had been publicly self-identified as a lesbian, or was it merely a

convention which allowed these women some input into a process that might have

seemed somewhat inaccessible or mysterious? Of all participants, Michaela was the

youngest I interviewed; perhaps ten years was not enough time to have elapsed for her

processing of her experience to be complete. How long, then, is enough time, and by

whose measure was I judging her process, her experience, and her re-telling of it? Or, did

she simply not care enough about the overall study or see it as too far removed from

herself, to warrant more direct participation in this part of the process? Ultimately, the

name I chose for her was a feminization of many of the boys and men she had dated, a

series of boys named Michael; in so doing, as I wrestled with this question I was giving

her a name that was similar to the ones chosen by the others: the name of someone they

had been or were now connected to in some important way. There was no other way to

approach this question that seemed equitable or reasonable to me; yet I still did so with

substantial misgivings and curiosity about this whole part of the interview experience.

Some of these misgivings and questions throughout this process became the subject of

the next section of this research study.

<div align="center">**Researcher's Process**</div>

Among the experiences I had in doing this research study, misgivings over my

own interpretations and assignations of meaning to the participantsø words and

experiences was a common occurrence. Indeed, as Smith, et al., (2009) describe the

process of IPA itself, they state that:

> Although the primary concern of IPA is the lived experience of the participant
> and the meaning which the participant makes of that lived experience, the end
> result is always an account of how the analyst thinks the participant is

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thinkingí thus the truth claims of an IPA analysis are always tentative and analysis is subjective (p. 80).

Constant checking and re-checking of a transcript for accuracy is only the first stage of the analysis process. Assigning meaning and names of emergent themes is an abstraction above the literal noting and coding done initially, and it was in that part of the process that I initially was the most tentative. How much did my own experience, my own shared identities of both lesbian and suicide survivor affect and color the results, and the names of the emergent themes I eventually arrived at? Again, Smith et al. (2009) offer these guidelines:

> What is important is that the interpretation was inspired by, and arose from, attending to the participantøs words, rather than being imported from outsideí One is using oneself to help make sense of the participant, not the other way around. If you start becoming more fascinated by yourself than the participant, then stop, take a break-and try again (p. 90).

As the authors note, it is usually the first analysis that proves the most difficult. At times, it felt presumptuous, speculative, and even arrogant to create names for emergent themes, rather than relying on the literal words used by the participants themselves. Yet, this is the process of IPA: to engage fully with the text while following it as faithfully and closely as possible.

Ultimately, the sheer volume of emergent themes generated from each transcript was overwhelming, and culling them became a process of necessity for my own understanding of the data. I began to worry less about assignation of names and interpretation and more about making certain that obvious themes were well-represented, and that divergent findings also had a place and a voice within the overall themes. Once I had identified each participantøs super-ordinate and sub-themes and noted their multiple locations within the text, it was necessary to reflect on each for a period of hours or days.

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Often several themes that were clearly the same, or ones with slight variations could be combined, and others, that while fascinating to me, let go of if they did not emerge as significant in the overall results. I was comforted again by the reassuring words of Smith et al. (2009) who state that:

> since the data collection and exploratory comments were very much participant-led or participant-oriented, you may find it difficult to give yourself a more central role in organizing and interpreting the analysis at this stageí At each stage, the analysis does indeed take you further away from the participant and includes more of you. However, ‑the youøis closely involved with the lived experiences of the participant‑ and the resulting analysis will be a product of both your collaborative efforts (p. 91-92).

One way I mitigated some of my own concerns was through on-going dialogue with the participants about the results and the findings and themes I ultimately arrived at, a process that will be covered in much greater detail as part of the Validity and Reliability section forthcoming.

Conversations with the Literature

Many of the results from this study, especially the themes of Isolation, Suicide as Hidden/Silent, and Denial of Lesbian Self, were not surprising and are well-documented in the previous literature review.

It becomes important then, especially when considering factors involved in Meaning of Survival, to explore resiliency among lesbians and factors contributing to a more healthy identity development and integration of their attempts. Important considerations are healthy identity, or naming oneself as a lesbian, effective clinical practice with gay or lesbian adolescents, and aspects of motherhood. A summary review of relevant literature follows.

One key finding of this study is that for most of the participants their immediate survival was tied directly to claiming a previously-hidden lesbian identity and making a conscious choice to publicly self-identify. This process of naming oneself as lesbian is important for several reasons. First, it has been well documented that association or social support with other gays and lesbians is an important component of the coming-out process and of well-being for sexual minorities throughout their lives (Bringaze & White, 2001). Belonging for everyone, especially for sexual minorities, offers protection and buffering against a hostile, homophobic society. This would be difficult, if not impossible to do without publicly naming oneself as a lesbian, at least in social groups that are formed by and for other lesbians.

Peals and Peplau's research (2005) on identity support and well-being among lesbians found that the strongest correlate of well-being for lesbians was *reassurance of worth*, defined by the authors as feeling that one is respected and admired for one's abilities, is accepted as one really is, and is admired for acting in ways that are nontraditional for women. Of the 42 women in their study, lesbians who reported the most support for their identities scored higher on measures of well-being at the initial interviews, the study itself, and at follow-up interviews. Presumably, this identity support and reassurance of worth because of, not in spite of, their sexuality, occurs among important family members, friends, acquaintances, and co-workers.

A contrasting result is discussed by Fingerhut et al. (2005). In their survey of 116 lesbians regarding identity and experiences of gay-related stress, higher identification with the lesbian community was associated with higher levels of discrimination (p. 135). The causes of these results is unknown, and the authors speculate that perhaps identifying

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more strongly with the lesbian community exposes women to more homophobia and discrimination. It is also possible that women who are already experiencing higher levels of homophobia seek out social support and affiliation with other gay women. However, the same study also found that having a lesbian identity which is public was significantly associated with higher overall satisfaction with life (p.136).

Tasker and McCann (1999) also refer to the importance of self-definition and disclosure in healthy identity formation among adolescents, as well as the key role that therapists can play in this process. Without support for one¢s sexual identity, the authors state, –the fragmentation of identity between private and public spheres prevents the integration of a harmonious, authentic view of selfø(p. 37).

Regarding the role of the therapist in an adolescent¢s coming-out process, Tasker and McCann (1999) state

> For it is within the therapeutic context that the already vulnerable adolescent is most at risk of being affirmed or deniedí the adolescent is at the mercy of the therapist¢s own struggles, prejudices and intolerance.

However, the authors also point out that this is not to suggest that the therapist needs to be themselves lesbian or gay in order to work therapeutically effectively with sexual minority adolescents. Indeed, as the authors report: –í that in itself is not necessarily a safeguard against discriminative practice.ø(p.44).

Bringaze and White (2001) cite counseling as a valuable resource in their study of positive factors of identity development among lesbian leaders. Approximately 35% of the 262 lesbians surveyed said that counseling was a valuable resource for them during the coming-out process. Counseling, however, was listed as less helpful by most

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participants than social support and self-help resources such as books, websites, and meditation.

Cochran (2001) directly states the need for sexual minorities seeking mental health care to find culturally appropriate care but points out that often times the system does not meet the mental health needs of sexual minorities. Part of this lack of cultural competence, Cochran hypothesizes, may have to do with ongoing controversy surrounding homosexualityøs having been a diagnosable mental health disorder and a lack of competent training among established psychologists to be effective providers to sexual minorities.

