Pathways to suicidal behaviour among adolescent girls in Nicaragua

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Abstract

Adolescent girls are the most frequent suicide attempters worldwide. However, there is little knowledge about pathways leading to suicidal behaviour among young people, in particular in low-income countries. This study explores the motives and processes related to suicidal behaviour among young girls in Nicaragua. Individual in-depth interviews were conducted with eight girls aged between 12 and 19 admitted to hospital after attempting suicide. The audio-taped interviews lasted 2–4 h and were transcribed, translated into English and coded for content. Grounded theory and content analysis were used to construct a theory of the mechanisms behind their suicidal behaviour.

A tentative model exploring pathways to suicidal behaviour is described with four main categories: *structuring conditions, triggering events, emotions* and *actions taken*. The model illustrates the dialectic interplay between structure and actions taken. Actions taken were categorized as problem solving or various forms of escape where failure with either of these strategies resulted in a suicide attempt.

Dysfunctional families, absent fathers and lack of integration into society were some of the structuring conditions that lead to emotional distress. Abuse, deaths in the family, break-up with boyfriends or suicide among friends acted as triggering events. A striking finding was the obvious narrative competence of the girls.

Our findings indicate that suicide prevention programmes for young people must offer support from professionals, independent of their family and social networks. Institutions in the community in contact with young people with suicidal behaviour must develop communicative skills to offer a trusting environment mobilising the resources that young people have.

Introduction

Suicidal behaviour among adolescents is a growing public health problem in many countries (World Health Organization, 2001). A recent study in Nicaragua reported the suicide attempt rate to be highest among

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girls aged 15–19 years (Caldera, Herrera, Renberg, & Kullgren, 2004).

Suicidal behaviour is a multi-determined behaviour linked to life events, especially those related to family situation (Sandin, Chorot, Santed, Valiente, & Joiner, 1998). For example, conflicts between a teenage girl and her parents over boyfriends have been reported to precede most suicide attempts among adolescent Hispanic females, suggesting that conflict embodies the movement toward greater autonomy (Zayas, Kaplan, Turner, Romano, & Gonzalez-Ramos, 2000). Family rigidity affects adolescent suicidal ideation indirectly through its effect on the problem-solving abilities of the adolescent (Carris, Sheeber, & Howe, 1998). Separation from a parent is reported to increase the risk of adolescent suicide attempts (Lyon et al., 2000).

A cross-cultural comparison on sexual abuse among suicide attempters in eight European countries shows that being sexually abused is common among attempters, again especially among women (De Leo, Bille-Brahe, & Schmidke, 2004). Several studies have reported that physical and sexual abuse are associated with repeated suicidal behaviour (Bensley, Spieker, Van Eenwyk, & Schoder, 1999; Hjelmeland, 1996; Martin, Bergen, Richardson, Roeger, & Allison, 2004; Ystgaard, Hestetun, Loeb, & Mehlum, 2004). Similar findings were reported in a Nicaraguan study (Olsson et al., 2000).

Contagious or imitative suicide is an intriguing and disturbing event. It has implications for behavioural, psychological, and social research, and some vulnerable people may be more susceptible than others to socially contagious acts of suicide or suicide attempts via shared life stress (Joiner, 2003).

Nicaragua

Nicaraguan society has been characterized by rapid social change during the last 20 years. After the revolution in 1979, the Sandinistas implemented many changes, such as agricultural land reform, improved health access, improved education through national education campaigns, compulsory military service, and strengthened community participation. While people were still adapting to these social changes, new political events occurred in 1990 with the election of the National Coalition, reversing many of these changes, particularly those related to popular participation. Society was once more rapidly transformed, affecting the social structure and consequently adolescents' situations.

Social change occurred again in 1996, when the Liberal party came to power. This government in turn introduced social changes that further deepened the social crisis; the already poor conditions of most Nicaraguan families became worse, people seemed to lose confidence in political parties, and this disillusion-

ment was reinforced by an environment of distrust and government corruption.

The present study was conducted in this environment of political turmoil in León, traditionally considered the intellectual and educational heart of Nicaragua. It is the second largest city in the country, with an estimated population of 195,000. In the study area, all cases of suicide attempts requiring medical attention are admitted to the only general hospital, Heodra, as reported in a previous study (Caldera et al., 2004).

Aim

The overall aim of this study was to explore perceived causes, and discover triggers and processes leading to suicidal behaviour among adolescent girls in León, Nicaragua. A further aim was to develop a tentative conceptual model to understand the pathways to suicidal behaviour.

