

*Countless teenagers are snuffing out their lives before they have lived them. What can we do to stop it?*

# Too Young to Die

by Earl Blanchard

**W**hen we talk about (teen) suicide, many parents think about kids on drugs and alcohol and kids who've been in trouble with the law, but I'm here to tell you differently. It can happen in the best and happiest of homes. It can happen to you!" These are the pleadings of the mother of an 18-year-old who had committed suicide. She had come to Washington, D.C., U.S.A., to testify before a Congressional hearing on teenagers in crisis.

Each week her sorrow is shared by parents of the more than 125 U.S. adolescents who commit suicide and the 1,000 others who attempt to kill themselves. Suicide is the third-largest killer of adolescents in the U.S.A. One out of 10 teenagers will attempt suicide before they graduate from high school, according to the Suicide Prevention Center in Dayton, Ohio. Shocking figures, yet perhaps deceiving, for many so-called accidental deaths and homicides are disguised suicides. If accurate statistics were available, suicide might be the largest cause of death for U.S. teens.

The picture in other countries is also disturbing. In Japan, despondent students end their lives in desperation over grades or failure to enter the right school. In Australia, two 16-year-old boys were recently found dead in the desert, apparent suicides. In Canada, suicides peak at the 15-to-24 age group.

Honor students, dropouts, popular, unpopular, rich, poor, boys, girls—there is no discernible pattern. Pregnancy, drugs, crime—all pale before the specter of suicide in the minds of today's concerned parent, for when a child is successful in carrying out the act, there can be no recovery.

Japan, while it has a high overall suicide rate, has

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### **The warning signs**

- Talking about death/suicide
- Feelings of helplessness or hopelessness
- Drop in school grades
- Music, art work, or writing on death-oriented themes
- Withdrawing from friends and activities
- Negative and/or hostile behavior; irritability
- Change in eating or sleeping habits
- Crying; moodiness; depression
- Recklessness
- Using drugs, including alcohol
- Inability to concentrate
- Giving away favorite possessions
- Recent loss—through death, divorce, moving
- Previous suicide attempts

— from "Finding Hope," a publication of the Suicide Prevention Center, Inc., Dayton, Ohio, U.S.A.

reduced the number of adolescents taking their own lives. Suicides of Japanese adolescents ages 15 to 19 dropped 43 percent during a recent 10-year period, while those in the U.S. increased by 17 percent. In 1984, U.S. suicides of both 10-to-14 year-olds and 15-to-19-year-olds were almost double that of Japan.

What makes suicide so attractive to teens? By the time the average adolescents graduate from high school, they will have witnessed 18,000 murders and 800 suicides on television. Research by Dr. David P. Phillips, professor of sociology at the University of California at San Diego, published in the *New England Journal of Medicine*, indicates that after TV shows or news broadcasts depicting suicides appear, suicide rates among adolescents rise dramatically the following week. Dr. Thomas Radecki, a psychiatrist in general practice in Decatur, Illinois, U.S.A., studied the effect of the 1978 movie, "The Deer Hunter," on suicide rates, and documented more than 43 copycat Russian-roulette deaths (of all ages) attributed to watching the film. Suicides of rock stars and other famous persons, and especially other teens known to adolescents, make suicide seem a plausible alternative to life's problems.

While the media play a significant role in presenting the idea, the reasons for most adolescents' suicides are much more complex than the influence of a movie or news broadcast. To understand how a teen could perceive life's problems as so overwhelming that there can be no other solution than death, we must adopt the adolescent perspective.

Adolescence is a lonely period for many youths. It is often marked by alienation, social and sexual adjustments, fear of having to compete in the adult world, and stress from trying to conform to the conflicting demands of peers and adults. Adolescence is a continuum that stretches from late childhood to early adult-

hood; the unresolved problems of childhood do not disappear with puberty.

Each boy or girl is an individual and views life in a distinctive way, depending on his or her perception. The experiences of adolescents are limited; they are much more vulnerable to stress because their perspective offers fewer choices. For some, this lack of options can make suicide appear not only appropriate, but the only available response to a situation.

Another common factor in teenage suicide is a family in disarray. Although they may appear ambivalent about the role of the family, it is still the adolescents' primary support system. Death or the disruption and confusion of a divorce can be very traumatic to a young person. This anguish is intensified by the adolescent's typical resistance to open communication with adults, further heightened if signals from parents indicate that they themselves are in a confused state. The child's perception is often one of being the cause of the conflict. The resulting guilt can be so overwhelming that teens with diminished resources for coping can think of no other option than their own death.

**D**espite their vulnerability and insecurity, adolescents often perceive themselves as invincible to the natural vicissitudes of life—hence their easy acceptance of alcohol or high-speed, dare-devil driving. The death of a close friend or relative, or the breaking up of the family can shatter this feeling of invincibility and force the adolescent into facing his mortality and role in life. While most youths work these feelings out positively, some have other pressures that make them feel so overpowered they choose suicide as a way out.