The connection between committing to a sexual minority clients and affirmative counseling was explored recently by Dillon, Worthington, Soth-Mcnett, and Schwartz (2008), who found that LGB-affirming counseling was positively associated with gender self-definition and with sexual identity commitment. Authors cite individual, societal, and institutional homophobia and heterosexism as barriers between many psychotherapists and their ability to cultivate LGB-affirming practices in their clinical work.

Israel, Gorcheva, Walther, Sulzner and Cohen (2008) found in their recent exploratory study that using an affirming approach with sexual minority clients, regardless of the presenting problem, was a critical component of therapy success and duration. Ryan and Boxer (1998) also remarked in their commentary for the need for mental health providers to be sensitive, informed and positive when working with sexual minority adolescents, even in an age where public opinion may seem more accepting.

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In order not to perpetuate it within the therapy and hopefully to counteract it, Saari's (2001) article discusses the necessity of psychotherapists to recognize and understand the concept of invisibility among lesbians. First, she discusses how lesbian invisibility is different from invisibility as experienced by people of color. The slights experienced by someone with brown skin occur because his or her minority status is visible, but for lesbians, often the very existence of same-sex orientation is not recognized or considered. As Saari points out, "This then places the lesbian in the position of having either to reveal very personal but stigmatized behaviors or to remain silent and participate in her own invisibility" (p. 654). The remedy Saari suggests is narrative therapy, which allows women to share coming-out stories and accounts for the tendency for women to self-identify as lesbian later in life than many men. For these women, recreating their own life stories that integrate their same-sex behaviors into their daily lives is critically important.

A study conducted by Kilgore, Amin, Baca, Sideman, and Bohanske (2005) claims that based on the results of their survey of 437 members of the American Psychological Association that attitudes toward sexual minority clients are "improving". Specifically, authors suggest that most psychologists surveyed (92.4%, $N = 437$) view a GLB lifestyle-identity as *acceptable*, and 81% of those surveyed no longer feel GLB identity is a disorder. Authors concede that there is a strong gender component to their results: although 67% of female psychologists use a gay-affirming approach with sexual minority clients, only 47% of male psychologists do so. Younger psychologists of both genders were more likely to report receiving specific education regarding sexual minority concerns and were more likely to report using their knowledge than older psychologists.

Regarding motherhood, Ben-Ari and Livni (2006) surveyed eight lesbian couples in Israel regarding their experiences, with the following results: the birth of a first child to a couple was seen by both women as a momentous event and one that divided the couple into different roles-those of biological and non-biological mothers. The previous sense of equality regarding household tasks and roles was violated by parenthood, due partly to the different experiences of the birth mother versus the other mother and partly due to Israel's lack of recognition of the rights of adoptive, non-biological lesbian mothers. The study also found that all sixteen of the participants felt that self-disclosure, both publicly and privately, was an important aspect of healthy motherhood, in order not to create a familial experience of shame or stigma within their own families. Well-being in their children was seen as being linked to the openly claimed identities of both mothers.

Bos, van Balen, and van den Boom's (2003) study on planned lesbian motherhood compared the motives and desires of 100 lesbian couples to 100 heterosexual couples with the following results: although lesbians and heterosexuals rate their overall satisfaction with being parents similarly, happiness was a stronger motivating factor in having children for lesbians than for heterosexuals, and lesbian parents reported having stronger desires overall to have children. They had also considered parenthood for longer than the heterosexual couples in this study. Curiously, this study also reports that identity development was less important for lesbian mothers than heterosexual ones. Regarding this last finding, the authors state:

> Motherhood identity as an important aspect of achieving adulthood might be less important for lesbian women than for heterosexual women (fertile and infertile) because lesbian women experience achieving adulthood as the integration of their lesbian identity into a positive understanding of self. Identity motives also refer to gender roles, and these motives may be less important for lesbian women than they are for heterosexual men and women. Furthermore, in society, for a

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heterosexual woman, the identity of being a mother is still considered to be evidence of her femininity (p.2222).

One critique of Bos et al's. (2003) study is that not all lesbians experience their own õintegration ofí identity into a positive understanding of self,ö and there is no evidence, research or otherwise, that lesbians are not as concerned about aspects of their feminine identities as heterosexuals. This seems based on a stereotyped way of viewing lesbian sexuality ó namely, that unless women are worried about their sexual appeal to men, they arenøt concerned with the level of their femininity. Indeed, Bosøstudy seems to suggest that heterosexual women become mothers in part to claim their feminine roles, and lesbians do not, as they are unconcerned with their femininity. No such evidence exists. Although this study did not specifically mean to uncover a possible connection between motherhood and gratitude for life or an integration of identity, motherhood showed up as a significant finding for these six women. Clearly, more research in this area is warranted.

An older study by Hare (1994) reported, after interviewing 28 lesbian couples with children the following:

> Lesbian couples appeared to identify more strongly with heterosexual families with children than with child-free lesbian families. In the homes of these 28 families, refrigerators were covered with notes reminding of children's various appointments and activities; toys, bicycles, and children's artwork announced the presence of children. The lesbian families' daily lives bore strong similarity to dual-earner heterosexual households. The following comments illustrate this point: ̈We see ourselves more like a heterosexual family than a lesbian couple without children. There's more of an identity with the concept of family.ø ̈Our day-to-day problems are not related to being a lesbian family.ø ̈Our sexuality is a minimal part of day-to-day life.ø

The intersection of the legal system with the social stigma experienced by lesbian and gay parents is a topic of current focus. A study that compared lesbian and

heterosexual mothers in both the United States and Canada found that heterosexual mothers in both countries did not differ in measures of distress over legal or social context; however lesbian mothers in the United States reported significantly more worries about legal status and discrimination than their Canadian sisters. Because Canada provides different legal and social rights to their lesbian citizens, it can be stated that legal and social context moderates the role of sexual orientation in maternal mental health (Shapiro, Peterson, & Stewart, 2009).

The impact of the legal system on adoptive parents was recently examined by Goldberg and Smith (2011), who found in their study of 90 couples those living in states with õunfavorable legal climatesö regarding gay adoption experienced greater depression and anxiety symptoms than those who did not. Conversely, lower internalized homophobia and gay-friendly neighborhoods were positively associated with greater overall mental health.

In his article about legal recognition of marriage and its potential impact, Herek (2006) states that most research data indicates that a parentøs sexual orientation is unrelated to their ability to provide a healthy family environment and legal marriage provides substantial psychological, social, and health benefits beyond that of domestic partnership. He argues that same-sex couples would benefit greatly from legal recognition of their families, as would their children.

Finally, in her review of Ellen Lewinøs book Lesbian Mothers, Robin Leidner offers the following assessment and critique:

> Lewin calls those in her sample who conceived outside marriage "intentional mothers," since for them motherhood had to be an active choice, not mere compliance with social expectations. Of these respondents, lesbians and heterosexual women gave similar reasons for becoming mothers: Some had

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always wanted children, some sought meaning in their lives and saw spiritual benefits to devoting themselves to children, some saw motherhood as a way to "settle down" and become adult. Lewin argues that *for lesbians, though, motherhood serves another purpose. It allows them to comply with conventional expectations of womanhood, belying cultural definitions of lesbians as unnatural and unwomanly. Lesbian mothers challenge conventional gender norms in one way, then, but they actually shore up the cultural equation of "woman" and "mother"*(emphasis added).