Methods

Individual in-depth interviews were carried out with eight adolescent girls who had been admitted to hospital between May and August 2001 after a suicide attempt. The girls were selected from hospital records of the Heodra hospital in León based on an ongoing hospital surveillance (Caldera et al., 2004). Each week, the first girl admitted to the hospital as a result of a suicide attempt was invited to participate. The first author contacted the potential interview subjects on the ward in order to have an initial contact in close connection to the event, and an appointment for an interview after hospital discharge was agreed upon. All parents gave informed consent for the interviews. In general the girls were hospitalised for only a few days and were interviewed 72 h after leaving hospital, except for one girl who was interviewed 1 week later. The time frame was chosen to balance between the events being fresh in mind but also not blurred by drugs and hospital treatment. The interviews took place at the Department of Preventive Medicine and Public Health at León University. The thematically structured interviews always began with a thorough explanation of the aim of the study and a presentation of the interviewer. Each interviewee was then asked to freely narrate her experiences regarding her attempt. All the interviews were conducted by the first author (AH), a medical doctor with long experience of working with adolescents, including girls with suicidal behaviour. The in-depth interviews lasted 2–4 h, and sometimes for more than one session. The audio-taped interviews totalled almost 18 h and 261 written pages. The interview guide contained aspects on family functioning, childhood/

teenage period, friendships, drug use, boyfriends, life projects and suicidal behaviour (suicide ideation and suicide attempts). The audio-taped interviews were transcribed in Spanish, translated into English and coded for content. The translators have local and cultural knowledge of Nicaragua and there is bilingual competence in the research team.

The coding procedure followed the routines applied in grounded theory with a preference for in vivo codes directly derived from the text, most often mirroring feelings and emotions. From these everyday codes or terms, categories were constructed and linked, and a model was constructed to probe the social mechanisms and situations of how a teenage girl might end up attempting suicide. The data collection was finalised after eight interviews since we had reached the level of theoretical saturation, meaning that we had identified the categories and axes needed for constructing the model.

Table 1 summarizes the characteristics of the eight girls in the study.

We have based our findings almost exclusively on data, which means that they are presented as codes and categories generated from data rather than from theory. Our data collection follows the principles of grounded theory methodology (Glaser, 1992) but also contains characteristics of content analysis as it was to some extent guided by the research groups' joined theoretical and clinical pre-understanding (Downe-Wamboldt, 1992). This design implies a move from the concrete case to a more general or abstract discussion presented in our concluding section. In addition to grounded theory and content analysis, we have also used a narrative approach in our presentation of the case vignette, and also in our interpretations of the tales given to us in the interviews. We have constructed a narrative with the intention of bringing meaning close to the reader. We wanted to give a picture close enough to be able to grasp, but also a map of a more distant pattern (Dahlgren, Emmelin, & Winkvist, 2004).

The interpretation procedure was performed according to grounded theory recommendations. As a first step, the research team (whose working language is English) coded one of the translated interviews individually while the first author coded the complete dataset. The team then compared and analysed the entire evolving coding framework in order to find codes that best fitted the data and the emergent theory. Kvale has labelled this type of work a process of negotiation (Kvale, 1996). We then derived categories and also subcategories or properties from the codes. These categories constituted the raw material in the model construct, while the codes presented in our model operate as illustrations and are reinforced with quotations in the text. Finally, we compared our findings with previous research in the field. Our ambition was to transform our concrete findings to more abstract constructs in order to receive a general understanding.

Ethical considerations

The research was approved by the ethical committee of the Faculty of Medicine of León University. All of the subjects were first visited by the first author (AH) while

Table 1
Description of eight adolescent girls admitted to hospital for suicide attempts

Name	Age	Number of suicide attempts	Triggering event	Living with	Father present	Sexual abuse	Memos
'Maria'	15	1	—	Mother, stepfather	No		Married at 12 yr
'Elena'	12	2	Mother died	Father, siblings	Yes	Raped by brother	Father living with two women
'Carolina'	15	3	Family change religion, aunt died	Mother, stepfather	No		Married at 14 yr
'Pilar'	16	4	Father alcoholic	Grandmother, mother, siblings	Yes		Relationship with mother's brother
'Rosario'	17	2	Grandmother died	Grandmother, then mother	No		Drug abuse
'Noemi'	19	1	Father died	Mother	No		Father killed in war during 1980s
'Dixia'	18	1	Violence in family	Husband	No		Relationship with other man
'Yorling'	15	1	Rape in cemetery	Mother	No	Raped by unknown	Sexually abused twice, drug abuse

still in hospital, where they were invited to participate in the study and informed about its purpose as well as the confidentiality of the process. In addition, informed consent was obtained from their adult caretakers for the girls below 15 years of age. According to hospital routines all suicide attempters are referred to the psychiatric outpatient unit for counselling. In addition, several of the girls felt that the research interviews per se were beneficial and supportive.

