

1985

A literature review of the association between adolescent suicide and family communication

Robert Kevan Curren
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©1985 Robert Kevan Curren

Follow this and additional works at: <https://scholarworks.uni.edu/grp>



Part of the [Education Commons](#)

Recommended Citation

Curren, Robert Kevan, "A literature review of the association between adolescent suicide and family communication" (1985). *Graduate Research Papers*. 2375.

<https://scholarworks.uni.edu/grp/2375>

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

A literature review of the association between adolescent suicide and family communication

Abstract

Suicide, in general, has been described by Durkheim (1951) 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). Adolescent suicide has become a national concern within the past five years because of the steady rise in both suicide attempts and completions. Currently, suicide is the third leading cause of death for 15-24 year olds. Early reports indicate that suicide may now be ranked second, only behind accidents, for the cause of adolescent death (Greuling & DeBlassie, 1980). In addition, the Statistical Abstract of the United States (1985) reports the 1981 suicide rates for 15-24 year olds as follows: 1. white males 2. black males 3. white females 4. black females 21.1 per 100,000 11.1 per 100,000 4.9 per 100,000 : 2.4 per 100,000 Each subpopulation, except for black females, reports an increase in suicides, with the white male population posting a 7.2 per 100,000 increase between 1970 and 1981. The incidence of adolescent suicide is a local concern also. There have been seven cases of adolescent suicide from January (1984) to November (1984) in the Waterloo-Cedar Falls metropolitan area (Waterloo Courier (November 27, 1984, p. 1).

**A Literature Review of the Association Between Adolescent Suicide
and Family Communication**

A Research Paper

Presented to

The Department of Educational Administration

and Counseling

University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Robert Kevan Curren

May, 1985

This Research Paper by: Robert Kevan Curren

Entitled: A Literature Review of the Association Between
Adolescent Suicide and Family Communication

has been approved as meeting the research paper requirement for the
Degree of Master of Arts.

William Kline

4/18/85

Date Approved

Advisor/ Director of Research Paper

Robert Krajewski

4/18/85

Date Approved

Second Reader of Research Paper

Robert Krajewski

4/18/85

Date Approved

Head, Department of Educational
Administration and Counseling

BACKGROUND

Suicide, in general, has been described by Durkheim (1951) 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). Adolescent suicide has become a national concern within the past five years because of the steady rise in both suicide attempts and completions. Currently, suicide is the third leading cause of death for 15-24 year olds. Early reports indicate that suicide may now be ranked second, only behind accidents, for the cause of adolescent death (Greuling & DeBlassie, 1980). In addition, the Statistical Abstract of the United States (1985) reports the 1981 suicide rates for 15-24 year olds as follows:

1. white males : 21.1 per 100,000
2. black males : 11.1 per 100,000
3. white females : 4.9 per 100,000
4. black females : 2.4 per 100,000

Each subpopulation, except for black females, reports an increase in suicides, with the white male population posting a 7.2 per 100,000 increase between 1970 and 1981. The incidence of adolescent suicide is a local concern also. There have been seven cases of adolescent suicide from January (1984) to November (1984) in the Waterloo-Cedar Falls metropolitan area (Waterloo Courier (November 27, 1984, p. 1).

The problem that will be discussed in this paper is the occurrence of disturbed family communication in the families of adolescents who attempted or completed suicide. Communication, as described by Whalroos (1974), is "any behavior that carries a message which is perceived by someone else" (p. 4). The disturbance, as will be presented in the literature review, can occur from a number of different interpersonal and intrapersonal dimensions within the field of family communication.

LITERATURE REVIEW

The theories of suicide causality fall into two basic categories, a sociological explanation or a psychoanalytic explanation. The former, lead by the early work of Durkheim (1951), explains suicide as a result of strong environmental influences and proclaims environmental causes are the lone author of suicide (Haim, 1970). That is, "suicide is an intended and logical behavior understandable in the context of an individual's life situation" (Schaffer & Fisher, 1981, p. 86). The sociological belief is that the life situation of the suicidal adolescent is in a state of turmoil and defeat, promoting suicide as an escape.