Alcohol or drugs put youth at much more risk of suicide, especially those who become dependent. The personality of addicted youth reflects an inability to cope

### **What Rotarians can do to help**

Suicide is the eighth leading cause of death in the general population, according to the Suicide Prevention Center, Inc., in Dayton, Ohio. And while the suicide rate for teens has tripled in the last 50 years, the highest rate is among the elderly. The center offers a variety of education programs for organizations such as Rotary clubs interested in sponsoring suicide-prevention programs for all age groups. The programs for adults and adolescents include lectures, discussions, recommended activities, films, and audiovisuals. The children's programs include puppet skits and discussion topics. For additional information, write Suicide Prevention Center, Inc., P.O. Box 1393, Dayton, Ohio 45401-1393, U.S.A., or phone (513) 223-9096.

with life. Adolescent suicide is often impulsive, and the presence of a toxic substance in the brain lowers the individual's ability to reason, decreases response time, and increases the probability that reaction to a crisis will be rash and irrational. Misjudgment as to the lethal possibilities of some actions can be fatal. Many teenage deaths attributed to accidents while under the influence of toxic substances may in reality be disguised, or unconscious, suicides.

Sometimes the demands placed on adolescents are viewed as impossible to achieve. Adolescents may even perceive demands where none exist by imposing unrealistic standards upon themselves or by trying to compete with peers they view as more successful. Even those making what appears to others as above-average progress can perceive themselves as being completely inadequate. Low achievers feel pressure to improve, while successful achievers can place unattainable demands on themselves to be even better.

Suicidologists feel anyone who has had a personal encounter with a person who has attempted or committed suicide is more likely to commit suicide himself. Certainly the child of a parent who chose suicide would be more likely to look at that option as one worthy of consideration. The suicide of a significant person tends to make those near him more aware of their own mortality. This adds to stress and depression, and may highlight self-destruction as a viable solution to solving problems. It is not the problem itself that causes stress for adolescents, but their perception, not only of it, but of its possible consequences or solutions.

Can a parent detect when an adolescent is contemplating suicide? Many potential suicides give a "cry for help" that leaves no doubt as to intent. Other signals may be so subtle they are difficult to detect, such as indicating that the cause of the problem "won't last much longer." Signals may be given to someone other than the parent, especially if the adolescent perceives him as part of the problem. When an adolescent indicates strong feelings of isolation, alienation, withdrawal, or utter frustration, an attempt should be made to open lines of communication. Depression, atypical behavior—such as poor school performance, defiance, criminal activity, or a general appearance of disorientation or overwhelming anxiety—are all indications that something is wrong.

No threat of suicide should be taken lightly, especially if predisposing circumstances are causing unusual stress. Suicidal threats should never be dismissed as attention-getting devices. Immature or aggressive behavior may be a symptom that something is seriously troubling the adolescent and must be handled with care and tact to prevent further alienation. If a suicidal adolescent seeks help and is rebuffed, feelings of helplessness are reinforced.

What should a parent do if suicidal tendencies are indicated? Each adolescent's reasons and causes for con-

sidering suicide are unique, but some responses are appropriate to all:

- Open lines of communication. No matter how difficult it may be, this is the most critical action. It may require professional help. At the least, it means letting the child know that someone is aware of the problem and cares enough to discuss it. Keep talking. The more the problem is brought into the open, the more likely an acceptable solution will become apparent to the adolescent.
- Try to keep the child from feeling isolated. Without being obvious, make an extra effort to include him in activities, such as eating meals together or going on a family outing, to reinforce your support.
- Be nonjudgmental. Don't belittle the problem. Remember, the individual's perception of it is more important than the problem itself. Offer concrete help and direction. Threats of suicide are a cry for help.
- Demonstrate your love and acceptance no matter how many rebuffs you receive. This is crucial. The adolescent needs to feel that someone, while not condoning his behavior, still loves and accepts him as part of a loving family group.
- In the case of the loss of a significant person in the adolescent's life, share the grief. If this is his first experience with the death of a friend or family member, the experience can be shattering.
- Take all threats of suicide seriously. You can't afford a mistake where a life is concerned.

A parent facing a child's potential suicide is under tremendous stress. The attempted suicide of a child is a horrifying trauma, and the parent may need counseling as much as the adolescent. Yet, prevention requires immediate action.

Counseling and support are available in most communities through local suicide prevention centers and mental health clinics. If your child is showing suicidal symptoms, or has already attempted suicide, reach out for help, even if the crisis seems to be over. Talk to someone: a school counselor, family doctor, or a member of the clergy.

Don't wait. Suicide is a final act. It can be prevented—but it can't be overcome. ○

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#### **OTHER RESOURCES:**

- Suicide Prevention Center, Inc., P.O. Box 1393, Dayton, Ohio 45401-1393 U.S.A. (513) 223-9096 24-hour CRISIS LINE, (513) 223-4777
- Suicide Information and Education Centre, Suite 201, 723 - 14 St., N.W., Calgary, Ab., Canada T2N 2A4 (403) 245-3900
- International Association for Suicide Prevention, Severingasse 9, A-1090, Vienna, Austria.