Results

The presentation of results is structured under headings corresponding to categories in the generated model of suicidal behaviour among young girls. The codes generated from these interviews often described statements or narratives in which the girls expressed emotions, sometimes positive, but more often reflecting powerlessness and frustration. The model (presented in Fig. 1) is of process type and goes from causes to effects/ actions, integrating structuring conditions, triggers, emotions and actions taken.

The following short narrative illustrates ways of coping with problems common for most girls in the study.

A case vignette

'Maria', who is 15 years old, has been living with a man and his small daughter for a few years. She does not have a good relationship with his relatives. She is unemployed and spends her days alone in the house while the man is at work. He supports her and treats her well, but she thinks she is too young to be 'married'. She wants to *'be a teenager, go to school, have a career and then get married'*. He pays for her evening classes, which she enjoys, especially since she meets friends there. However, she does not see her friends outside school.

'Maria' grew up with her mother's stepmother 'Dolores'; her parents divorced when she was only 3 months old, and she has two brothers. All three children have different fathers. 'Dolores' has always cared for her and, even if they were very poor, sent 'Maria' to school.

When she was 10 years old, 'Maria' had to move to her mother's farm and was forced to leave school and start work. Her mother treated her very badly. She scolded and beat her, and at the age of 13 'Maria' ran away from home for the first time. She stayed with a man for a couple of months but split up with him as he would not leave his wife and children. She went to stay with 'Dolores', but her mother took her back to the farm. 'Maria' soon ran away again.

She knows very little about her father. He was in prison for many years, convicted for murder. She has only met him a few times.

She decided to take her life after a violent quarrel with her partner. 'Maria' said she is hot-tempered like her mother and became angry when her partner locked her in the house while he was away. She took some pills that she kept in the house; she was found unconscious by a neighbour and was brought to the hospital. She said it was an impulse, but she had had previous thoughts about taking her life.

And your mother? Tell me about your mother. What is she like? How would you describe her?
I don't know how to tell you.
Tell me, I want to know.
Well…She is very angry. She always talks in a loud voice and swears all the time ['son of a bitch' and much worse].
When she swears, what sort of things does she say?
Son of a bitch, whore, you are not my daughter-…[cries]…
Tell me more.
The first time I thought about it was when 'Flor' [mother] hit me and made me bleed and I couldn't even lie down; then at that time it occurred to me to take some pills, the ones you take when you have malaria, but they were locked up and I couldn't do it.
Why didn't you want to live?
I'm just in the way. If I die that will be it and everything will be over then. That was the only time I thought about it until now.

Structuring conditions

Material conditions, family structure, norms and values

The structuring conditions presented in the top of Fig. 1 are material conditions, such as poverty and limited access to resources, family structure, and norms and values that influence pathways to suicidal behaviour. These conditions might interact or operate separately.

We asked our informants to reflect on the phenomenon of suicide and the features in society that generated this behaviour. They emphasized miserable material conditions such as inequity and poverty and their often very problematic family situations. They also complained about limited access to community resources. All of our informants described a lack of security and protection, and the overall impression was that their material conditions were very poor.