There exist several divisions in the psychoanalytic explanation of causality. Ackerly (1967), in speaking of attempted suicide, noted "there appears to be a major break with reality, a massive disruption of adaptive mechanisms and a withdrawal of libido from

the world. A psychotic state prevails" (p. 242). A second viewpoint proposed by Freud is that an aggressive state turned inward results in suicide (Klagsbrun, 1976). Klagsbrun explains the relation to suicide by suggesting that all children grow up with mixed feelings of love and hate towards their parents; love for the feeling of security they receive, but, hate for their parents' attempts to 'civilize' them and compel them to hold back their own desires. Thus, the children identify themselves with their parents and incorporate the images of their parents within themselves along with the feelings of love/hate. Klagsbrun further believes that as some children grow into adolescence they develop fierce anger, often stemming from some deep hurt or loss suffered as a child (such as the sudden death of a parent which the child was never helped to understand or perhaps the child was abandoned by or abused by the parent). The concept of death instinct (i.e., internal anger) is working within everyone; in suicidal people it overcomes the predominant instincts for life and love.

The third major model of the psychoanalytic explanation subscribes that suicide is involved in internal conflicts within the subconscious. Litman and Tabachnik (1968), Richman (1978), and Tabachnik (1961) all report the commonality of suicide with failure of ego separation during the defined separation-individuation developmental stage. The failure of ego separation is linked to a relationship between parent and child in which the individuality of

the child is denied or prohibited by the adult. Therefore, a symbolic relationship is formed leaving the child overly dependent on the parent for identification of itself. Symbiosis is often found in family relationships surrounding the suicidal individual.

The relationship between the family system and adolescent suicide is evident in the literature since the family is the context in which to view adolescence. Offer, Ostrov and Howard (1981) give notice that "the family system provides the first line of defense for the growing child in the social world" (p. 65). If the family system fails in its defense, family members will be negatively impacted. Relatedly, Bigras, Gauthier, Bouchard and Tasse (1966) report 50% of their sample experienced some form of family disorganization. Corder, Shorr and Corder (1974) also note family instability. Numerous family problems and pressures are identified in the family structure of adolescent suicide attempters and completers (Tishler, McKenny & Morgan, 1982).

One of the family problems is the holding of the adolescent by the parent in low self-esteem (Ray & Johnson, 1983). Low self-esteem is commonly found in cases of emotional disturbance (Gildston, 1967; Shafiabady, 1975; Wylie, 1979; Offer and Howard, 1981; and others). Ray and Johnson (1983) speak of adolescent suicide causes as including a low self-esteem and a feeling of worthlessness on the part of the suicidal individual. In addition, separate findings by Coopersmith (1967) and Satir (1983) link the

degree of self-esteem in an individual to their home environment. Similarly, Reasoner (1983) define the necessities of child self-esteem as being well-defined limits, positive feedback, love and acceptance and strong family unity. Conversely, parents of suicidal adolescents are reported as rejective, hypercritical (Miller, et. al., 1982), divorced, dead, separated or continually absent (Pfeffer, 1981; Ray & Johnson, 1983; Tishler, McKenny and Morgan, 1982 and others). Since the development of self-esteem is based in the family system, the low self-esteem found in suicidal adolescents is fostered by negative family interactions.

A second problem is that of defective parenting styles influencing the interaction within the family communication. In a study of juvenile delinquency, Glueck and Glueck (1952) find "(parental) restrictiveness in the absence of effective communication is likely to produce children who are... somewhat withdrawn" (p. 312) and may be suicidal as an adult. These authors also express that a hostile parent-child relationship, formed by defective parenting styles, contributes to the breakup of a family.

A third problem is the conflictual family relations within the family. Pfeffer, et al. (1979a) find family disruptions and abusive home atmospheres in the families of adolescent suicide attempters. In what is described as a troubled home environment (Miller, Chiles & Barnes, 1982), there is active conflict between attempters and their parents (Corder, 1974; Corder et. al., 1974;

and Miller, et. al., 1982). As such, Tishler, McKenny and Morgan (1982) note 52% of the adolescents they observed gave problems with their parents as reasons for their attempts. Hostility within the home environment creates negative communication and feelings of animosity between parent and child. In a study of 11 adolescents who attempted or threatened suicide, Orbach, Gross and Glaubman (1981) relate that the parents demanded responsibility in areas where the 11 perceived themselves as incapable or not in their control.