CONCLUSIONS

Introduction

This study sought to explore and better understand the experiences of women at an intersection of identity: those of lesbians who survived adolescent suicide attempts. Both identities can be and often are hidden, stigmatized, and disowned. Yet these six women live openly as lesbians, have families and partners, and are members of communities which recognize and include them. Some of them are also very open about having survived a suicide attempt, having included their partners, friends, and in one case, her own child.

Much of the meaning of the attempts these women survived seems to have come after lengthy periods of reflection, therapy for some, spiritual searching, and possibly also maturation, experience, and time. Much of the meaning that did emerge from these interviews had less to do with the survival of the suicidal act itself and more about how it informs these womenøs daily lives, their choices, and their relationships with their loved ones. It is not the meaning of survival itself which has changed and evolved over time but the day to day experience of living. They are living more consciously, with awareness that life is both short and precious, and of having been given, for whatever reason, a second chance.

Although all of these six women expressed anger and disappointment initially at having survived, most of them now feel grateful and have integrated this singular event into the rest of their identities and their lives. For many, surviving their own suicide attempt was influential enough to create change in their lives, by instilling in them a determination to live openly as lesbians and reclaim one all-too- hidden identity from silence, isolation, and void.

Although none of the women specifically spoke of their suicide attempts or survival as a rite of passage per se, all of them illustrated similar parallels in their temporal descriptions of their experience. For all of them, there was a Before, a During, an After, and a Now. All of them made attempts serious enough to be actually life-threatening, and all save one intended death as her desired outcome. Each one entered a void that her own self-annihilating energy threw her into that had to be returned from. All of these women, to varying degrees, did return in some cases with help and in other cases without help. If their developmental experiences of identity formation had been culturally sanctioned or had included other ways to mark this rite of passage, with experienced elders nearby as guides, it is unlikely that such attempts would have been made at all.

As each woman emerged from that void, a potential endpoint in her own brief life, it is startling and grief-inducing to note that many of the potential elders, those therapists and counselors who as helpful community members, their role was to be a bridge, a connection, and to help re-establish a fragile link to life, were either unhelpful or harmful.

Having passed through a process of physical survival, emotional, spiritual and relational re-connection with others once more, many of these women reported being

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happy with themselves, their families, and their lives. Many of them also struggle still with depression, feelings of despair, and suicidal ideas that are often met with firm, if compassionate self-knowledge available to them now that they lacked then. They recognize the availability of other choices, their children's dependence on them for love and guidance, the spiritual consequences of killing oneself, and the remaining lessons to learn.

What this study set out to do was explore more deeply the lived experience of six lesbian women who put themselves into a void and returned and how this has changed or affected their lives. It is also the researcher's hope that much of what they spoke of, and the knowledge and wisdom they have acquired at great risk and potential cost to themselves, can also be used in service of others who are at risk of suicide, in order that this particular rite of passage does not continue to occur among any group of people, including lesbian adolescents.

Included within this section will be a discussion of the study's limitations, and an exploration of issues of validity and reliability as framed appropriately for a phenomenological methodology. This section will conclude with some suggested directions for follow-up and future research and brief reflections from the researcher's perspective.

Limitations

Although targeted snowball sampling has long been used to do research in populations that are hidden and stigmatized, some clear limitations to such a participant pool exist. Although it is by definition impossible to find a random sample of women who are both lesbian and survivors of adolescent suicide attempts, these results are

specific and not generalizeable. This is not a study of all lesbian women who survived an adolescent suicide attempt. It is a study of six specific women who did so, their memories of it, and their willingness to reflect upon and explore with me what impact, if any, that event has had upon their lives. As such, their experiences, although there may be commonality across larger samples with some of the super-ordinate and sub-themes, are not likely to be exactly generalized among all lesbians in this country, or even among those in the Western United States.

Despite extensive recruitment efforts, this study was comprised of six women, five of them White, all raised or currently living in the Western United States. Only two of the six women, Dani and Devi, are old enough to have come of age before the Stonewall riots in 1969, and it is possible that some of their experiences may be related to age or cohort effects. Of the six women, three of them (Lucinda, Dani, Susan) all came from strongly religious households, and their experiences are undoubtedly affected by that part of their upbringing.

Self-selection bias certainly informed and determined many of the themes. Although this research study attempted to illuminate the essence of the lived experience of its participants, it cannot directly shed light on those who chose to remain hidden, did not wish to participate in such a research study, or were unable to take the personal or professional risks in self-identifying. Also, this study was dependent upon participants who were both willing and able to reflect upon their experiences and were able to articulate them reasonably well verbally. As such, this research study did not capture the experience of women who are not English speakers or who were not able to express their experience verbally.

At the same time, careful consideration was given to recruiting participants from a fairly wide range of organizations central to both lesbians and survivors of suicide, as well as using the researcher's personal circle of acquaintances to build a snowball sample. Samples of strict convenience, or potential participants from one particular agency, such as a clinic or a hospital, were avoided in attempts to diversify the participant pool as much as possible within the criterion range.

Another limitation of a small targeted snowball sample is that the final sample ended up coming from the researcher's circle of acquaintances, and in some way each woman knew one of two primary gatekeepers. While this is typical of building a targeted snowball sample, it limited the potential geographic range to Washington, Idaho, and Montana. Some of the diversity of the sample of six, such as age and geographic location at time of the event added a richness of experience and depth to a relatively small sample size. It is also possible that differences between those living in rural versus urban areas and age at interview introduced a number of different factors into the study in addition to the phenomenon under examination.

My own experiences and identity as a lesbian survivor of suicide was helpful to the research process but possibly a limitation as well. My own status was likely helpful in framing the research question, knowing gatekeepers who would help me obtain access to potential participants and understanding how to recruit directly from the lesbian community. It was probably helpful for the participants themselves to understand that they were disclosing their experiences to a fellow traveler, as it were, to someone who had a familiarity with their concerns and struggles, rather than to an outsider whose

motivations or direct empathetic understanding of their hidden identities may have been suspect.

My identity was possibly a limitation for reasons that are harder and more subtle to parse. Internally, my own assumptions and ideas that the participantsø experiences would directly parallel my own had to be continually examined, separated, and set aside (although not ÷bracketedø) to ensure that to the greatest extent possible, the super-ordinate and sub-themes came from the data, from the voices of the participants themselves, rather than my own. Still, it is possible that I was more drawn to themes and ideas that seemed to parallel my own. Even my own initial experience and labeling of my own process as a *rite of passage*, no matter how apt or evident in the final results, could have impacted my research process, the coding and interpretation of the participant interviews, and what was highlighted in the final result. My own understanding of the length and complexity of a rite of passage has evolved and grown in complexity from the beginning of the study to the present; I now see that for many of the participants and for myself that the reconciliation and integration of liminality (the attempt) into oneøs life (what Van Gennup (1908) refers to as ÷incorporationø) is done over a long period of time, contains very different elements for each woman, and, in some cases, as is perhaps true for Dani, may not happen quickly, or at all.

