

Creating a Future: A Study of Resilience in Suicidal Female Adolescents

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The authors designed this study to understand how adolescents overcome suicidality from the subjective perspective of 13 previously suicidal female participants. A resilience framework was used to conceptualize the process. Data analysis using basic interpretive qualitative inquiry revealed 4 domains of resilience: social processes, emotional processes, cognitive processes, and purposeful action. The domains were inextricably linked; improvements in 1 domain produced changes across others, adding momentum to the resilience process. Implications for practice are discussed.

Research on resilience in adolescence has burgeoned over the past 2 decades as attention has turned toward the constructive behaviors and life-enhancing competencies of youth in navigating through significant stressors and adversity. With its focus on the strengths and adaptive processes of adolescents, the study of resilience offers a positive alternative to research concerned with developmental deficits and psychopathology. As Richardson, Neiger, Jensen, and Kumpfer (1990) stated, a resilience-based approach implies that “the processes of coping with mild to severe disruptions are opportunities for growth, development, and skill building” (p. 34). The study of how teenagers survive and thrive in the face of life difficulties has much to contribute to the greater understanding of adolescent development and to the generation of mental health interventions that build on adolescents’ strengths (Fraser & Richman, 2001; Luthar, Cicchetti, & Becker, 2000; Olsson, Bond, Burns, Vella-Brodick, & Sawyer, 2003).

One of the most serious difficulties facing many adolescents is the issue of suicidality. Suicide rates have risen dramatically in several industrialized countries in the past few decades. In Canada, the sharpest rise has occurred in adolescents between the ages of 15 and 19 years, with the rate of completed suicides quadrupling since the 1950s (Breton et al., 2002). Suicide is now the second leading cause of death among Canadian youth, next only to motor vehicle accidents (Langlois & Morrison, 2002). In the United States, suicide is the third leading cause of death among youth, and an estimated 8% of American adolescents attempt suicide each year (Stanton, Spirito, Donaldson, & Boergers, 2003). Yet, despite the severity and magnitude of the problem, little is currently known about the subjective experience of adolescents who have overcome suicidal behaviors. The inclusion of the participant perspective is a critical addition to

theoretical and clinical perspectives on suicide and resilience. The purpose of the present study was to develop an understanding of how adolescents overcome suicidality from the subjective perspective of previously suicidal female participants. A resilience framework was used to conceptualize this process, based on the view of individuals as active agents who adaptively avail themselves of strengths and resources to rebound from adversity.

Definition of Resilience

The term *resilience* has often been used to describe a stable personality trait or ability that protects individuals from the negative effects of risk and adversity (see Hollister-Wagner, Foshee, & Jackson, 2001; Howard & Johnson, 2000; Walsh, 2002). Resilience has also been conceptualized as a positive outcome, the criteria for which commonly include positive mental health or absence of psychopathology, social competence, positive self-concept and self-esteem, academic achievement, and success at age-appropriate developmental tasks despite exposure to risk (Hauser, 1999; Masten et al., 1999). Increasingly, researchers have come to regard resilience not as a fixed attribute or specific outcome but more as a dynamic process that evolves over time (Luthar et al., 2000; Olsson et al., 2003; Richardson et al., 1990; Richman & Fraser, 2001; Rutter, 1987, 2001). Rather than being an invariant trait that a person either has or does not have, resilience can more accurately be viewed as a normal part of healthy development that can be enhanced throughout the life cycle (Baldwin et al., 1993; Drummond, Kysela, Alexander, McDonald, & Query, 1997; Jackson, Born, & Jacob, 1997).

In defining resilience, a multidimensional perspective is important, along with a consideration of the context in which

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resilience occurs (Carbonell, Reinherz, & Giaconia, 1998; Fraser & Richman, 1999; Luthar et al., 2000). As Luthar et al. stated, some youth manifest resilience in some situations and areas of functioning but not in others. Olsson et al. (2003) suggested that because resilience is often inconsistent across different areas of children's lives, it might be useful to adopt multiple definitions of resilience, such as social resilience, academic resilience, or emotional resilience. Moreover, resilience is dependent on the reciprocal interactions between the individual and the environment (Gest, Neeman, Hubbard, Masten, & Tellegen, 1993; Richardson et al., 1990; Richman & Fraser, 2001; Rutter, 2001). Rutter (2001) stated, "The extent of environmental risk exposure is determined in part by societal circumstances but also is influenced significantly by how people themselves behave. By their actions, people do much to shape and select their experiences" (p. 26). Just as "vicious cycles" of adversity may result from the negative interactions of the individual and the environment, so positive cycles of adaptation are maintained and strengthened through the mutual influence process (Rutter, 2001). Another way of viewing this dynamic is described by Richman and Fraser (2001), who suggested that resilience results from the individual's maximal exploitation of available resources with or without a deliberate strategy. Along the same lines, the present study defines resilience as an adaptive process whereby the individual willingly makes use of internal and external resources to overcome adversity or threats to development. Resilient youth are defined not as individuals who possess a unique quality called "resilience" but rather as individuals who have overcome adversity through the resilience process.