Sabboth's (1966) "expendable child" theory contends that the parents hold a conscious or unconscious desire that their child did not exist. This transpires to overt and covert signals to the child that he or she is unwanted. Parents unconsciously conveyed to the child that he or she was a burden; sample children were described as having negative self-images, burdened by guilt, and prone to self-destructive acts (Schrut, 1964). Hence, Miller, et. al. (1982) and Freese (1979) conclude from their studies that adolescent suicidal attempters feel alone in the world which leads to feelings of "unlovable" and isolated. Feelings of being unloved stem not only from nondirect communication but from more direct communication also. Margolin and Teicher (1968) and Miller et. al (1982) report ambivalence toward the child in the parents of adolescent attempters. In a study of suicidal and nonsuicidal girls, mothers of suicidal girls both have and express less empathy

toward their daughters (Hill, 1970). Orbach, Gross & Glaubman, 1981 and Richman, 1978 also believe the parents of suicidal children to be incomplete in communicating empathy. Therefore, communication received by adolescents from their family members can create an extremely negative environment from which the adolescent may wish to escape.

Communication is essential for functioning within the family environment. It is when communication is lacking or in some way distorted that problems will begin to surface, both on an individual level and on a family level. An absence or distorted communication network is noted in the families of adolescent suicide families (Conger, 1977; Freese, 1979; and Ray & Johnson, 1983 and others). Teicher and Jacobs (1966) and Tuckman and Connon (1962) use the term "defective" to describe the family communication in an adolescent suicide sample. Blackburn (1982) finds teenagers frustrated with family communication to the point of using suicide in "trying to get through." In the same manner, adolescents often give "signs of trauma" when family communication is hostile or absent. Anderson (1981) suggests that the adolescent "feels misunderstood, punished inappropriately, and may try several adaptive techniques including rebellion, destructiveness, antisocial behavior, psychosomatic illness, and finally withdraw as mechanisms to communicate with the parents" (p. 50). Using suicide as an alternate communication means, adolescents are attempting to

convey their frustration and confusion over the family patterns of interacting.

On the other hand, communication from the family can be directly tied to the suicide attempt. Family members of adolescent suicide attempters openly express more anger toward the teens considering them a burden and feeling "fed up", statements of which most adolescents agreed. In fact, 54% of the individuals felt their family members would be better off without them (Offer, Ostov and Howard, 1981). "Death wishes about the patient were implicit or explicit in many statements made by the relative and were voiced with unexpected frequency" (p. 129). The authors so concluded "the theme of the patient being a burden who could serve others by removing himself" (p. 129). Families of suicide attempters and completers lack support (Ray & Johnson, 1983), are in "active" conflict (Miller, et. al., 1982; Tishler, McHenry & Morgan, 1982), have intense and violent relationships (Pfeffer, 1981), suffer various family problems and pressures (Miller et. al., 1982; Ray & Johnson, 1983; Tishler, McHenry & Morgan, 1982; and others), and frequently do not understand each other (Conger, 1977). Miller, Chiles, and Barnes (1982) report hostile, conflictual and demanding relationships surrounding suicidal adolescents. For instance, in a study of "normal" and psychiatrically disturbed adolescents, Offer, Ostov and Howard (1981) find the disturbed sample to have more negative family relations. Forty-two percent of the disturbed

sample felt they were a bother at home. The psychiatrically disturbed adolescents "... did not see themselves as being an integral part of a cohesive family structure" (p. 71). Rosenbaum and Richman (1970) report that over half of their suicidal patient sample felt their loved ones would be better off without them. During interviews with the suicidal patients and their family members, both patient and relative were discontented toward each other.

The breakdown of the nuclear family unit through loss or separation (physical or psychological) has plagued the support network crucial for teenagers to cope in crisis situations (Pfeffer, 1981; Ray & Johnson, 1983; Tishler, McKenny & Morgan, 1982; and others). Separation from parental figures at critical periods of development has frequently been cited by authors as a major factor in predisposing an adolescent to suicide (Anderson, 1981; McGuire & Ely, 1984). Support for this can also be found in Teicher's 1979 study of suicide attempters in which he reports 72% of the sample had at least one parent absent, 84% felt their parents didn't love them, and 62% had both parents working. More than 44% of 900 teens were from broken homes (Bergstrand and Otto, 1962).