The girls in the study grew up in extreme poverty, sharing their parents suffering and they see no way out of it: 'Poor mum! If we'd have had a place to go to, we would have gone already. We wouldn't have to put up with all these son-of-a-bitches, she said. She has debts and they take all she earns, and sometimes it's not even
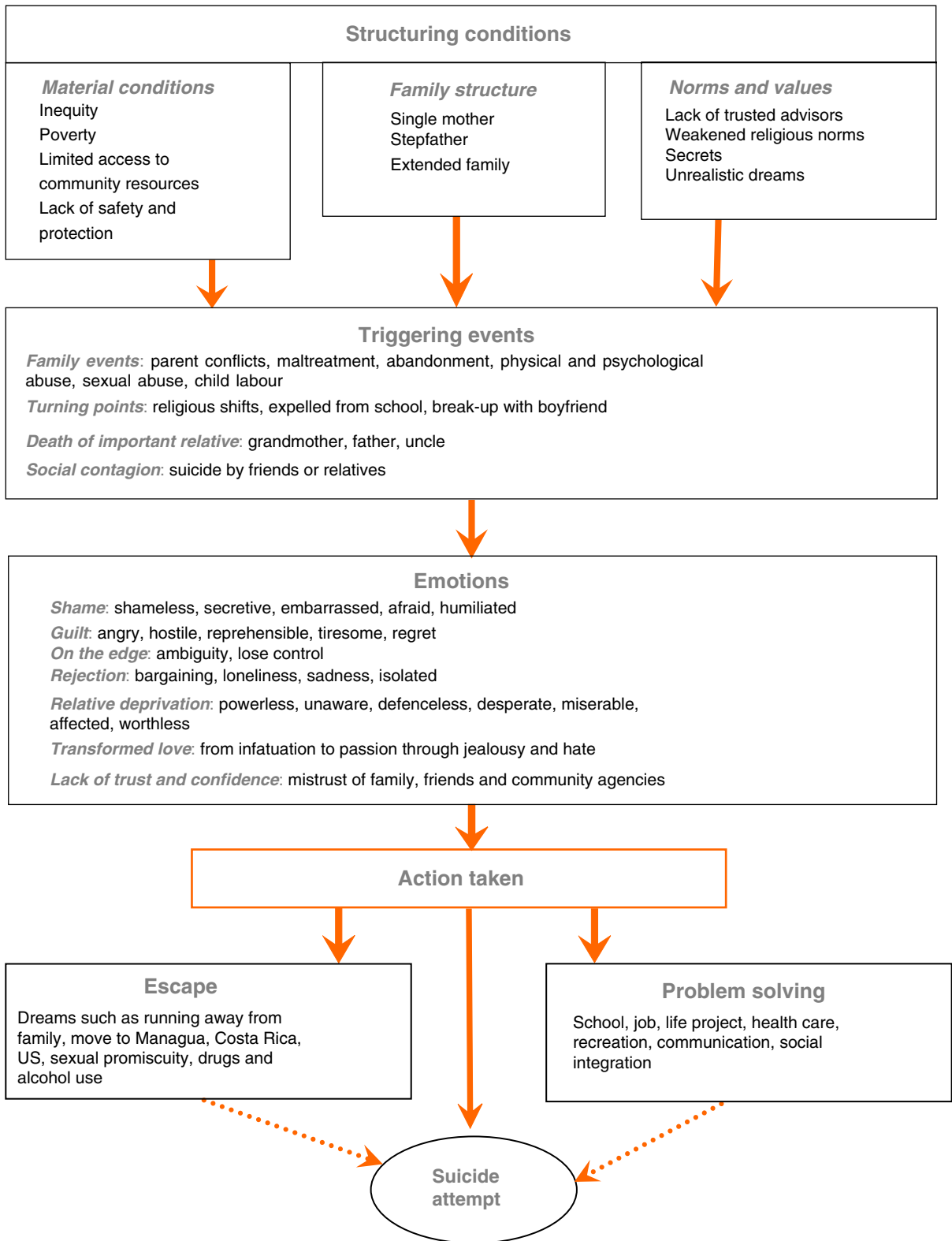
Fig. 1. Model exploring pathways to suicidal behaviour among eight adolescent girls.

enough for food. I helped her with some things, but now I'm not working anymore…. two weeks before I poisoned myself I didn't go to work.'

Poverty contributed to difficulties in several ways: 'My father has always been full of hate, yelling at things. He used to kick and throw things at me and the only thing I wanted was money for food and my mother used to tell us, "There isn't any—get out of here! Don't bother me right now!"'

Six of our eight interviewees did not live with their biological father. With the father absent, families may lack both financial and emotional support. For some girls the lack of a relationship with their father caused shame and stigmatization, as some expressed. 'They keep telling me the same thing—that I am a…whore, that I am just like my father. They don't like me because of that!' 'My stepfather does not treat me well at all, he dislikes all my actions and attitude. He doesn't even like my friends to come home and study. He has told my friends to leave the house'.

Conflicts with parents create confusion, desperation and anger, which may lead to suicidal ideation and suicide attempts: 'They were fighting right in front of me and they always did that. I fainted or started to scream because my head was spinning and I always saw a knife or something between them as if they wanted to kill each other.'

Most of the interviewees reported that their childhood was unhappy: 'Our life has always been hell. My father used to hit us with a machete—he used to punch my mum. My mum was always at the market and we used go where my mum was.'

The inability to communicate during adolescence may be a crucial obstacle when trying to understand suicidal behaviour among young people: 'If I tell anyone about my hang-ups they might spread them around. So it is better to keep them to myself.' 'Maybe if I had someone to support me and listen to me, maybe I would stop thinking of crazy things. Maybe this person would advise me.' 'Well… in my family everybody makes their own lives and no body share anything with anybody, nor even a word or sample of love.'

The girls' stories were filled with illustrations of communication problems in their families, involving keeping things secret in many different contexts and situations: 'I almost never talk to my mother. When I need money or something like that, it's the time to talk to her'. Also when talking to friends, not everything can be told: '… well almost everything… there are things that shouldn't be said. For instance, I never told them I was going out with an older person and I never told them the real reason why I broke up with my last boyfriend…'

'…if you have your own house and don't have food to eat at least you're in your own house and nobody will find out and nobody will kick you out.'

León society traditionally has strict religious norms and values. This is reflected in the view on suicide: 'God gave me this life. I cannot take it until he wants to.' Another girl said 'My aunt told me that if I did it [suicide attempt] unconsciously, God will forgive me, but if I didn't I will pay the consequences of everything I have done.'