Like resilience, the term *adversity* has been interpreted in multiple ways. The concept of adversity has often been used interchangeably with that of risk to denote the presence of significant events or circumstances that increase the likelihood of a negative outcome for the individual (Gest et al., 1993; Richman & Fraser, 2001). Examples of common risk factors in childhood and adolescence are parental separation and divorce (Gest et al., 1993; Hauser, 1999); abuse and neglect (Heller, Larrieu, d'Imperio, & Boris, 1999; Hollister-Wagner et al., 2001); serious illness or disability (Carbonell et al., 1998; Hauser, Vieyra, Jacobson, & Wertlieb, 1989); and chronic poverty (Richman & Fraser, 2001). Although adversity often involves severe trauma, it may also result from an accumulation of daily life hassles or accumulated stressors that have a greater effect on the individual than do traumatic events (Dumont & Provost, 1999; Smith & Carlson, 1997). Seemingly ordinary life events such as entering a new school may be experienced as adversity to the youth who is exposed to cumulative stresses over time (Smith & Carlson, 1997). As Luthar et al. (2000) suggested, adversity is largely a matter of subjective perception. Researchers must therefore take the individual's perspective into account in the study of resilience.

In addition, adversity or risk factors are typically distinguished from possible negative outcomes such as depression (Compas, Hinden, & Gerhardt, 1995; Dumont & Provost, 1999; Gore & Aseltine, 1995; Luthar, 1991), conduct problems (Hollister-Wagner et al., 2001; Masten et al., 1999; Rutter, 2001), and substance abuse (Forman & Kalafat, 1998). However, the distinction between risk factors and negative outcomes can be overly simplistic because the same problems can be conceptualized either as a source or as an outcome of significant stress and adversity. It may be more useful to view such problems as part of a complex process that emerges over time and that challenges individuals to actively use and develop their strengths and resources to overcome threats to development. In other words, these problems can be viewed as catalysts for the resilience process.

Resilience in Adolescence

The ability to rebound from adversity has often been framed in the context of *protective factors* that enhance resilience. Hauser (1999) defined protective factors as dimensions that "moderate the effects of individual vulnerabilities or environmental hazards, so that a given developmental trajectory reflects more adaptation in a given domain than would be the case if protective processes were not operating" (p. 4). In the research literature, each protective factor typically falls into one of three categories: individual, family, and external or community factors that promote resilience.

Individual Factors

One of the most consistent findings across resilience studies of adolescents is a positive association between resilience and cognitive functioning (Masten et al., 1999; Richman & Fraser, 2001; Smith & Carlson, 1997; Smokowski, Reynolds, & Bezruczko, 1999; Werner, 1995). Fergusson and Lynskey (1996) found that in a longitudinal study of teenagers who had high exposure to family adversity during childhood, participants who showed healthy adaptation had higher IQ scores at age 8 than had teenagers with adjustment problems. In contrast, Levine (2002) suggested that although intelligence can enhance resilience, intelligence is not simply IQ but is the intelligent application of one's understanding of others and of oneself in a wide range of situations. There is strong support for this position in the research literature, which indicates that resilient teenagers are generally found to have good problem-solving skills and to use problem-focused coping strategies (Howard & Johnson, 2000; Richardson et al., 1990; Smith & Carlson, 1997; Smokowski et al., 1999; Werner, 1995). With problem-focused coping, individuals squarely face and reflect on problems rather than avoiding them, creatively generate and plan solutions to problems, and reach out to other people for help (Bernard, 1993; Dumont & Provost, 1999; Markstrom, Marshall, & Tryon, 2000).

Related to problem-focused coping is an internal locus of control, or the belief that one can effectively shape one's own life and that most difficulties can be resolved through one's efforts (Dumont & Provost, 1999; Markstrom et al., 2000). Numerous studies have found a strong positive correlation between an internal locus of control and resilience in adolescents (Dumont & Provost, 1999; Hauser et al., 1989; Heller et al., 1999; Smokowski et al., 1999; Werner, 1995). For example, in Smokowski et al.'s qualitative study of resilience in African American inner-city youth, the participants often expressed the belief that working hard would result in a better life for themselves in the future. This belief also underscores the often cited importance of a sense of purpose and an optimistic outlook in promoting resilience (Bernard, 1993; Howard & Johnson, 2000; Levine, 2002; Richardson et al., 1990; Smith & Carlson, 1997). Resilient adolescents tend to have goals, hopes, and plans for the future, combined with the persistence and ambition to bring them to fruition.