However, provided that each theme was fully explicated and documented from within the text of each participant and across most of the six women, this possible limitation has been managed to the best of the researcherøs ability. It is just as likely that many of the super-ordinate and sub-themes named in this study parallel my own experience because they are in fact, common to many survivors of suicide attempts and

many gay and lesbian adolescents. The experience of adolescent suicide survival as described by these adult lesbian women may or may not be different from a larger population of adolescents in general, in ways potentially substantive or specific.

A final consideration is for the well-being and participation of the six women themselves in this small snowball sample. I am curious how much of their participation and willingness to be interviewed had to do with their relationships, in some cases close ones, with one of the two gatekeepers who helped me gain access to them and to their stories. Did they push themselves past their comfort zones to speak with me about this part of their lives, either to be of use or help to others (as Dani and Lisa stated), or out of loyalty or some sense of felt obligation to those they had promised to speak with me? Is my own role as researcher enhanced or compromised by the fact that as someone who shares a parallel story, they may have been more inclined to reveal things they would not to someone they considered more of an outsider?

It is here that I again must relinquish attempts to predict every internal variable or mix therapeutic interviewing and concerns with phenomenological ones. Many of the participants were uncomfortable during the interviews and were surprised by this. Many of them were uncomfortable re-reading their transcripts, and some were unable to do so fully. All six participants, however, went through an approved and encompassing informed consent process and had many separate opportunities, in person and by electronic mail, to alter, remove, or end their participation and narratives within this study. None of them chose to do so. Therefore, I am left with the likely conclusion that, regardless of the difficulty of the subject matter, all six women participated freely and likely for many reasons, among them to be helpful to me, the researcher, and through me,

the larger community of clinicians, and possibly even for adolescent lesbians who may be at risk for depression or suicide themselves. Provided that the interviews, data collection, and analysis were conducted openly, ethically, with multiple opportunities for dialogue and co-creation of this work to take place, I will be left with questions about what their experience as participants was, but likely not fears over limitations which I could have better controlled.

Despite these possible limitations, this research gives long overdue attention to narratives six of women at the intersection of disowned identities. These themes may possibly be used to explore areas of future research, create culture and gender-specific interventions for those at risk for suicide, and create an opportunity for the narrative space and process of co-creation between participant and researcher to become potentially healing. Although it was not the first time each participant told her story, it was now combined with others in such a way that shared, constructed meaning of their particular experiences are better understood and at long last given voice. Such narratives and stories, replete with a distilled essence of what it means to be a lesbian suicide survivor, could be therapeutic and clinically relevant to both clinicians and lesbian adolescents suffering from alienation and stigmatization.

Validity & Reliability

When attempting to address issues of validity and reliability in qualitative research, including phenomenological, it is helpful to be aware of current discussions within the field surrounding dissatisfaction regarding quantitative measures being applied to qualitative studies. As these methodologies are substantially different, it seems reasonable that they should be evaluated as such. Smith et al. (2009) recommend and use

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themselves criteria established and suggested by Yardley (2008). Yardley's four principles include: Sensitivity to Context, Commitment and Rigor, Transparency and Coherence, and Impact and Importance.

Sensitivity to Context, according to Yardley (2008), can be demonstrated in a number of ways, including establishing and maintaining good rapport with all gate-keepers and participants and conducting interviews which are successful at eliciting good data. This is done by using empathy, being able to put participants at ease, and navigating any difficulties that may come up in this domain.

Clearly, having gate-keepers within my own circle of acquaintance meant that I already had established rapport with them. My task, then, was to screen and interview potential participants over the phone and in person successfully enough to collect very specific data from them, while attending keenly to both the difficulty of the subject matter and their experiences as participants. If participants were particularly emotional, I sent follow-up emails or phone calls to check in with them and inquire about their experiences. I seemed able to create and maintain rapport with these participants throughout a year-long process between initial screening, phone interviews, in-person interviews, data transcription, and analysis. All of them continued to respond cooperatively to emails and phone calls, and several of them contacted me to inquire when they could read the final study.

Sensitivity to Context (Yardley, 2008) can also be demonstrated by how the raw data itself is used and how much of a voice the participants themselves have in the final project as shown by the number of verbatim excerpts that are included. This is also done in a solid IPA study so that the reader can clearly see where the interpretations are being

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made from and whether the interpretations themselves are presented as possibilities, rather than *truths* uncovered by the researcher.

It is here that I was vigilant about the inclusion of data, both to draw interpretations of final super-ordinate and sub-themes and also to provide a substantial portion of the body of the study. Before putting forth an interpretive label such as *Catalysts*, I sought and found multiple examples in the text of each participant and drew from it heavily. It is hoped that each interpretation that has been made is clearly well-supported by the data and that if participants themselves were to read the full study, they would be in agreement with the degree and quality of the inclusion of their voices.

Yardley's (2008) second principle, Commitment and Rigor, describes a disciplined approach during the interview to what each participant is saying, as well as a systematic and detailed approach during data analysis. Rigor also refers to the appropriateness of the participants chosen to the research question, the quality of the interviews and whether they were correctly designed and conducted to allow the best opportunity to elicit the information under study, and the completeness of the analysis itself.

For an IPA analysis to be rigorous ideally it is sufficiently interpretative and moves beyond a literal or concrete description of what is there to an interpretation of what it means. As Smith et al. (2009) state: "Good IPA studies tell the reader something important about the particular individual participants as well as something important about the themes they share" (p. 181). One clear way to measure this principle is that: "We would expect each theme to be supported with quotes from a number of participants

and that, in the overall narrative, participants' accounts will be drawn on pretty even-handedly" (p. 182).

As I reflect on this principle, I believe that the research question was succinct, solid, and well-designed to elicit as much open-ended information about the phenomenon as possible, while still allowing each participant to tell her story in such a way as to not be unduly influenced by what she might have thought I was searching for or expecting. Asking each woman what her lived experience was of having survived allowed some to speak directly about meaning, some to recall connections in their lives and reflect again on how different their present experiences are from their pasts, while others showed pictures of children and spoke about the unfinished tasks which remain. If I had attempted to ask directly about meaning, as I had initially considered, I would have short-circuited the process of unfolding that occurred in each interview.

Beginning each interview with an open-ended, narrative question of "Tell me the story of that day, as much as you remember," allowed each woman to begin unfolding whichever parts of her story seemed to flow organically. Those who could not recall the specific day, at first, began to talk about the overall landscape of their lives at that time. Those that could recall the day often drew vivid descriptions of the season, the setting, the days before, and what events led up to or catalyzed them into contemplating suicide. Ending every interview by asking each participant which identity was easier to disclose, being lesbian or a suicide survivor, also elicited rich material directly linked to some of the main findings.