Religious change has also influenced the situation in Nicaragua. The Catholic Church is losing its base and is in the process of being replaced by a wide range of other social institutions, such as school and workplaces. Other religious movements have increased in popularity in recent years, with many people converting to different evangelist churches, and adopting new norms. Some of the informants hinted at the weakening of religious norms and values. Religion sometimes causes conflicting relationships with parents and relatives. One girl explained: '…..we had good times at the beginning but now all of them became Christians; my mother, my grandma and my nanny so, no matter what I say, all is a sin! If I mention a word, I'll be punished with hell; the devil will take me far away, and so forth'.

Also, family norms in León are rigid, restricting the lives of young people and causing the girls in our study to feel trapped and lonely since they are often prevented from choosing the lifestyle they prefer. The girls expressed a lack of personal autonomy and had few opportunities to make their own decisions. 'My sister and my father, if they see me talking to a boy or to friends they tell them bad words and they stop talking to me. Hardly anyone talks to me anymore.' At the same time, many of them break with the norms—secretly. The phenomenon of pluralistic ignorance is permanently present, especially in emotional affairs. Their families failed to give them necessary support and they felt the need of advisors whom they could trust. One girl said: 'When I got out of hospital I didn't want to go home…But my grandfather found out and he says he is going to come here to spank me. And my father told me: You'll see you crazy son of a bitch…'

Others hinted at unrealistic dreams propagated in Nicaragua via the media and advertising.

Triggering events

Our informants painted a picture of circumstances in which emotions precede actions such as problem solving, escape or suicidal behaviour. The codes discovered from the interviews described crucial events of importance for the understanding of the girls' problems. These triggering family events reflected primarily family problems. All our informants described a problematic situation or distressing events in their families. Conflicts with and between parents, with stepfathers and boyfriends, maltreatment, physical and psychological abuse (including sexual abuse) were reported frequently. Secrecy and fear of gossip ruled

the behaviours of many of the girls: 'I think it [the rape] has [affected me], since people sometimes ask if I am a virgin and then I have to answer yes, because I will never tell my story to anyone because people like to criticize.'

The informants described numerous events where they experienced feelings of neglect and humiliation, but also more materialistic problems such as child labour and expectations that they should contribute to the work in the household, mainly as carers for siblings. There were narratives about religious shifts or conversions, as well as reports of being expelled from school or breaking up with boyfriends. Another crucial life event mentioned by some of the interviewees was the death of an important relative such as a grandmother or uncle. In the absence of caring parents, the support from elderly relatives helped the girls to cope with various problems. Finally, some of the informants mentioned that suicide attempts among friends or people in their neighbourhood acted as triggers for their own suicidal behaviour in a contagious way.

Emotions

Narratives from our informants clearly show that their emotions are influenced by material conditions and family structure as well as by norms and values. These circumstances set the stage for individuals in terms of which pathways they choose.

On an individual level, the interplay between emotions and cognitions influences and explains people's behaviour. Our informants felt socially excluded since there are things they perceive as impossible to obtain—for example, a good education and improved economic conditions: 'When some new dolls came out, I wanted one but they didn't let me have one, and when I wanted to eat something special I didn't get it either, I wanted money and they told me, "You're too much trouble, get out of here…"'

There are variations concerning which feelings are allowed to be expressed: some societies are stricter while others are more permissive. Due to their cultural background, parents inadvertently place many restraints on girls in order to protect them. One girl reported that her mother criticised her new boyfriend: '…she said he was too old. She had experience, and she didn't want a whore for a daughter.' When asked what she meant by whore she answered: 'I don't know. That's what she calls me… . I don't feel like one.' However, the girls interpret their parents' concern as aggressive and react with rebelliousness, which might ultimately lead to self-destructive behaviour.

In our coding, we identified seven subcategories of emotions: *shame*, *guilt*, *on the edge*, *rejection*, *relative deprivation*, *transformed love* and *lack of trust and confidence*. Shame was perhaps the most pronounced factor. The reasons for shame differed: the girls may have been embarrassed or even humiliated, but shame might also be grounded in the individual's own expectations. Sometimes they were afraid of shame itself and a major source for these feelings of shame was their secretive behaviour and a lack of open communication. The next category generated in the coding process was guilt. This feeling is less crucial than shame because it does not relate to the whole of the individual's personality or self. Feelings of guilt are connected to specific situations or events and, because of this, somewhat easier to handle. Associated with guilt were feelings of regret and reprehensibility; these feelings were formed in interaction with significant others who were hostile and angry. A third crucial emotive category is 'on the edge'. This is a strong feeling, characterized by its ambiguity. The girls attempt to cope with their problems but feel that they fail and that the ultimate solution is escape of one kind or another. Many of the interviewees experienced problems regarding negative reactions from parents, relatives and persons in their neighbourhood. In spite of the fact that Nicaraguan families often consist of many members sharing the same household, the informants expressed feelings of loneliness. They felt rejected, isolated, enclosed and they lacked solidarity with the people around them.