With the mobility of families in our current society, "the sources of support become shaky foundations" (Blackburn, 1982, p. 31). The early loss of the parent has been associated to later

suicide attempts and completions (Crook & Raskin, 1975; Dorpat, Jackson & Ripley, 1965; and Stanley & Barter, 1970). In fact, Stanley and Barter (1970) establish a link between parental loss before the age of 12 and suicide in 94% of their sample, "threats of divorce or separation [that] were most frequently among the parents of the suicide attempting group than in the control group" (p. 50).

With the mobility of society comes the uniqueness of one generation trying to communicate, and often unsuccessfully, with a new and different generation (Conger, 1977). As Conger explains, with the transcient society of today, "adolescents and their parents have grown up in markedly different worlds" (p. 200). Conger (1977) and others (Teicher & Jacobs, 1966; and Toolan, 1974) note suicidal adolescents have "reached a point of feeling alienated from their parents unable to turn to them for support" (p. 608). As Conger states, "disturbed family relationships and breakdowns in communication between the young person and his or her parents play such a prominent role in the etiology of adolescent suicidal attempts" (p. 609). In a similar study of 200 suicide attempters Wenz (1979) relate 65% of the sample were from a broken home (i.e., separation from one or both parents through divorce, death, or physical distance). There exist significance conflict and communication problems with parents among sample participants; hence, "it is not difficult to evaluate the importance of a blockage,

distortion, or termination of communication" (Wenz, 1979, p. 147) as a result of separation, physical or otherwise.

The literature gives examples of both direct and indirect negative family interactions. Negative in the sense that adolescents internalize the communication into feelings of being unloved and not wanted, whether the family members were specifically trying to communicate this or not.

CONCLUSION

Many authors explaining suicide present the explanation that suicide, and especially attempted suicide is an act to gain attention or manipulate others. However, a different interpretation supported by the literature review is to see suicide as an alternative communication means. Since adolescent suicide is in fact a cry for help (or alternate communication channel), the question then becomes why such means is used over the more conventional parent-child communication possibilities. The analysis leads to one of two interpretations based on the fact that "communication may be negative or it may be unclear, but it is not absent" (Hill, 1970, p. 5). The two conclusions are that the normal communication means are there but are not used by the family or that normal communication is somehow blocked or distorted.

The reoccurring theme of family separation, whether by physical or psychological measures, hampers the communication process within families. As Lester (1972) reports, "it is a truism that unhappy and disorganized childhoods leads to unhappy and disorganized lives" (p. 57) for suicidal individuals. Therefore, those families with communication problems will be least receptive to the suicidal signal.

Since most suicides and suicide attempts are made at home (Tuckman & Connon, 1962), and various signs or clues of the impending act are given, the link between family communication and suicide is evident. For example, in a study involving the family members of adolescents who attempted suicide, 26% of the family members did not expect the attempt but later affirmed that they saw the signs and warnings of its approach (Rudestam, 1977). In addition, 28% of the sample anticipated the suicidal act of their family member. Since signs and clues are given, the next question becomes whether they are received by family members. On the one hand, Blackburn (1982) notes silence and the casually withdrawing of an individual often goes unnoticed. However, the importance of family communication cannot be underscored, as Conger (1977) reiterates, "disturbed family relationships and breakdowns in communication between the young person and his or her parents play such a prominent role in the etiology of adolescent suicidal attempts..." (p. 609). If communication between parent and child

is distorted, then communicating through suicide is non-effective. Additionally, with the breakdown in communication comes the decline of the family unity and hence support network (Wenz, 1979), contributing to a circular problem cycle (i.e., bad communication leads to poor family relations and poor family relations leads to bad communication).

The challenge to mental health professionals is to first of all be aware of the association between family communication and adolescent suicide. Second, to incorporate communication skills in family therapy sessions (Pfeffer, 1982). In fact, Satir (1983) explains, "illness is seen to derive from inadequate methods of communication (by which we mean all interactional behavior), it follows that therapy will be seen as an attempt to improve these methods" (p. 124). It is very important that the family communication network be functional in order to aid the adolescent's movement toward adulthood. If this network is impaired in any way, then alternate communication means, such as suicide, may be attempted. In addition, counselors can inform school personnel, parents, and other mental health professionals on family communication skills (Whalroos, 1974).