With regard to commitment and rigor within the data analysis process, I was systematic about ensuring that themes were dropped, combined, or altered if I could not

relocate them in the text. Most of the themes were interpretive, not literal, so for example, I may have written a theme for one participant of õSelf as Unseenö and found evidence of it within the text, only to realize later that it was a subset of a larger theme for the whole sample, that of Isolation. Very few of the women ever said specifically: õI felt isolated growing upö. Instead, they described it qualitatively and experientially by speaking about being ±painful lonelyø, ±not being able to do the whole social thingø, ±not having friendsø, and feeling as though no one saw them or would miss them if they were dead. To take a disparate set of experiences, feelings and words and name them under a heading of õisolationö seemed at first to be a significant leap of abstraction and possibly inaccurate. What helped during this process were two main tasks: ensuring I could ±seeøeach theme in the data across most, if not all, the participants, and asking the participants themselves.

It is one thing to send each participant the verbatim transcript and ask for verification and agreement. It is not interpretive; it merely asks each participant to affirm that I correctly transcribed her words from the recorded interview, or that I had not. What was far more difficult, and much more important, was to send each participant the individual super-ordinate and sub-themes which I had drawn and interpreted from each interview. It was as though I was saying, õHere is what I came up with from two hours of your interview, ten to fifteen typed pages of transcript, and many words. I am describing your account of this experience with three or four theme titles, and summing it up in less than one page with a chart. What do you think?ö

Although nerve-wracking (What if they said no, that I got it wrong? What if I had to start over? What if they were upset and asked to be removed from the study?), it was richly rewarding and gratifying that all six women, including Dani who had not been

able to read through her initial transcript, contacted me back to communicate full agreement with my interpretations and findings. One of them remarked: "Wow, I don't know how you did that, but that was my experience". Still another said simply: "Wow, yes! You got it".

Yardley's (2008) third principle, Transparency and Coherence, is more related to the stages of the process in the write-up itself. Clearly discussing how participants were selected, how the interviews were done, and all of the steps of the analysis are part of this criterion. In other words, does the study *show the work* between the raw data and the interpretations and final themes?

Presenting a coherent argument with themes that hang together clearly is another measure. Dealing with contradictions and ambiguities openly and writing the study so that the reader can see every step of the analysis well enough to be able to follow the interpretive process from the interview to the final discussion demonstrates this principle.

I sought to fully explain participant selection, interviews, and steps of the data analysis process, with examples at each stage. It is the purpose of this study that arguments which are coherent, reasonable, and traceable back to the data, while clearly being interpretive in nature, are also in strong evidence. I have included divergent results and exceptions at the end of each of the super-ordinate theme and suggested possible conclusions from them, as well as the whole. It was helpful to have had assurance from the participants themselves that they felt their voices were heard, correctly understood, and transmitted in such a way that represented their experiences.

Yardley's (2008) final principle, that of Impact and Importance, speaks to the idea that no matter how well a study is conducted, its real validity may lie in whether it tells

the reader õsomething interesting, important or usefulö (p. 182). This is the hope and intent of all research studies, regardless of methodology.

Within my own work during this study, I was guided and driven by a firm commitment to exploring ways in which those who have experienced silencing or marginalization can be in some way empowered and given voice. There are any number of studies using any number of different populations that could successfully do this. I have strong convictions, however, supported by the literature, that the representation of female, lesbian voices is still disproportionately less in research, clinical intervention, and implementation of mental health policy than those of male gay or heterosexual voices and that lesbian voices are worthy of their own space and platforms from which to be heard.

Literature continues to show that few studies, if any, focus on those who survive suicide, are female, and are lesbian. At the time of this writing, it is likely that this one is the first study which attempts to do so. Yet, occupying unique unexplored gaps in literature is not sufficient to make a study have impact or import. Although for the sake of this process I selected a very narrow participant pool, it is possible that some of the main findings from this study are similar to what would have been found if the sample had included males or bisexuals of either gender. The phenomenon of suicide survivorship will no doubt be informed by differences in oneøs sexual identity, gender, socioeconomic status, age, and accessibility to mental health services; however, some similarity across ages, timelines, geographic locations and genders is also likely.

Suicide affects so many people in the lives of the one who ultimately ends their own life, or tries to. It also continues to be a very real possibility and ever-present choice in the lives of far too many people, especially gay adolescents.

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Directions for Future Research

It would be important and necessary to replicate the original study with a larger, more diverse sample. Although the six participants had some variance in age and ethnicity, most of them were from a fairly homogeneous set of parameters, and it is important to consider that lesbian identity and suicidality might differ across socioeconomic lines and racial and ethnic groups. It would also be worthwhile to conduct a similar study, but using groups of those who identify as gay or lesbian and those who identify as heterosexual and then comparing results between the two. Although many facets of experience related in this study to sexual identity were present, common factors between this sample and those not growing up as lesbian or questioning can only be speculated at, rather than explored and analyzed for possible interventions.

Since spirituality and religious practices are in many ways central to identity development and continue to play a key role in the negative stereotyping, prejudice, and harmful rhetoric so many homosexuals are socialized with in this country, it would be helpful to create a study that included participants who are younger, raised in less religious households, or are members of alternative spiritual traditions, such as Buddhism, earth-centered spirituality, or those traditions and practices grouped under the description of Indigenous. For example, in many tribes native to the United States, being homosexual is not problematic. In fact, it is often celebrated or acknowledged that someone who is ‑two-spiritedø likely has greater spiritual awareness or even divine blessings (Balsam, Huang, Fieland, Simoni, & Walters, 2004). Recently, however, as Balsam et al. (2004) point out, colonization by Whites and compulsory Christianity have changed these historical roles of the two-spirited, and many gay Natives face

homophobia from the mainstream culture, as well as their own. Two-spirit women, in particular, report lower levels of both physical and psychological health compared to their non-lesbian sisters and also report higher levels of both sexual and physical assault (Lehavot, Walters, & Simoni, 2010).

For lesbians and gay men, regardless of race, there is ample research evidence that participation in any organized religion can be detrimental to their psychological health, explaining perhaps why gay men and lesbians tend to belong to organized religions in far fewer numbers than their heterosexual peers (Lease, Horne, & Noffsinger-Frazier, 2005). As most Christian, Judaic, and Islamic doctrines adhere to the belief that homosexuality is abhorrent, and its open expression a sin or a moral lapse, it would be helpful to probe more deeply into the area of religious upbringing, beliefs, and current participation in religious or spiritual organizations. Indeed, it may be a key component of whether or not lesbian survivors of suicide have a strong sense of meaning and feel connected to community.

It could also be useful to delve more deeply into why four of the six survivors were able to integrate their suicide attempts fully into their lives, rather than having the attempt remain an unspoken event or continue to experience depression and isolation. These four women who integrated their attempts were also the mothers of the sample. It would be helpful to do a study wherein the experience of motherhood for these women came under more active exploration. Perhaps it was the act of becoming mothers that led to these women's sense of integration and gratitude for their lives. Perhaps it was some other phenomenon which allowed them to integrate their attempts successfully enough to embrace adulthood and motherhood. Perhaps public recognition as mothers gave them a

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sense of belonging and community they had not hitherto enjoyed. A study in which lesbian mothers are asked about their own rites of passage through adolescence and motherhood could be useful in addressing some of these questions.