According to the interviews, most of the girls also distrust and lack confidence in their neighbourhood, school, church and police. On her neighbourhood, a girl said: 'They are always criticizing me… . They stare at me and laugh.' At times the informants felt rejected and because of that sad, lonely and isolated: 'Sometimes I have felt rejected by everybody and removed from anything other normal kids do, to go out, to have a normal life.' Another girl: 'The housemaid told me that if something happened to mum it'd be my fault and my grandma told me that I should repent because hell was my destiny, because I...because I was the devil.'

Quarrels and fights with family members resulting in feelings of regret were often reported by the interviewees. Sometimes the young people tried to make the best of a bad situation, but this was not always easy. Also evident was that many of the negative feelings were grounded in comparisons. They express a type of relative deprivation. Compared with some friends, but especially with prototypes, they experienced their own situation as miserable. Feelings of powerlessness, unawareness and defencelessness were grounded in these comparisons, and even if the feelings were more subjectively experienced than real facts, they were painful and gave the adolescents a sense of being worthless, affected and miserable. This situation sometimes made them desperate and generated escape behaviour and, at worst, a suicide attempt. Most striking, however, when describing the emotions of these girls is the transformation of feelings from one pole to the opposite in terms of temper or mood. An emotional prerequisite for suicidal behaviour seems to

be a positive point of departure, most often love. Love accompanied by infatuation and passion are at risk of being transformed into hate by, for instance, feelings of jealousy. It is obvious that when this transformation from love to hate takes place in a cultural environment of clandestine behaviour and communication disturbances, the consequences will be lack of trust and confidence. This is the essence of the major problem of suicidal behaviour in this setting and we will expand on this further in our concluding discussion.

Action taken—problem solving, escape or suicide attempt

A few of the informants told us about their dreams to move to Costa Rica or the US. Others narrated more realistic plans and life projects. School, healthcare and other community resources can be helpful in problem solving. One girl tells about how she sees her future: 'First of all, I think I'm going to study this coming year…. So I can become somebody... It is meaningless to stay at home doing nothing.'

We also asked our informants to elaborate on their possibilities to take action to solve their problems. All of them reported that emotions rather than reason had ruled their behaviour so far. In order to change this pattern, they wanted to be able to communicate better with their parents, other people around them and official actors. At the societal level they felt that they were isolated and excluded, and they desired to be more integrated in the community.

We have identified two major pathways which the girls choose to try to change their situation. One pathway, labelled 'problem solving' in our model, represented rational options, such as professional help. The other pathway, labelled 'escape', involved unrealistic dreams, drug and alcohol use, and promiscuity. For these girls, failure with either of these strategies resulted in a suicide attempt. Easy access to means of killing themselves, such as drugs or pesticides, further facilitated impulsive suicidal acts.

Discussion

The hypothetical model generated in the grounded theory analysis (Fig. 1) is dialectic, even if its arrows are directed only one way. This is especially true when considering the interplay between conditions on a macro level and individual attitudes and behaviour on a micro level. Problem solving on a collective macro level has the potential to change the structuring conditions that are the point of departure of the model. Escape, on the other hand, as the alternative action will change nothing. The category of life events found in the centre of the model consists of triggering factors like turning points in life and crucial events in the family. A core line in the analysis goes from these triggers to the emotions of the

girls, like shame, which have been identified as crucial in the context of suicidal behaviour.

From our data, it is clear that many of the suicide attempts by the girls are cries of despair and calls for help. For a desperate young female, a suicide attempt is one extreme choice among other alternatives such as running away from home or trying to relieve the pains with the help of drugs.

Structuring conditions of material and non-material types form the background of the whole complex of problems. Apart from poverty and family dysfunction, the absence of the father in the Nicaraguan family contributes strongly to the suicidal behaviour of adolescents. In León at least one third of women are single mothers (Peña, 1999), and it has been suggested that females that have lived fewer years with their fathers attempt suicide more often (Zayas et al., 2000).

Norms and values also influence suicidal behaviour. The turbulent political situation in Nicaragua, the traditional patriarchal norms of its society and the weakening of religious institutions have created an anomic situation for many adolescents. In this report, we have particularly focused on two structural conditions regarding norms and values. The first involves lack of communication and norms regulating what people can or cannot talk about. This is especially pronounced in the area of sexuality where many taboos exist. The girls tend to keep things secret in spite of the fact that they feel a need to share them with others. Neither the family nor the community gives them this possibility. Paradoxically, this situation exists at the same time as people lack space and they feel lonely even in the company of others.