A positive self-concept and self-esteem may also contribute to resilience in adolescence (Dumont & Provost, 1999; Hauser, 1999; Hollister-Wagner et al., 2001; Rutter, 1987; Werner, 1995). Dumont and Provost found that resilient adolescents (participants with high levels of stress and low levels of depression) manifested significantly greater self-esteem than did vulnerable adolescents (participants with high levels of both stress and depression). In their review of the literature on resilience and maltreatment in childhood and adolescents, Heller et al. (1999) found that youths who appeared to function well despite a history of abuse and/or neglect tended to have high levels of self-esteem. A positive self-concept can be buoyed by a sense of mastery that comes from the successful accomplishment of tasks or from having special skills or talents that are valued by one's family, peers, and community (Dugan, 1989; Howard & Johnson, 2000; Rutter, 1987).

Another resilience factor commonly found among teenagers is social competence. Resilient youth tend to have strong social skills and a facility with interpersonal communication (Hollister-Wagner et al., 2001; Howard & Johnson, 2000; Luthar, 1991; Smith & Carlson, 1997; Werner, 1995). Also evident are humor, empathy, flexibility, and an easygoing temperament, all of which are likely to enhance sociability (Bernard, 1993; Fraser & Richman, 1999; Levine, 2002; Richardson et al., 1990; Rutter, 1987).

Family Factors

For adolescents challenged with stress and adversity, a secure attachment with at least one caring parent appears to play a major role in promoting resilience (Heller et al., 1999; Hollister-Wagner et al., 2001; Smith & Carlson, 1997; Rutter, 1987). Sources of parental support, whereby parents provide specific resources and services to their child, can be instrumental in promoting resilience. These supportive sources can be (a) informative, consisting of guidance and informa-

tion that assist the youth in navigating through life's challenges, and (b) emotional, whereby the adolescent is provided with companionship and given the message that he or she is valued (Dumont & Provost, 1999; Smith & Carlson, 1997). Smokowski et al. (1999) found that resilient adolescents valued a type of guidance that the researchers called "motivational support" (p. 439). Participants who received direct guidance and encouragement from their parents in the face of adversity often felt motivated, optimistic, and reassured that someone believed in their ability to succeed. In environments where there is exposure to chronic poverty, overcrowding, and high levels of crime, a parenting style that is structured and directive while at the same time warm and nurturing may contribute to adolescents' resilience (Baldwin et al., 1993; Rak & Patterson, 1996; Smokowski et al., 1999).

When nurturing and support are not consistently available from parents, resilient adolescents are adept at seeking support from alternate caregivers in the family (Werner, 1995). Grandparents, aunts, uncles, and older siblings often provide positive role modeling and support that help buffer the effects of adversity (Carbonell et al., 1998; Rak & Patterson, 1996; Smokowski et al., 1999). Adolescents may also learn what *not* to do by observing the consequences of family members' negative behaviors (Smokowski et al., 1999).

External or Community Factors

For many youth, involvement in relationships and extracurricular activities outside the home helps promote resilience. This can be especially important for teenagers coming from troubled family environments, where the use of external support systems and participation in sports, hobbies, or religious activities provide relief from the stresses of family life and expose the youth to conditions more favorable for development (Gore & Aseltine, 1995; Rutter, 2001; Smith & Carlson, 1997; Smokowski et al., 1999).

In times of crisis or adversity, resilient adolescents often seek out and accept the support of caring nonparent adults, such as teachers, coaches, school counselors, ministers, and neighbors (Rak & Patterson, 1996; Walsh, 2002). Werner (1995) found that in a longitudinal study of children and adolescents in Kauai, Hawaii, all of the resilient high-risk youth identified one or more teachers who were a significant source of support. Whether in school or in the larger community, teachers' willingness to listen to adolescents, provide information and guidance, and motivate them to perform at their best can make a significant difference in the lives of resilient teenagers.