Further research exploring and uncovering themes raised in this study related to clinicians who treated these women might be helpful and important. Although five out of six women reported their therapists were either neutral, not helpful or harmful, though this finding cannot be generalized to larger populations, this particular result is both troubling and alarming. As has been previously stated, sexual minorities, particularly women, are more frequent users of mental health services, and results from this study should lead to more clinically-oriented studies for teaching and training mental health providers how to do culturally-competent therapy with sexual minority adolescents. Participants were not directly queried about their experiences with therapy after their suicide attempts, nor were they specifically questioned about why their therapists were unhelpful and what might have been more effective for them. It might be useful to explore this issue further.

Finally, the theme of motherhood and its importance in both anchoring many of the participants to their current lives and as a mediating factor against future suicide attempts warrants further exploration. It was one of the most unexpected findings to emerge, partly as it is outside of my own experience and expectations and partly because it was so strongly linked to two other themes, those of gratitude for life and integration of attempt into overall identity. Participants were not directly queried as to concerns about parenthood and how this identity and role factored into their overall lives. This

component of the study stands out and warrants further exploration, particularly as gay parenting and public identity becomes more and more common and debated in society.

Personal Reflections

My own suicide attempt occurred when I was fourteen. The therapist I saw directly afterward was incredibly helpful to me, and I remember still his compassion, his warmth, and his directness in discussing something with me that no one else was able to speak of, name, or approach. On the first anniversary of my attempt, I made a written list of all of the things that had happened that I was grateful for that I would have missed if my attempt had been successful. Over the years, the list grew until I no longer felt the need to write it down but remained intentional about reflecting upon it throughout the years. I believe that all of us would have and do have such lists, whether or not we have had a singular event in our lives which draws our deliberate attention to them.

Eventually, my list too became a means for me not to reflect upon my original wish to die or the catalysts which brought me there but what in my current life is precious, rich, and meaningful. I, too, had moved beyond considering myself mainly a lesbian or mainly a survivor of suicide to someone who has both of these identities within her and who is finding meaning and value in living my daily life.

Meaning, then, seems to exist not in merely having survived the event, although this is no small task. Nor is it found in what we named it, whether we saw it as an actual rite of passage or if we have replaced those rites with other less dangerous forms. Meaning is found, I see now, in what happens after; to uncover each day, to quote the words of the poet Mary Oliver: õTell me, what is it you plan to do with your one wild and precious life?ö (1990).

Ultimately, I have broken my own silence as a lesbian many times and through this research, attempted to break through a wall of silence which surrounds those of us who go and return from the darkness of suicide. I remain grateful and honored by the willingness of each of these participants to join me in breaking that silence and hope that this study will be read by and useful to those, who for whatever reason, cannot.

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APPENDIX A

Master List of Themes with Key Words and References to Original Text

APPENDIX A:
**Master List of Themes with Key Words
and References to the Original Text**

Participant 1 (Devi):		
Emergent Themes w/ Quotes from Original Text		
Themes	Page/Line	Key Words
Catalysts for Suicide		
Isolation	5.158	So much pain… nobody will know
	5.173	Nobody caught it
	9.341	Certain kind of death
	9.346	Part of me was already dead
	9.311	Nobody sees
	10.361	No way out
Denial of Lesbian Self	1.13	I'm not a lesbian
	1.19	We weren't lovers
Loss/Denial of Love	1.17	We were kind of breaking up
	3.119	The instigating thing
Suicide as Only Choice	3.113	At a loss
	3.115	Didn't seem I had any choice
Letting go of Life		
Death as unreal, impermanent	1.24	Wanted to just go to sleep
	3.84	To sleep forever
Relinquishing roles as meaningless	3.103	It's not going to matter
	4.135	Supposed to still be college student?
Killing off part of the Self	9.346	Part of me already dead
Aftermath of Attempt		
Reluctantly alive	4.125	Not wanting to be there
Counselor unhelpful	8.295	Set me up with this counselor
	2.70	8 visits
Suicide as hidden and silent	8.291	Didn't say a word
	8.295	Neither of my parents said a word
	11.425	Taught me not to talk about it
Poised between life and death	7.260	Highly alive but very close to death
	7.265	Easily have killed myself
	7.267	Kind of invincible
Suicide as selfish choice	11.407	Can you think of a more selfish thing?
Reclaiming Life		
The belonging, connected self	7.248	Love my partner
	7.250	More universal experience

	7.236	Strong spiritual practice
	7.283	Going to do that too
	8.336	Now I have people
Motherhood as anchor to life	7.235	Being a mom
	10.379	My daughter
Knowledge of other choices	4.142	Always had a choice
Survival		
Gratitude for life	4.148	I'm grateful
	3.177	I'm glad
Survival as catalyst	5.189	Live for me now
	11.429	Got way easier
	11.439	Big turning point
	11.443	Be a lesbian
Lessons left to learn	7.247	Lesson to learn
Participant 2 (Michaela): **Emergent Themes w/ Quotes from Original Text**		
Themes	Page/Line	Key Words
Perceptions of Life & Death in Adolescence		
Meaninglessness of life	2.55	Totally cavalier
	3.107	Guess I'll keep on living
	10.438	Wasting time
	4.170	Going through the motions
Death as mysterious	11.485	What happens
	11.495	No immediate answer
Death as stress relief	1.11	Overwhelmed
	2.78	Stresses go away
Catalysts		
Curiosity	1.13	What comes next
Feeling overwhelmed	1.11	Overwhelmed
Relationship with mother problematic	1.30	Mom really busy
	5.187	Huge fight
Meaning of Suicide		
Suicide as impulsive act	2.66	Impulsive
Suicide as coping tool	2.75	Makes stresses go away
Sexual identity separate from suicide	12.527	Not sure there's a tie
	12.537	Coming out
Helping others	7.285	Talking people out of it
	7.294	Able to share

Consequences of Survival		
Disappointment	1.16	Disappointment at waking up
	3.90	Having regret
Counselor as unhelpful	5.193	The worst
Fear of telling others	3.122	Resulting impact
	4.179	Even now
	6.249	Done begrudgingly
Isolation	3.110	Never told anyone
	3.115	Quite some time
	5.179	A lot of problems
Living on the edge	4.159	Wasnøt a sense of urgency
	5.214	Risky behaviors
	12.516	Survivorship accidental
Long journey toward choosing life	4.155	Not the choice
	4.167	Choice to be alive
	9.409	Continuing down the path
Present Perceptions of Self		
Suicide attempt as un-impactful	7.276	Hadnøt crossed my mind
	9.409	No conscious connection
	4.153	Not the choice
	6.265	More intentional
Gratitude for present life	8.352	Pretty grateful
	12.517	Grateful
	8.345	Gift of life
	10.422	To do in life
Afraid of death	2.49	Not ready yet
	10.413	Fear of death
Urgency to live	10.419	Donøt want to miss
	10.427	Sense of urgency
Being drawn to othersø suffering	8.355	Injuries
	9.375	Appreciative
Participant 3 (Lisa): **Emergent Themes w/ Quotes from Original Text**		
Themes	Page/Line	Key Words
The Lost Adolescent Self		
Feeling disowned, abandoned	1.26	Kicked me out
	2.55	Hitchhiked home
	2.81	Home alone
	3.115	Gonna end up dead
	3.124	Homeless
	4.148	Had to leave
Isolation	1.27	Out of place
	3.110	Didnøt want anyone