The second condition is about dreams. Norm senders, both significant and generalized others, tend to increase the gap between imagination and reality for the girls, making their own lives seem even more miserable. This generates relative deprivation and feelings of 'pluralistic ignorance', i.e., feelings that everyone else follows the norms better than the girl herself.

In addition, suicidal behaviour tends to be contagious. Although traditional norms strongly prohibit suicide, hearing about or witnessing other young people's suicides might serve as triggering events for a suicide attempt.

Our emotional codes and subcategories, in particular 'shame', are crucial for the understanding of suicidal behaviour. Emotions, according to (Hochschild, 1983), are means by which people perceive and understand the world around them. They indicate the individual's position and relationships to other people. Shame, as a distinct emotion, is one of the strongest drives for behaviour. Two of the feelings most commonly reported by suicidal persons and their survivors are shame and guilt (Diekstra, De Leo, Schmidtke, & International Association for Suicide Prevention, 1998). One study

reported that shame reactions after a suicide attempt are important, since respondents described a feeling of shame and that they were affected by the attitudes of the staff when admitted to hospital (Wiklander, Samuelsson, & Asberg, 2003). For Scheff, shame indicates problems in the social bond between people. They have insufficient access to resources in their surroundings, both in the shape of social capital and own resources. They feel they have nobody to ask for help (Scheff, 1990).

Similarly, Collins states that feelings of solidarity and kinship generate what he labels emotional energy. Low energy is associated with dejection, lack of initiative, and negative self-esteem, while high energy generates self-reliance and enthusiasm. Subordinated people or people in social isolation like our adolescents tend to lose energy (Collins, 2001).

In our model, relative deprivation damages the girls' self-esteem, generating a wish to escape. Consequently, they experience alienation. It is clear from our findings that this theorizing about shame fits in well with our data. Taken together, the model, and particularly its emotional component, offers a dark and almost deterministic picture of the situation for the girls in León.

The opposite code of shame is pride, and even if that code is not mentioned in our figure it is there, at least tentatively. The choice between escape and problem solving is in a way a choice between feelings and cognitions. In our interviews, coping with emotions leads to escape more often than to problem solving. This rational strategy of action is based on the possibility of mobilizing resources. When the girls fail to use problem solving as a strategy or when other escape strategies are insufficient, suicidal behaviour will appear to be the only choice left.

The choice is not completely an individual one. If so, not much would have happened in our model. On the contrary, the most rational strategy for change involves the community and is anchored in politics.

Limitations of the study

The fact that a male interviewer was performing all the interviews could have influenced the information obtained, since the girls may have had difficulties in speaking openly about their problems. However, their willingness to reveal secrets kept from family and friends, such as sexual abuse, indicated that they had confidence in the interviewer.

In this study, we have focused on the pathway and the process leading to a suicide attempt and not on the event as such. In a study on suicide attempters admitted to Heodra Hospital in León, we have previously presented data on circumstances relevant for attempts. This study

also included the girls in the current paper (Caldera et al., 2004).

Even though suicidal behaviour has a strong association with mental health problems, we have chosen not to include psychiatric aspects in terms of depression or other mental disorders. The proposed model is, in our view, likely to be valid also in the presence of a less severe mental health illness.

The model presented should be viewed as tentative, and it is likely to raise further questions to be explored in future research. The steps suggested in the model, moving from structuring conditions, to triggering events, emotions and action taken could in some cases be overlapping and interacting. For example, emotions and triggering events might be interrelated, and the directions outlined in the model must be interpreted with caution.

Even though the sample size is small, we felt that saturation was reached and that the narratives from the last interviews added little to further understanding of the processes.

Concluding remarks

This study has focused on pathways to suicidal behaviour among adolescent girls in León in Nicaragua. We argue that the most rational strategy for change is not restricted to the individual level, but that the community must create better conditions for young people to find solutions to problems that they feel are too difficult to solve by themselves. Most girls mentioned that talking to someone—preferably a professional within the primary health care services—would be of crucial importance as they all felt it is impossible to trust and consult someone in their families or neighbourhood.

Traditionally, suicidal behaviour has been understood within the framework of a bio-psycho-social model where depression and other mental disorders play a major role. Without disregarding the importance of these factors, we have chosen to focus on psycho-social aspects in our model. We think that this may provide an alternative framework for understanding suicidal behaviour, which can serve as the basis for establishing meaningful communication between the individual, their families, the community, religious leaders, politicians and health professionals. Fundamental to this approach is the assumption that improved communicative skills among health care professionals would be effective in preventing suicide in the community.

Community prevention is associated with different cognitive and emotional processes. Our findings show that adolescent girls in León attempt suicide because they cannot stand their pain, because it does not fit in with their concept of themselves or with their personal ideals and dreams. Their immediate goal is to escape

from a state of traumatic stress, often associated with humiliating experiences.