Positive relationships with peers often serve as another major source of support. Through affiliation and identification with close friends, adolescents may benefit from companionship, emotional and motivational support, role modeling, and a sense of belonging (Hauser, 1999; Smith & Carlson, 1997; Smokowski et al., 1999). However, membership in peer groups that engage in antisocial or illegal activities such as

substance abuse or crime may undermine resilience and increase psychosocial risk (Dumont & Provost, 1999; Fergusson & Lynskey, 1996; Jackson et al., 1997; Rutter, 2001). In some cases, a change of peer group through a geographical move may help the adolescent get back on track (Rutter, 2001). Moving to a new school or neighborhood is an example of what Rutter (2001) called a “neutralizing” or “fresh-start” experience that provides the adolescent with a break from the past and with positive opportunities for change.

Overview of the Present Study

A qualitative study was conducted in which 13 female participants were interviewed about how they had overcome being suicidal. Throughout data collection and analysis, the focus was on the subjective perspectives and accounts of the participants. On the basis of the analysis of participants’ perspectives as well as the researchers’ understanding of the resilience literature, it became clear that overcoming suicidality was an active and multidimensional process that could best be described and explained through the lens of resilience. In the present article, we present the findings within a resilience framework with the purpose of contributing to the understanding of suicidality and resilience in adolescence. In particular, this article addresses the need for a fuller understanding of the interconnection between these processes.

Method

Participants

A total of 24 participants from Atlantic Canada, Eastern Canada, and Western Canada were recruited through advertisements in several local newspapers. Selection criteria are (a) self-reported suicidality between the ages of 15 and 24 years; (b) last experience of being suicidal was within 3 years of the study; (c) an absence of suicidal thoughts, feelings, and behaviors for a minimum of 6 months prior to participation; and (d) a willingness to openly discuss the experience of becoming suicidal and overcoming suicidality.

The focuses of the present article are the experience and perspectives of 13 female participants, based on the richness of data obtained from interviews with them. At the time of the interviews, these participants ranged in age from 17 to 26 years (mean age 21.4); 8 were single, and 5 were married or in a common-law relationship. Although all participants reported having been suicidal at one or more time periods between the ages of 15 and 24 years, 3 participants reported a history of suicidality starting before the age of 15 years, and 1 participant reported becoming suicidal as early as age 10 years. Five participants reported attempting suicide once, and another 2 had attempted at least twice. Nine participants identified their ethnic background as Caucasian, 2 as Métis, and 1 as mixed. The ethnic background of 1 other participant was not indicated. Seven participants had par-

tially completed college or university, 1 had a certificate in trade/technology, and 2 had high school diplomas. The remaining 3 participants had either completed junior high school or had partially completed high school. All participants reported having received individual counseling, family therapy, and/or group therapy.

Procedure

Potential participants contacted the research assistants (under the supervision of the principal researcher, who was the first author) by telephone, and a brief interview was conducted to explain the purpose of the research and to determine if volunteers for the study met the inclusion criteria. An in-person interview was arranged with volunteers who met the criteria and who chose to participate. In one case, a telephone interview was arranged. Prior to the interview, participants were provided with a written information sheet describing the study. Once again, participants were informed of the purpose of the study as well as their rights to confidentiality, anonymity, and withdrawal from the research at any time. Participants were also given the opportunity to ask questions and clarify the details of the study. Written informed consent was obtained from each participant over the age of majority (either 18 or 19 years old) or from the parents or legal guardians of participants under the age of majority.

During the data collection stage, individual, semistructured interviews were conducted in which participants were asked open-ended questions such as “Can you describe the time when you first began to have suicidal thoughts and feelings?” “What was it like being suicidal?” “What did you do to cope with being suicidal?” “How did you shift from being suicidal to not being suicidal?” and “What has been helpful for you in overcoming suicidal thoughts, feelings, and behaviors?” Questions were aimed at facilitating an open and in-depth conversation with each participant, with minimal input or direction from the interviewer. The interviews lasted from 45 minutes to 2½ hours and were conducted by doctoral students under the supervision of the principal researchers (authors of the article). Each interview was audiotaped and transcribed verbatim into text.

Data Analysis

Data analysis adhered to the basic interpretive qualitative inquiry method outlined by Merriam (2002). The main purpose of this method is “to discover and understand a phenomenon, a process, the perspectives and worldviews of the people involved” (Merriam, 2002, p. 6). This is consistent with the objective of the present study’s research question, which is to understand the process of overcoming suicide from the subjective framework of participants. In addition, the constant comparative method described by Glaser and Strauss (1967) was used in the thematic analysis of the data.

