Significant factors in adolescent suicide and subintentional suicide: A literature review

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Abstract
Adolescent suicide has become a national concern within the past five years, due to the steady rise in both suicide attempts and completions (Giovaccini, 1981). Although the rate of adolescent suicide attempts appears to be on the upsurge, most of the literature focuses on adult attempters or deals with attempts across all ages (Topal & Reznikoff, 1982). Giovaccini (1981) reports that the adolescent suicide rate is nearly thirty three percent higher than that of the overall population. Rbsenkrantz (1978) found adolescents make many more attempts per successful suicide than do adults. The ratio for adolescents has been estimated as high as one hundred twenty to one, while the adult ratio is approximately eight to one (Rosenkrantz, 1978). Cohen (1975) remarks that young people are beginning to displace the aged as the most likely suicide victims.
Significant Factors in Adolescent Suicide and Subintentional Suicide: A Literature Review

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Kirk Ryan Anderson
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has been approved as meeting the research paper requirement for the Degree of Master of Arts (or Master of Arts in Education).

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Sorrow and discontent had taken deep root in Werthers soul and gradually imparted their character to his whole being. The harmony of his mind became completely disturbed; a perpetual excitement and mental irritation, which weakened his natural powers, produced the saddest effects upon him . . .

Goethe, J. (1774)
INTRODUCTION

Adolescent suicide has become a national concern within the past five years, due to the steady rise in both suicide attempts and completions (Giovaccini, 1981). Although the rate of adolescent suicide attempts appears to be on the upsurge, most of the literature focuses on adult attempters or deals with attempts across all ages (Topol & Reznikoff, 1982). Giovaccini (1981) reports that the adolescent suicide rate is nearly thirty three percent higher than that of the overall population. Rosenkrantz (1978) found adolescents make many more attempts per successful suicide than do adults. The ratio for adolescents has been estimated as high as one hundred twenty to one, while the adult ratio is approximately eight to one (Rosenkrantz, 1978). Cohen (1975) remarks that young people are beginning to displace the aged as the most likely suicide victims.

It is necessary to define suicide in order to best understand its impact. For the purposes of the paper, both suicide and subintentional suicide need to be defined.

In describing suicide, Durkheim (1951) described suicide as "all cases of death resulting directly or
indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (p. 44).

According to Freud (1949) suicide is seen as an act of "unconscious hostility toward a love object" (p. 224). For the purpose of this research paper suicide will be defined as the intentional taking of one's own life. Suicide does not include parasuicide, a nonfatal act in which the individual deliberately causes self injury.

Subintentional suicide is a classification that refers to ill defined deaths and practices that lead toward death (Smith, 1980). The identification of either a suicide or an accident is difficult due to two primary factors. As Rosenkrantz (1978) notes, "since accidents are a leading cause of death in adolescents, the incidence data for suicide attempts and completion is even less likely to be valid, and more likely to be underestimated for this age group." Cytryr (1981), McGrath (1981), McKrew (1981), and Peck (1981) all found that accidents are by a wide margin the leading reported cause of death in adolescents. In response, Freese (1979) noted that adolescent suicide has become the second leading cause of death, due to the probability of many accidents
actually being suicide in disguise. These disguised suicides are often defined as subintentional suicides.

Another difficulty in distinguishing between suicide and accident is explained by the fact that suicide is taboo in our society. Because of this, medical and other authorities often deliberately list more acceptable causes of death (Lee, 1978). McGuire and Ely (1984) emphasized that attributing suicidal motives to children is often regarded as unacceptable in Western culture because adults generally underestimate the strengths of children's emotions and persistence. Because of this, some have argued that the deaths of many young adolescents go uninvestigated.

This paper intends to explore two of the more significant factors that contribute to adolescent suicide. These factors are depression and family miscommunication. Depression, considered the common ingredient in most suicides, is difficult to define in precise terms (Bagley, 1975). Fisher (1971) attempted to clarify the use of the term depression, and found that depression usually denoted the dynamics of depression, such as aggression and hatred turned toward the self. French and Stewart (1975) note that signs of depression include feelings of hopelessness and helplessness. These two factors make up the definition
of depression that will be employed in this paper and will be used to explain the relationship between depression and suicide.