Girls who attempt suicide have an obvious narrative competence and it is important to allow them to develop their narratives. Our findings indicate that suicide prevention programmes for young people must offer support from professionals who are independent from the adolescent's family and social network. Institutions in the community which meet young people with suicidal behaviour must develop communicative skills in order to offer a trusting environment which makes use of the resources that young people have.

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References

Bensley, L. S., Spieker, S. J., Van Eenwyk, J., & Schoder, J. (1999). Self-reported abuse history and adolescent problem behaviours. II. Alcohol and drug use. *Journal of Adolescent Health, 24*(3), 173–180.

Caldera, T., Herrera, A., Renberg, E. S., & Kullgren, G. (2004). Parasuicide in a low-income country: Results from three-year hospital surveillance in Nicaragua. *Scandinavian Journal of Public Health, 32*(5), 349–355.

Carris, M. J., Sheeber, L., & Howe, S. (1998). Family rigidity, adolescent problem-solving deficits, and suicidal ideation: A mediational model. *Journal of Adolescence, 21*(4), 459–472.

Collins, R. (2001). Social movements and the focus of emotional attention. In J. Goodwin, J. Jasper, & F. Polletta (Eds.), *Passionate politics—emotions and social movements.* London: University of Chicago Press.

Dahlgren, L., Emmelin, M., & Winkvist, A. (2004). *Qualitative methodology for international public health.* Umeå: Print och Media.

De Leo, D., Bille-Brahe, U., & Schmidke, A. (2004). *Suicidal behaviour theories and research findings.* Gottingen, Germany: Hogrefe & Huber publishers.

Diekstra, R. F. W., De Leo, D., Schmidtke, A. & International Association for Suicide Prevention. (1998). *Suicide prevention: A holistic approach.* Dordrecht, London: Kluwer Academic.

Downe-Wamboldt, B. (1992). Content analysis: Method, applications, and issues. *Health Care for Women International, 13*(3), 313–321.

Glaser, B. (1992). *Basic of grounded theory analysis: Emergence vs. forcing.* Mill Valley: Sociology Press.

Hjelmeland, H. (1996). Repetition of parasuicide: A predictive study. *Suicide & Life-Threatening Behavior, 26*(4), 395–404.

Hochschild, A. R. (1983). *The managed heart—commercialization of human feeling.* London: University of California Press.

Joiner, T. E., Jr. (2003). Contagion of suicidal symptoms as a function of assortative relating and shared relationship stress in college roommates. *Journal of Adolescence, 26*(4), 495–504.

Kvale, S. (1996). *Interviews : An introduction to qualitative research interviewing.* Thousand Oaks, California: Sage.

Lyon, M. E., Benoit, M., O'Donnell, R. M., Getson, P. R., Silber, T., & Walsh, T. (2000). Assessing African American adolescents' risk for suicide attempts: Attachment theory. *Adolescence, 35*(137), 121–134.

Martin, G., Bergen, H. A., Richardson, A. S., Roeger, L., & Allison, S. (2004). Sexual abuse and suicidality: Gender differences in a large community sample of adolescents. *Child Abuse and Neglect, 28*(5), 491–503.

Olsson, A., Ellsberg, M., Berglund, S., Herrera, A., Zelaya, E., Pena, R., et al. (2000). Sexual abuse during childhood and adolescence among Nicaraguan men and women: A population-based anonymous survey. *Child Abuse and Neglect, 24*(12), 1579–1589.

Peña, R. (1999). *Infant mortality in transitional Nicaragua., Epidemiology, Dept of Public Health and Clinical Medicine and Dept of Preventive Medicine UNAN Leon, Nicaragua,.* Umeå: Umeå University, Sweden.

Sandin, B., Chorot, P., Santed, M. A., Valiente, R. M., & Joiner, T. E., Jr. (1998). Negative life events and adolescent suicidal behavior: A critical analysis from the stress process perspective. *Journal of Adolescence, 21*(4), 415–426.

Scheff, T. (1990). *Microsociology: Discourse, emotion, and social structure.* Chicago: Chicago University Press.

Wiklander, M., Samuelsson, M., & Asberg, M. (2003). Shame reactions after suicide attempt. *Scandinavian Journal of Caring Sciences, 17*(3), 293–300.

World Health Organization. (2001). *The world health report : Report of the Director-General.* Geneva: World Health Organization.

Ystgaard, M., Hestetun, I., Loeb, M., & Mehlum, L. (2004). Is there a specific relationship between childhood sexual and physical abuse and repeated suicidal behavior? *Child Abuse and Neglect, 28*(8), 863–875.

Zayas, L. H., Kaplan, C., Turner, S., Romano, K., & Gonzalez-Ramos, G. (2000). Understanding suicide attempts by adolescent Hispanic females. *Social Work, 45*(1), 53–63.