First, we read through the interview transcripts several times in their entirety, with a focus on the descriptions and subjective perspectives of the participants. We selected 13

interviews that were particularly rich in information related to the research question for more in-depth analysis. Although the remaining interviews were not subjected to an in-depth analysis for the purposes of this article, preliminary analysis confirmed the results discussed in the Results section. Second, we coded segments of each of the selected interviews, with primary themes and concepts being inductively derived from meaning units comprising words, phrases, sentences, and paragraphs. We compared meaning units within each interview were performed to refine themes and interpretations. Third, we compared primary themes across the 13 interviews. We eliminated redundant codes, further refined remaining themes, and clustered related themes and concepts into higher order themes. The final outcome was a group of high-order themes common in all participant accounts, along with primary themes that in many cases represented similarities across accounts and in other cases were unique to individual participants. Throughout data analysis, we met to discuss the descriptions, interpretations, and conceptual understandings.

Results

Four major domains of resilience were identified based on the descriptive accounts and perspectives of the participants and on a view of resilience as a dynamic and multidimensional process: (a) social processes that involved relationships and interactions with peers, parents, and extrafamilial adults; (b) emotional processes involving the awareness and expression of feelings; (c) cognitive processes that entailed a shift in perspective and recognition of personal control; and (d) purposeful and goal-directed action whereby participants experimented with new behaviors, exercised independence, and created hopeful futures and positive identities for themselves. The processes in each of these areas were closely connected such that changes in one area were typically related to changes in the others.

Social Processes

All participants reported having the consistent support of at least one other significant individual in their lives, either a peer, a parent, or an adult outside the family. When support in a particular social sphere was lacking, the participants appeared to be highly adept at seeking out alternative sources of support. It is important to note that the use of social support did not depend solely on the extent to which social resources were available, but participants also had to be willing to recognize the need for support, to ask for help, and to accept the help offered.

Peers. The development of peer networks and friendships played a central role in the process of overcoming suicidality. Participants actively sought out environments where they experienced a sense of belonging, camaraderie, and acceptance that they did not experience elsewhere. For example, one participant who had felt rejected by her peers at school

was able to find a sense of belonging in a church youth group. From her perspective, church was the only place she could go where people accepted and cared about her. Another participant socialized with her peers at her workplace where she found the warmth and support that she did not find at home. Many participants also relied on close friendships for companionship and emotional support. Close friends served as confidants who listened to participants' problems and encouraged them to persevere in the face of adversity. In addition, having a close relationship with a romantic partner was often helpful. Many participants indicated that during some of their darkest times, their partners were caring, patient, and understanding. Caring was typically communicated through the partner's commitment to remain in the relationship and through the partner's willingness to listen to the participant's deepest feelings and concerns.

Parents. A caring and supportive relationship with one or more parents appeared to facilitate the healing process for several participants. Two participants reported having a close emotional connection with their mother, 1 reported a close bond with her father, and 1 referred to her stepfather as an "unspoken ally." Two other participants had close ties with both parents. In general, these individuals found that they were able to talk to their parents about their problems and that their parents responded with caring, acceptance, and respect. Parental support also came in the form of more physical or active assistance. This might mean providing financial support or doing "little things" such as helping the participant set up counseling appointments or preparing her meals.

Extrafamilial adults. Three participants found an alternative source of adult support from one or more teachers at school. The participants described these teachers as "friendly," "open," "down to earth," "understanding," "cooperative," and "encouraging." One individual reported that her teacher often noticed when the participant was feeling down and offered to "be there" if she needed someone to talk to. What helped another participant was the perception that her teacher saw the student's strengths and believed in her ability to succeed. In addition, one participant turned to a close friend of the family to talk about problems at home. The majority of participants also recalled counselors and psychologists who played a significant role in helping them overcome being suicidal. A detailed account of suicidal adolescents' experiences and perceptions of psychotherapy can be found in Paulson and Everall (2003).

Emotional Processes

Facing difficult feelings. For many participants, the process of facing their most painful emotions was essential. The willingness to face intense emotional pain required considerable courage and determination. As one person stated, "It's harder to deal with the feelings and to understand them . . . than it is to just end your life." All participants reported feeling "sad" or "depressed" when they were suicidal. For

some, the turning point came when they faced these feelings squarely and realized that they “had enough of feeling sad.” Anger was also one of the most commonly reported emotions, with 7 participants recalling feeling “angry” or “upset” at one or both parents, and 3 participants reporting being angry at “anything” or “everything.” Learning to recognize the signs and sensations associated with anger was sometimes the first step toward emotional release. Furthermore, several participants reported feelings of extreme fear when they came face to face with their suicidal behaviors. Facing the fear that came along with “hitting bottom” was what first motivated some individuals to work toward getting better. For example, 1 participant reached a point where she said to herself, “If I don’t turn myself around now, there’s no turning back.”