In summary, adolescent suicide is a growing mental health challenge today. The family, especially family communication, plays a major role in adolescent suicide. The assumption that a faulty family communication system is to blame for every suicide is

inconceivable, but there exist substantial evidence of disturbed communication hindering all previous message attempts so that the adolescent chooses a suicide attempt as a means to break through the communication barrier. With both preventive work and counseling, communication disturbances within families can be dealt with to remove the threat of adolescent suicide.

Footnotes

- ¹Statistical Abstract of the United States. U.S. Department of Commerce, Bureau of the Census. 104th Ed., 1984.

References

- Ackerly, W.C. (1967) Latency age children who threaten or attempt to kill themselves. American Academy of Clinical Psychiatry, 6, 242-261.
- Anderson, D.R. (1981) Diagnosis and prediction of suicidal risk among adolescents. In C.F. Wells and I.R. Stuart, Self-destructive behavior in children and adolescents. New York: Van Nostrand Reinhold Co.
- Barter, J.T., Swaback, D.O. and Todd, D. (1968) Adolescent suicide attempts: A follow-up study of hospitalized patients. Archives of General Psychiatry, 19, 523-527.
- Bergstand, C.G. and Otto, U. (1962) Suicidal attempts in adolescence and childhood. ACTA Paediatrica, 51, 17-26.
- Bigras, J., Gauthier, Y., Bouchard, C. and Tasse, Y. (1966) Suicidal attempts in adolescent girls: A preliminary study. Canadian Psychiatric Association Journal, 11, 275-282.
- Blackburn, B. (1982) What you should know about suicide. Waco, Texas: Word Books.
- Conger, J.J. (1977) Adolescence and youth: Psychological development in a changing world. New York: Harper & Row Publishers.
- Coopersmith, S. (1967) The antecedents of self-esteem. San Francisco: W.H. Freeman.
- Corder, B.F., Shorr, W. and Corder, R.F. (1974) A study of social and psychological characteristics of adolescent suicide attempters in an urban disadvantaged area. Adolescence, 9, 1-6.
- Crook, C. and Raskin, G. (1975) Journal of Consulting and Clinical Psychology, 43(2), 277.
- Dorpat, T.L., Jackson, J.K. and Ripley, H.S. (1965) Broken homes and attempted and completed suicide. Archives of General Psychiatry, 12, 213-216.
- Durkheim, E. (1951) Suicide: A study in sociology. Glencoe: Free Press. Translated by J.A. Spaulding and G. Simpson.

- Freese, A.S. (1979) Adolescent suicide. Mental health challenge. Public Affairs Pamphlet No. 569, New York, New York: Public Affairs Committee, Inc.
- Gildston, P. (1967) Stutter's self-acceptance and perceived acceptance. Journal of Abnormal Psychology, 72, 59-64.
- Gluek, S. and Gluek, E. (1952) Delinquents in the making. New York: Harper.
- Greuling, J.W. and DeBlassie, R.R. (1980) Adolescent suicide. Adolescence, 15, 581-601.
- Haim, A. (1970) Adolescent suicide. New York: International Universities Press, Inc. Translated by A.M. Sheridan Smith.
- Hill, M. (1973) Parents and teenagers. Public Affairs Pamphlet No. 490.
- Klagsbrun, F. (1976) Too young to die. Boston: Houghton Mifflin.
- Lester, D. (1972) Why people kill themselves: A summary of research findings on suicidal behavior. Springfield, Illinois: Charles C Thomas.
- Litman, R.E. and Tabachnick, N.D. (1968) Psychoanalytic theories of suicide. In H.L.P. Resnik (Ed.) Suicidal behaviors. Diagnosis and management. Boston: Little, Brown and Co.
- Margolin, N. and Teicher, J.D. (1968) Thirteen adolescent male suicide attempts. Journal of the American Academy of Child Psychiatry, 7, 296-315.
- McGuire, D.J. and Ely, M. (1984) Childhood suicide. Child Welfare, 63, 17-26.
- Miller, M.L., Chiles, J.A. and Barnes, V.E. (1982) Suicide attempters within a delinquent population. Journal of Consulting and Clinical Psychology, 50, 4, 491-498.
- Morgan, L.B. The counselor's role in suicide prevention. The Personnel and Guidance Journal, 1981, 60, 284-286.
- Offer, D., Ostrov, E. and Howard, K.I. (1981) The adolescent: A psychological self-portrait. New York: Basic Books, Inc. Publishers.
- Orbach, I., Gross, Y. and Glaubman, H. (1981) Some common characteristics of latency-age suicidal children: A tentative model