Family miscommunication is seen as the inability of family members to adequately communicate to each other their needs (Jacobs, 1971). It has been found in most research that there was some type of family problem which contributed to an adolescent suicide (Greuling & DeBlassie, 1980). Often family miscommunication will lead to depression, and further miscommunication may intensify the depression.
STATEMENT OF THE PROBLEM

This paper will describe how depression and faulty family communication are primary contributors to the incidence of adolescent suicide and subintentional suicide. Depression will be looked at first, then family miscommunication will be discussed. It is intended that the reader will become better aware of the problem of adolescent suicide by examining the affects that depression and family miscommunication have on adolescent and subintentional suicide.

Depression

When experienced in extreme states, depression can have incomprehensible impact on an individual. Depression is an emotion that all adolescents will feel as they contemplate suicide (Highland, 1979). Highland notes that depression is one of the most frightening, unpleasant conditions that an individual can experience.

Just as suicide has become more widespread in adolescents than the aged, so has depression (Rosenkrantz, 1978). Depression was once considered more common among the aged than the young, but this is no longer true (Greuling & DeBlassie, 1980). Grueling and DeBlassie note four key reasons why adolescents are becoming more depressed than ever
before. These reasons are: 1) Youth are abusing drugs and alcohol, 2) The alienation of youth, 3) Increased stress among young people, 4) Population increase in this age group. McKenry, Tishler, and Kelley (1983) note that drug and alcohol use among adolescents has risen sharply in the last 10 years. They contend that drugs often take the place of suicide for an adolescent. It is their belief that the adolescent uses them in order to escape the stressors which they experience in their everyday life.

Alienation of youth has a variety of definitions. Alienation is often demonstrated as isolation. The youth may become severed from family and friends and all meaningful attachments. Many studies have shown that the alienated youth is a most likely candidate for suicide (Greuling & DeBlassie, 1980).

Another issue related to depression is the affects of stress on adolescents. As Conger (1977) notes, "the adolescent stage of development is often seen as one of particular stress today" (p. 191). The increased amount of stress experienced by contemporary adolescents is also explained by the fact that there is a larger adolescent population. A result of this increased population is that the
potential for problems with school, peers, and significant others is heightened. These additional individuals bring with them more pressure to conform and to "fit in" with the group. When an adolescent does not fit in this group, he or she may pull away in isolation and become depressed.

Adolescents often come to be depressed as a consequence of their uncertainty about environmental and social change. The sudden changes which are occurring in our society create a confusion of identity in the adolescent that leaves him or her feeling alienated, threatened by an increased amount of expectations that cannot be met, and angry with themselves for not meeting those expectations (Freese, 1979).

Depression brings added stress on an adolescent and will often affect other parts of his or her life. One such area which is associated with the cause of depression and increased levels of stress is the family. Conflict between family members often is a result of stress created either by the depression of the adolescent or the miscommunication between family members. Family miscommunication will be examined next to show its significance in contributing to an adolescents decision to commit suicide.
Family Miscommunication

Attitudes, beliefs, and values are formed early in life. Among the many influences which shape these variables, the family would be considered to have the greatest impact. This is attributed to the strong influence that parents have over shaping the adolescent's view of the world. The parent's attitudes, beliefs and values will help shape the adolescent's view as he or she take on an individual identity. Wells and Stuart (1981) note that a family protects children from suicidal behavior through the reduction of isolation and the extension of social and emotional support. The problem of suicide arises from the family's failure to support the child both socially and emotionally (Freese, 1979). When poor communication between parents and adolescents is ineffective, a child often develops a poor self concept and feelings of inadequacy.