Expressing feelings to others. Each participant was able to express her feelings to at least one other person, whether family member, friend, teacher, counselor, or support group member. The ability of others to listen with patience and understanding and without judging or attempting to provide premature reassurances helped participants sort through their feelings. Several found that expressing their feelings to individuals who had gone through difficulties similar to their own went a long way toward normalizing their experience. In some cases, participants became more assertive in voicing their feelings to their parents. One individual was able to recognize when she was feeling angry at or upset with her mother and took greater initiative in approaching her mother with these feelings rather than letting them build up inside.

Writing. Writing served as an important emotional outlet for nearly half of the participants. Five found that journal writing helped them clarify and work through their feelings. One participant described journal writing as a “good release and a great way to express myself.” Another reported that her journal provided a vehicle for expressing her feelings “without hurting anyone.” One participant kept an online diary that appeared to draw a number of interested readers to her Web site. In addition to journal writing, 2 other participants reportedly wrote poems. Writing poetry was described by one individual as a “big opening” for her because it helped her develop greater self-awareness.

Cognitive Processes

Shift of perspective. Gaining greater perspective and focusing on the positive aspects of life was one of the most critical steps taken toward overcoming being suicidal. Participants “took a step back” and looked at what was “good” about themselves and their situations. In the words of 1 participant, what became important was “finding the goodness in life rather than the goodness in death.” Another participant developed the habit of writing letters to herself in which she listed her positive qualities and personal strengths. In some cases, it helped participants to compare their own problems with those of individuals who appeared to be suffering

from worse hardships than they were. A participant who followed the online diary of a woman who had been diagnosed with cancer and was undergoing chemotherapy treatment realized that her own life “doesn’t seem so bad.” For 5 participants, a shift in perspective also involved looking at “the little things” that gave them joy, optimism, and pride. In addition, 3 emphasized the importance of focusing on the here and now. This amounted to “taking things one day at a time” without dwelling on the past.

Recognition of choice and personal control. Along with a broader perspective and more positive outlook came participants’ growing realization that they had personal control over their inner and outer worlds. Most reported that a major turning point occurred when they realized that they had the power to choose their responses to their life circumstances. As 1 participant stated simply, “You can choose to be happy.” For a number of participants, this realization was facilitated by cognitive restructuring techniques learned through counseling or bibliotherapy. If negative thinking patterns were believed to be at the root of painful feelings, then controlling one’s thoughts became the goal. Several participants learned to observe their thoughts more objectively and practiced redirecting their thoughts into more positive channels.

Purposeful and Goal-Directed Action

Taking action. An increased recognition of personal control and responsibility went hand in hand with the willingness to take charge of one’s life and experiment with new behaviors. The more that participants took action to change their situations, the greater their sense of personal control and self-efficacy. Increased experiences of success and improvement led in turn to a greater willingness to take further action. In this manner, taking a step forward, however large or small, typically created momentum toward positive change.

For more than half of the participants, taking charge of their lives involved a significant change of environment, such as leaving a stressful situation at home or moving to a different city. These types of changes often represented a “fresh start” that enabled participants to gain a new perspective and leave the past behind. Others found that change happened in smaller increments, step-by-step. One person’s strategy was to take “three small risks every day.” For many, taking action also meant keeping busy because suicidal thinking was often worse in periods of inaction. Whether studying, working, or socializing with friends, keeping active served as a distraction from negative thinking and provided temporary relief from emotional pain.

Exercising independence. The action orientation of most participants was motivated in large part by a desire for greater independence and the need to make their own decisions. The independence of each was exercised in various ways, such as moving away from home, getting a job, going back

to school, changing relationships, making their own medical decisions, and making their own appointments with counselors and doctors. From the perspective of several participants, moving away from home or working at a job helped them “grow up.” With their increased freedom, each began to make more positive choices. In two cases, this meant stopping or reducing the use of illegal drugs. Three participants stopped associating with friends who were involved in alcohol and drugs and developed new friendships with individuals who were more of a “positive influence.” In addition, 3 participants ended destructive relationships with their boyfriend or stopped having unprotected sex with multiple partners. Some also improved their self-care through diet, exercise, and other activities aimed at stress reduction and enhanced health.

Creating a future. The shift toward independent action and decision making led to increased self-esteem and confidence in being able to handle whatever challenges came participants’ way. In general, this meant renewed hope and optimism about the future. Armed with a sense of self-efficacy and growing optimism, participants began to forge long-term goals and plans such as studying for a new career, raising a family, and traveling. In essence, creating a positive future meant the creation of a new self-identity founded on greater self-awareness and the belief that they could “be who they wanted to be.” A change of environment provided the freedom to experiment with new ways of being, unfettered by the preconceptions and expectations of others that were based on their past knowledge of the participant.