Lost safety	4.171	Hope wasn't safe
	5.204	It took years
	6.227	Loss of whatever safeness
Lost hope	6.228	How bad life was
	4.136	Let me down
	6.233	Couldn't trust
Relationships as Problematic		
Loss of love	2.67	Her friendship
	2.75	Cut off
	3.123	Over
	4.171	My last friend
	6.228	Lost my best friend
Loss of social group	2.65	My punishment
	2.75	This other girl
	4.148	They were having a party
Counselor unwanted	4.149	Had to talk to
The Silent Self		
Disowned pain	3.93	Feeling sorry for myself
	3.108	Kind of hurt
	4.138	Not important
	5.184	Not that bad
	5.199	Not me
	5.206	Nothing to tell
Silence around suicide	3.101	I don't know
	4.144	I disappeared
	4.149	I didn't talk
Running from pain	1.40	Even worse than me
	4.153	A way out
	4.170	Too much pain
	5.180	Keep on moving
	5.196	Don't dwell
Journey Toward Survival		
One edge of death	3.127	Short-lived life
Claiming Lesbian Self	6.238	Came out
	6.254	Coming out process
	6.263	Wasn't big deal
	6.271	Bonds with women
Story being told	5.209	Relevant
	5.217	When asked
	6.245	With my partner
Participant 4 (Lucinda):		

Emergent Themes w/ Quotes from Original Text		
Themes	Page/Line	Key Words
Catalysts		
Isolation	1.37	Social part sucked
	2.78	Painful lonely
Conflicts with religion	1.34	The Bible
	3.115	Heaven was bullshit
	4.176	A sin, please forgive me
	12.518	Screwed up stories
Loss of parental figure	3.103	How to grieve
	3.110	When he died
Feeling unsafe	2.45	The new kid
	2.61	Somewhere to hide
Slipping Through the Cracks		
Shaken foundation	1.14	Chaotic
	1.29	Culture shock
	7.291	Nowhere to connect
The unseen self	2.55	Didnøt occur to me
	2.71	Either time or energy
	2.75	Slipped through the cracks
	7.283	That girl
	12.283	Did not know
Lack of belonging	1.37	How to make friends
	2.257	Didnøt occur to me
	2.78	Painful lonely
	2.88	Wouldnøt have known how
	2.89	Separate ways
Therapy unhelpful	3.124	Screwed up
	3.134	Breach of trust
Preparing for Death		
Music to die to	7.296	Picking out the music
	8.347	Music at my funeral
Pushing others away	5.220	Withdrawn
	14.623	What the hell do you know?
Death as relief from pain	6.259	Finally be done
	6.272	Wanted to be done
	11.465	Too much
Not wanting to die alone	7.314	Teddy bear and music
	6.237	Letters
Long Road Back		
Angry to be alive	5.194	I hate it
	8.326	Dammit, not dead yet

	8.362	How dare I?
Trying to be normal	5.201	Finish school
Risky behaviors	9.397	Keeping me safe
	9.406	Out of control
	9.410	So easy
	10.436	Really raw
Suicide still hidden	14.612	Doesn't know details
Helpful others	5.184	Safe guy
	9.368	My dad
	9.385	Sat and cried
	10.429	Therapist daily
	11.460	Believed in me
	11.468	Stuck by me
	7.274	Therapy I needed
Breaking silence	8.393	Heard what I said
	10.440	Safe enough
Integration of Attempt		
Gratitude for life	10.445	Miraculous
	11.458	Glad I didn't
	11.481	Really grateful
	11.499	Don't regret
	14.608	A better life
Emerging lesbian self	13.551	Chicks
	13.564	Followed her
Motherhood as anchor to life	11.242	I have a kid
	15.653	I'm a mom
Attempt as part of journey	11.488	A mosaic
	11.507	Really rich person
Telling story to help others	14.594	It can get better
Participant 3 (Dani): **Emergent Themes w/ Quotes from Original Text**		
Themes	Page/Line	Key Words
Process of Naming & Remembering		
Difficulty remembering	1.14	Don't remember
	4.137	Didn't have words
	4.142	Don't remember
	8.302	It's not horrible
Difficulty naming death	2.66	Drift off
	3.98	Drift off to sleep
	3.107	Quietly exit
Naming Self as survivor	8.313	Apparently I survived
	8.335	Suppose I did survive

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Catalysts		
Isolation	4.138	Didnøt have words
	1.29	Not valued
	2.55	Stigma
	3.113	Bothering me
	4.133	The hurt
	6.226	Hurting
	6.239	Being accepted
	7.294	No place
	10.410	People to talk to
Hidden Lesbian Self	1.30	I told nobody
	1.39	Best girlfriend
	4.141	This one girl
	4.157	Werenøt acceptable
	1.43	Unloved by her
	3.122	Didnøt tell her
Societal oppression	3.128	People just reacted
	6.220	Our social thing
Meaning of Attempt		
Suicide as only option	3.93	Couldnøt see point
	3.105	Any other choices
	5.176	Only way
Silencing of attempt	2.81	Mother was asleep
	3.119	Wasnøt resolution
	7.264	I didnøt volunteer
	7.270	No way I could
	3.128	Awful
Spiritual beliefs about suicide	4.154	Christian views
	5.183	Karma
Suicide as selfish act	5.172	Most selfish act
	5.200	Crap
Aftermath of Attempt		
Wanting help	2.68	Boyfriend
	3.112	Needed some help
	3.128	A little help
Deciding to live	5.192	Work through it
	6.206	No matter how bad
	8.308	Cooler heads
Searching for meaning	1.25	Feeling depressed
	4.154	Questioning
	7.278	Reading whole Bible
	7.286	Wondering
	8.324	Learning a lesson

Poised between life & death	8.308	Another attempt?
	8.316	In the background
Survival		
Compassion for others	4.169	Understanding
	5.200	Have some empathy
	9.351	Lots of different stories
Reflections on adolescent self	9.363	Itøs not comforting
	9.373	Terribly important
	9.378	Understanding
Lesbian identity through community	6.232	Other people
	10.393	Others besides me
	10.406	Wasnøt only one

Participant 6 (Susan): Emergent Themes w/ Quotes from Original Text		
Themes	Page/Line	Key Words
Catalysts		
Isolation	1.13	Not popular
	2.64	Life was really hard
	2.75	Hurt to be me
	4.136	Few friends
Relationships with family as problematic	1.7	Argument
	1.27	Awful
	2.40	Resentment
	2.58	Another argument
	2.69	Sent to my room
	3.128	He left
	4.164	Unhinged
	5.197	Livid
	6.254	Didnøt change
	10.423	Really distant
Being bullied in school	1.15	Mercilessly harassed
	5.198	Sexually harassed
Confusion about identity	2.44	Life confusing
	2.55	Confused and angry
Meaning of Attempt		
Suicide as only choice	3.89	I was just done
	3.97	Didnøt know what to do
	8.350	Ignorance and fear
Suicide as revenge	3.91	I meant it
	6.249	Wanted to hurt dad