Congor (1977) points out that disturbed family relationships and breakdowns in communication between the adolescent and the parent play a key role in an adolescent's suicide attempt. It becomes obvious that poor home conditions and lack of family communication increase an adolescent's chance of attempting suicide. As Finch and Poznaski (1978) reflect in their studies of adolescent suicide, 44 to 46 percent of teenagers
who attempted suicide came from broken homes. Anderson (1981) points out that miscommunication between parent and child can be seen as a direct influence on the adolescent suicide attempt. Anderson also shows that when adolescents feel misunderstood, they may try such techniques as rebellion, antisocial behavior, and finally withdrawal as mechanisms to communicate with parents. When these mechanisms fail to gain the parents attention, adolescents may see suicide as their last chance to call attention to their problems. Suicide attempts thus may be seen as cries for help with an intolerable situation (McGuire & Ely, 1984). Blackburn (1982) points out that teenagers feel frustrated with family communication to the point that suicide seems to be the only way to get through to the parents.

French and Stewart (1975) point out that the suicidal behavior of a child is usually not the only problem within a family, but a symptom of the problems experienced by the entire family. Conger (1977) and Rosenkrantz (1978) found that suicidal behaviors tend to be related to similar disturbed patterns of family interaction, particularly negative styles of parenting, which result in deficient coping abilities on the adolescent's part.
An important factor in family miscommunication is negative communication signals given by parents to adolescents. Miller, Chiles, and Barnes (1981) state that parents of adolescent suicide attempters have been described as emotionally cold, extremely ambivalent, and often hypocritical. Active conflict between adolescents and their parents is noted. Rosenkrantz (1978) points out how certain destructive parental attitudes most likely facilitate what Erickson (1950) calls a "negative ego identity" (p. 4). An example of this negative identity is seen in the "expendable child syndrome." Sabboth's (1966) expendable child theory contends that the parents hold a conscious or unconscious desire that the child not exist. Sabboth found that at least half of the parents of suicidal adolescents conveyed the attitude to their children that they were a burden and they wished that they had never been born. The "expendable child" thus must cope with feelings of inadequacy and worthlessness. These feelings often lead the adolescent to feel alone and isolated. Rosenkrantz (1977) notes that not being understood or cared for by their families seems to be a consistently common factor in the case histories of suicidal youth.
SUMMARY

In the past, the literature on adolescent suicide reflected the idea that suicide was a means used by adolescents to bring attention to themselves, or as a way to manipulate others. Present day studies on the other hand, reflect adolescent suicide as an unanswered "cry for help." This paper has examined two significant factors which contribute to adolescent suicide, depression and family miscommunication.

Statistics clearly indicate that the rate of adolescent suicide is on the rise. These rates are increasing even more dramatically today since subintentional suicide is becoming accepted as a form of suicide (Smith, 1980).

Due to the nature of this trend it is especially important that parents, and counselors recognize the various factors which can increase the potential of adolescent suicide. Families need to consider seriously their feelings and attitudes toward adolescents (Hemming, 1977). As Hemming states, "we have treated adolescents much as strangers, even as enemies, when in spite of their often brash exterior, they are rather more vulnerable to stress, isolation, and despair than we are," (p. 296). Families need to take advantage of family counseling designed to open
communication between the adolescent and other family members. Members of the helping professions need to help troubled families and adolescents become aware of the opportunities available to them for family counseling. Public awareness should be enhanced by using such strategies as pamphlets, flyers, and news releases. Mental health workers can help achieve this goal through public speaking and community education (Lee, 1978).

Lee also points out the possibility for counselors to employ rational emotive counseling (REC), which teaches the client to replace irrational ideas with rational ones. This approach places a great deal of responsibility on clients for change and helps people realize that they can create their own existence.

Most suicidal gestures by adolescents are unconscious cries for help to solving problems that they believe they are hopeless and helpless to resolve (Lee, 1978). With Mental Health Workers becoming more sensitive to the causes of adolescent suicide, and families taking advantage of family counseling opportunities, the impact of depression and family miscommunication may be lessened. As McGuire & Ely (1981) points out, "the greatest deterrent to adolescent suicide is an adult who keeps communication open and is willing to listen (p. 26)."
REFERENCES