Finding purpose in life. Future goals were often connected to a greater sense of meaning and purpose in life. For over half of the participants, a sense of purpose came from helping others or making a positive contribution to the community. During her work as a church camp counselor, one individual discovered a passion for helping children. She then decided to become a teacher in order to make a positive difference in children’s lives. Another participant initially contributed through washing the chalkboards and organizing books for one of her teachers. She reported that doing “something useful,” however “little,” helped her feel better about herself and gave her a reason to live. Eventually, she started volunteering in a resource room at her high school, teaching younger students how to read. By the time she finished high school, she considered herself “a wonderful member of society” and was no longer suicidal. Several others reported that feeling needed and loved by their families and friends gave them a sense of purpose. Knowing that people counted on them and would miss them if they were gone motivated them to turn their lives around.

Discussion

Based on the perspectives and accounts of individuals who overcame suicidality, the results of the present study sug-

gest that resilience is a dynamic process involving reciprocal interactions between the individual and the environment. By capitalizing on internal and external resources and seizing opportunities that came their way, participants shaped their environments and circumstances in ways that were conducive to healing. What is evident from the current findings is that these resources (called “resilience factors” in the research literature) are embedded in a larger multidimensional process and need to be understood within the context of that process.

In the movement away from being suicidal, resilience was evident in four major domains: social processes, emotional processes, cognitive processes, and purposeful and goal-directed action. These domains were inextricably linked to one another; positive steps taken in one domain typically produced positive changes across several domains and added momentum to the resilience process.

Consistent with previous research (e.g., Smith & Carlson, 1997; Smokowski et al., 1999), social support appeared to be central to healing. Without exception, each participant in the present study relied on the support of at least one other caring individual, either a friend, a romantic partner, a parent, a teacher, or a counselor. No single social resource was crucial in and of itself. Rather, resilience often involved compensating for a lack of close ties in one social sphere, such as family or school, by turning to other social organizations for support and belonging. The quality of support was key, as was the willingness to seek out and take advantage of whatever opportunities for social connection and assistance were available. A high value was placed on the ability of others to listen to participants in a manner that conveyed understanding, acceptance, and an unfaltering belief in the participants’ ability to succeed in life. It also helped participants to know that others could be trusted to provide emotional and/or active support on an ongoing basis.

The emotional processes that were most significant for participants involved facing intensely painful feelings (chief among them being sadness, anger, and fear) and expressing feelings through interpersonal communication and journal writing. In the resilience literature, emotion-focused coping strategies—also called “passive” strategies—are seen as being used when external stressors are perceived as being beyond one’s control (Smith & Carlson, 1997). This is in contrast to problem-focused coping (or “active”) strategies that are used in an attempt to alter the stressor. From the perspective of participants in the present study, however, emotion-focused processes were regarded as anything *but* passive and did *not* generally emerge from the perception of external stressors as being uncontrollable. On the contrary, participants’ willingness to work with their emotions often went along with an increased sense of agency and control over life circumstances. The experiencing, expression, and regulation of emotions were commonly regarded as highly active processes and as important steps toward altering adverse circumstances.

In the domain of cognitive processes, one of the most salient themes that emerged from all of the accounts was participants' growing sense of control over their lives and the realization that they could choose how they responded to their circumstances. This is consistent with other research studies that link resilience in adolescence to an internal locus of control (Dumont & Provost, 1999; Hauser et al., 1989; Heller et al., 1999; Smokowski et al., 1999; Werner, 1995). In the present study, a sense of personal control often translated into efforts aimed at observing and changing thinking patterns through cognitive restructuring techniques. By focusing on the positive aspects of their lives and comparing their situations to those of persons who were less fortunate, participants were able to gain greater perspective. An appreciation for the small things that brought pleasure, hope, and pride was paramount, and there was often an increased focus on the here and now rather than on the past. These findings extend the resilience literature from the traditional association between resilience and intelligence as measured by IQ scores (e.g., see Fergusson & Lynskey, 1996; Masten et al., 1999) to the specific cognitive processes underlying resilience.