Silencing of attempt	3.128	Didnøt say a word

Aftermath		
Angry to be alive	3.109	Pissed off
	6.254	livid
	12.510	Angry when I survived
Reaching out for help	3.121	Called my aunt
	4.161	Had to see psychologist
Hidden Lesbian Self	2.55	Didnøt even know
	5.201	Just no way
	9.387	Not going to pretend
	10.412	My girlfriend
	10.418	I donøt need to know
	10.427	uncomfortable
Physical damage	3.116	All that chemical
	4.147	Damage to liver
	4.154	Damage to kidneys
Stigma	4.137	People scared
	12.538	Social BS
Being abandoned	3.128	He left
	4.174	They never came back
	5.218	Homeless

The Journey Back		
Therapy as helpful	4.178	Iøve continued
	5.184	Works really well
	5.190	Able to learn
	5.195	Never tried again
	12.528	Take long road
Suicide as understandable choice	7.301	Forgave myself
	12.542	Very understandable
Learning about other choices	7.303	Great faith
	8.333	Learn tools
	9.368	Doesnøt fix

Reclaiming Life		
Speaking out about suicide	7.290	Iøve been open
	10.425	Easier for me
The connected Self	5.223	Wanted a family
	6.230	Together
Attempt integrated into identity	7.298	Footnote
	9.376	Not current
	10.447	Part of me
	12.505	Less likely to try again

Meaning of Survival		
Gratitude for life	11.456	Incredibly lucky
	11.460	Gift of second chance
	11.464	Very grateful
Motherhood	6.263	Having children
	7.276	Humanizing
	7.307	Get them help
	12.516	As a parent
	13.559	This will be helpful
Helping others with her story	6.269	Learn from my mistakes
	7.305	Hope you help
	14.601	Glad I could help

APPENDIX B

Consent Form

Appendix B: Consent Form

Amy Davis, B.S.
Psy.D. candidate, Antioch University Seattle
A study of lesbian identity formation & suicide survival

Interview Informed Consent

You have been selected to participate in this study because you are a person who identifies as a lesbian, and survived a suicide attempt during your adolescent years.

Your participation will take approximately two hours in the form of an interview at your convenience. You have already participated in a pre-screen interview, and will have one more in-person interview. The transcribed data from our time together will be sent to you for verification of accuracy in writing. You will be asked to reflect upon the meaning of your suicide attempt, both at that time and in the present. By discussing the meaning(s) of this event for you, you will be assisting this researcher understand the nature of suicide survival among women, particularly gay women. This will hopefully allow interventions and further research benefiting the lesbian community to be created. As a result of this research, you will make it easier for other suicide survivors to share their experiences and have their voices be heard.

There is no deception in this research study, and no treatment will be provided, short of whatever therapeutic benefit that may come from telling your story. Possible risks or discomforts that your participation might cause include the possibility that some of the questions asked may remind you of unpleasant past experiences. If at any time you require emotional support or professional therapy, this researcher will, with your permission, make the most appropriate referral to meet your individual needs. However, as the interviewer/researcher, I cannot be responsible for any related financial obligations incurred by such therapy or treatment. Your participation is entirely voluntary, and you are free to discontinue participation at any time. If you wish to have any or all of your transcribed material excluded from this study, please inform the researcher at any time. Please feel free to ask any questions of the researcher about this process and study at any time.

This research is being done as part of the requirements of the Doctor of Psychology program at Antioch University Seattle. All information provided will be kept confidential, and not identified with your name. Your interview will be tape recorded, however your confidentiality will be protected in the following ways: no identifying information will appear on the transcript of the tape; all names or places of business or education that could be used to identify you will be deleted during transcription. Access to interview material will be strictly limited to this researcher, and associated faculty at Antioch University Seattle.

I understand that I can contact Amy Davis (lesbiansos@yahoo.com) should I have further questions. I may contact the Human Subjects Committee at Antioch University

for any concerns regarding this project (206-441-5352). I understand the potential risks involved and I assume them voluntarily. I also understand that I can withdraw from the study at any time without reproach.

I have read and/or listened to and understand the statements listed above and I agree to participate in this study.

Name of participant_____Date_____

Name of researcher_____Date_____

I give my permission to be re-contacted at a later date for a possible follow-up:

Yes_____   No_____

APPENDIX C 1

Recruitment Flier (Non-Community Specific)

Lesbian Survivors of Suicide:

We need you for a research study!

A psychology doctoral student is seeking women to tell their stories as part of dissertation work.

IF YOU:

-identify as female
-identify currently as lesbian
-attempted suicide in adolescence
-would be willing to tell your story

You may qualify for participation in this study

To find out, please:

Contact Amy Davis, Antioch University Seattle Psy.D. program at:

lesbiansos@yahoo.com

Or, to see if you meet study criteria, take our online initial survey at Survey Monkey here:
[http://www.surveymonkey.com/s.aspx?sm=11zOd aK4_2bVyyAW0YegskZw_3d_3d](http://www.surveymonkey.com/s.aspx?sm=11zOdaK4_2bVyyAW0YegskZw_3d_3d)

APPENDIX C2

Recruitment Flier (Community Specific)

HEY LADIES!

You'll talk about the L Word…
How about the S Word?
Are you a lesbian?
Have you attempted suicide?
We need you for a research study!

A psychology doctoral student is seeking women to tell their stories as part of dissertation work.

IF YOU:
-identify as female
-identify currently as lesbian
-attempted suicide in adolescence
-would be willing to tell your story

You may qualify for participation in this study

To find out, please:

Contact Amy Davis, Antioch University Seattle Psy.D. program at:

lesbiansos@yahoo.com

Or, to see if you meet study criteria, take our online initial survey at Survey Monkey here:
http://www.surveymonkey.com/s.aspx?sm=11zOd aK4_2bVyyAW0YegskZw_3d_3d

APPENDIX D

Prescreen Tool

APPENDIX D. PRESCREEN TOOL

Davis
Dissertation
Pre-screen interview

Introduction: Thank you for taking the time to speak with me about this study. Is this still a good time to talk? This will take approximately 15-20 minutes, and I can answer any questions you may have at the end.
 I am looking for women who identify as lesbian and survived a suicide attempt during their adolescence (ages 12-20); at least 10 years ago-do you think this might fit your experience? If *no*, thank them for their interest. If *yes*, then say: Good, then may I ask you some further questions?

1). How old were you when you attempted suicide? (Participants must have been between 12-20 at time of attempt)

2) How old are you now? (Participants must be at least 10 years post, so 30-?)

3). How many suicide attempts have you made? (Participants who are multiple attempters will be excluded)

4) Have you received therapy or other care for your suicide attempt?

5) Are you currently suicidal?

6) Are you currently on medications or in therapy?

7) What do you think it might be like for you to be asked extensively about your suicide attempt?

8) Have others in your life heard your story?

9) Tell me about your support system

10) How would you describe your sexual identity (participants need to self-identify as lesbian; bisexual women or heterosexual women will be excluded)? How would you have described it at the time of your suicide attempt?

11) Are you available and willing to be tape recorded and interviewed for up to 2 hours?

*if at any time during the interview an answer to a question precludes someone from being considered for the full study, the researcher will say: It sounds like your experience might be different than the subject area of this study. Thank you very much for your time and interest.

* if the caller indicates suicidal ideation, appears to be in distress, is seeking referrals or access to information about current suicidal ideation, the researcher will say: It sounds like you may need immediate support and resources, and this study is not going to do that for you. Do you have a pen and paper, and may I give you the number of the Crisis Line?