- based on case study analysis. Suicide and Life Threatening Behavior, 11 (3), 180-190.
- Paulson, M.T., Stone, D. and Sposto, R. (1978) Suicide potential and behavior in children ages 4 to 12. Suicide and Life Threatening Behavior, 8 (4), Winter, 225-241.
- Pfeffer, C.R., Conte, R., Plutchik, M. and Jarret, K. (1979a) Suicidal behavior in letency-age children: An empirical study II: An outpatient population. Journal of the American Academy of Child Psychiatry, 19, 703-710.
- Pfeffer, C.R. (1981) The distinctive features of children who threaten and attempt suicide. In Carl F. Wells and Irving R. Stuart (Eds.) Self-destructive behaviors in children and adolescents. New York: Van Nostrand Reinhold Co.
- Pfeffer, C. R. (1982) Interventions for suicidal children and their parents. Suicide and Life Threatening Behavior, Winter, 12, 240-248.
- Ray, L.Y. and Johnson, N. (1983) Adolescent suicide. The Personnel and Guidance Journal, 131-135.
- Reasoner, R.W. (1983) Enhancement of self-esteem in children and adolescents. Family Community Health, 6 (2), 51-64.
- Richaman, J. (1978) Symbiosis, empathy, suicidal behavior, and the family. Suicide and Life Threatening Behavior, 8 (3), 139-149.
- Rosenbaum, M. and Richman, J. (1970) Suicide: The role of hostility and death wishes from the family and significant others. American Journal of Psychiatry, 126 (11), 128-131.
- Rudestam, K.E. (1977) Psychical and psycholglcal responses to suicide in the family. Journal of Consulting and Clinical Psychology, 45 (2), 162-170.
- Satir, V. (1983) Conjoint family therapy. Palo Alto, California: Science and Behavior Books, Inc.
- Sabboth, J.C. (1966) The suicidal adolescent - the expendable child. Journal of the American Academy of Psychiatry, 5, 272-289.
- Schaffer, D. and Fisher, P. (1981) Suicide in children and young adolescents. In Carl F. Wells and Irving R. Stuart (Eds.)

Self-destructive behavior in children and adolescents. New York: Van Nostrand Reinhold Co.

- Shafiabady, A. (1975) The relationship between self-esteem and anxiety among high school students in grades nine through twelve. Dissertation Abstracts International, 35, 7663-7664.
- Schrut, A. (1964) Suicidal adolescents and children. Journal of the American Medical Association, 188, 1103-1107.
- Stanley, E. and Barter, J. (1970) Adolescent suicidal behavior. American Journal of Orthopsychiatry, 40, 86-87.
- Tabachnik, N.D. (1961) Interpersonal relations in suicide attempts. Archives of General Psychiatry, 4, 42-47.
- Teicher, J.D. and Jacobs, J. (1966) Adolescents who attempted suicide: Preliminary findings. American Journal of Psychiatry, 122, 1248-1257.
- Teicher, J.D. (1979) Suicide and suicide attempts. In J.D. Noshpitz (Ed.) Basic handbook of child psychiatry. New York: Basic Books.
- Tishler, C.L., McKenry, P.C. and Morgan, K.C. (1982) Adolescent suicide attempts: Some significant factors. Suicide and Life Threatening Behavior, 12, 86-92.
- Toolan, J.M. (1962b) Suicide and suicidal attempts in children and adolescents. American Journal of Psychiatry, 118, 719-724.
- Toolan, J.M. (1975) Suicide in children and adolescents. American Journal of Psychotherapy, 29, 339-344.
- Tuckman, J. and Connon, H.E. (1962) Attempted suicide in adolescents. American Journal of Psychiatry, 119, 228-232.
- Wahlroos, S. (1974) Family communication: A guide to emotional health. New York: Macmillan Publishing Co., Inc.
- Wenz, F. (1979) Sociological correlates of alienating among adolescent suicide attempts. Adolescence, 14, 19-30.
- Wylie, R.C. (1979) The self-concept: Theory and research. Vol. 2 rev. ed. Lincoln, Nebraska: University of Nebraska Press.