Along with a growing sense of personal control came purposeful and goal-directed action. Participants took active steps to make changes, whether this meant taking small risks every day or taking bold steps in new directions. Consistent with Rutter's (2001) findings, "fresh start" experiences provided both a clean break from the past and the opportunity to gain new perspectives. Through the exercise of independent action and decision making, participants shaped their own identity and became the authors of their own life. The more success these individuals experienced as they experimented with new behaviors, the greater their sense of self-efficacy, self-esteem, hope, and optimism about the future. Significantly, high levels of self-esteem did not necessarily exist a priori. In fact, several participants stated that they had initially been lacking in self-esteem. This is an important point because self-esteem is often regarded in the research literature as an individual resilience factor, the assumption being that it helps protect against the negative effects of adversity (Dumont & Provost, 1999; Hauser, 1999; Hollister-Wagner et al., 2001). Although the current results do not refute the importance of self-esteem, they indicate that it needs to be understood in a larger context and that, from the participant perspective, self-esteem may emerge as an outcome of various resilience processes.

Similarly, the resilience literature has suggested that having goals, hopes, plans, and a sense of purpose fosters resilience in adolescents (Bernard, 1993; Howard & Johnson, 2000; Levine, 2002; Richardson et al., 1990). Once again, the current findings suggest that these factors can be understood as part of a complex process that unfolds over time. At the outset of their journey toward wellness, a sense of hopelessness and meaninglessness was more the norm for participants than was a sense of

optimism and purpose. However, the more that participants experienced success across the four domains of resilience, the greater was their hope and desire to plan for the future. Moreover, a sense of purpose often came through helping others and through feeling valued by significant individuals in their lives.

Notably, in their accounts of how they overcome suicidality, participants generally had little to say about possible personality traits or individual characteristics that may have helped them in the process. This is likely a reflection of the interview questions asked, which were oriented more toward a consideration of change processes than of traits. In future studies, it might be helpful to directly ask participants what inner qualities they believe may have contributed to their success in moving away from being suicidal.

The current study has focused exclusively on the experience of young women, with most participants being Caucasian. Future research should explore the experience of male adolescents, and greater ethnic diversity should be included in sampling. Because findings from the present study indicated that parents and teachers often played an important role in participants' healing, an in-depth investigation of resilience in family and school systems is warranted. Such research has much potential to shed light on family-level and school-level processes that may promote positive change in suicidal adolescents.

■ Implications for Counseling Practice

In counseling suicidal adolescents, we recommend an approach that addresses the multiple domains of resilience. Not only should counselors view themselves as an important social resource for clients, but they should also assist clients in strengthening their social resources beyond the therapy setting. Over time, counselors can help clients create a detailed inventory or community genogram of peers, family members, and adults outside the family who provide emotional and instrumental support. The inventory should also include social organizations (e.g., religious groups, sports teams, and workplace) where the client experiences a sense of belonging and opportunities for socializing. Together, the counselor and the client can brainstorm to come up with ideas for filling in major gaps in the client's social network.

Experiential techniques that help clients recognize their emotions and face their feelings of grief, anger, and fear may prove helpful. Counselors need to listen to clients' feelings in a manner that communicates caring, acceptance, and understanding without jumping in prematurely with reassurances and solutions. In some cases, referral to an appropriate support group can help normalize clients' experience. Furthermore, clients should be encouraged to express their feelings to individuals that they trust. The possibility of clients' sharing their feelings and concerns with their parents can also be discussed. Assertiveness training and family counseling might help enhance communication between family members. In ad-

dition, journal writing, poetry, and other creative activities could be suggested as possible outlets for emotional expression.

Regarding interventions in the cognitive domain, a primary goal should be to help shift clients' perspectives toward a focus on the positive aspects of their life without minimizing clients' concerns. Clients can be encouraged to identify the small things that bring them joy in the here and now and hope in the future. To the greatest extent possible, the emphasis should be on increasing clients' sense of personal control and building on their strengths and assets. Cognitive restructuring and other cognitive-behavioral strategies could be presented as techniques that clients can use to increase their personal control.

Finally, counseling should be oriented toward purposeful and goal-directed action. For clients who initially feel overwhelmed by a sense of powerlessness, hope can be instilled by exploring how the smallest of steps can create momentum toward significant change. Goals need to be broken down into small, manageable units that are within the individual's power to control. Clients may also benefit from a positive change of environment, which could mean part-time involvement in a new activity or social organization outside the home or school or could entail a major change of environment such as moving away from home or changing schools. In those cases where there is a desire and readiness to make a "fresh start," providing information and collaborating in problem solving may be particularly important. To strengthen a sense of meaning and purpose, clients can be encouraged to become involved in activities that provide the feeling of making a positive contribution to others. Throughout the process, clients need to be given as much leeway as possible to exercise their independence and make their own decisions in therapy. This extends to outside of the therapy setting, where independent action and decision making should be reinforced. Most important, each success should be acknowledged and celebrated as a sign of the client's strength, mastery, and continued growth.

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