

1985

## The causes of adolescent suicide

Elaine Ann Pfalzgraf  
*University of Northern Iowa*

*Let us know how access to this document benefits you*

Copyright ©1985 Elaine Ann Pfalzgraf

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



Part of the [Education Commons](#)

---

### Recommended Citation

Pfalzgraf, Elaine Ann, "The causes of adolescent suicide" (1985). *Graduate Research Papers*. 3087.  
<https://scholarworks.uni.edu/grp/3087>

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](mailto: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.

---

## The causes of adolescent suicide

### Abstract

In one year in the U.S., 500,000 young people between the ages of 10 and 24 will attempt suicide and more than 5,000 will succeed, Jensen (1984). In his article "Adolescent Suicide: A Tragedy of Our Times" (1984), Jensen notes that suicide is the second leading cause of death in young people in this nation between the ages of 10 and 24. He writes that the rate of adolescent suicides began increasing in the mid-1950's and has tripled since 1960. In addition to these statistics, 85% of all adolescents in the U.S. think about suicide at some time and 50% of those young people make some plan or seriously consider suicide as a means of solving their problems.

THE CAUSES OF ADOLESCENT SUICIDE

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

Elaine Ann Pfalzgraf

August 1985

This Research Paper by: Elaine Ann Pfalzgraf

Entitled: THE CAUSES OF ADOLESCENT SUICIDE

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

Audrey L. Smith

6/27/85  
Date Approved

~~Advisor~~/Director of Research Paper

Ann Vernon

6-25-85  
Date Approved

Second Reader of Research Paper

Norman McCumsey

6-28-85  
Date Received

Head, Department of Educational  
Administration and Counseling

In one year in the U.S., 500,000 young people between the ages of 10 and 24 will attempt suicide and more than 5,000 will succeed, Jensen (1984). In his article "Adolescent Suicide: A Tragedy of Our Times" (1984), Jensen notes that suicide is the second leading cause of death in young people in this nation between the ages of 10 and 24. He writes that the rate of adolescent suicides began increasing in the mid-1950's and has tripled since 1960. In addition to these statistics, 85% of all adolescents in the U. S. think about suicide at some time and 50% of those young people make some plan or seriously consider suicide as a means of solving their problems.

For many years the topic of suicide was considered taboo, and even today some people refuse to see suicide as a major force in our young people's lives. However, teenage suicide in America is currently receiving a great deal of attention among medical people, parents, educators, human service personnel, and community members. The rapid rise in the prevalence of teenage suicide, along with the large number of this age group who seriously consider suiciding, are factors which strongly indicate the importance of exploring the causes of adolescent suicide openly and honestly. The purpose of this paper is to present a literature review related to the causes of teenage suicide. The review covers the years 1897-1984.

Modern day writers on the subject of suicide, such as Klagsbrun (1976) and Barrett (1981) frequently refer to Emile Durkheim (1897), renowned French sociologist, who in his famous book, Le Suicide, contended that suicide could not be explained by its individual forms, but was related to social concomitants. These social concomitants, for Durkheim, placed any individual suicide in its proper aetiological setting.

From a study of religious affiliation, marriage and the family, and political and national communities, Durkheim (1897) identified three categories of suicide:

1) Egoistic suicide is a result of the individual's lack of integration into society.

2) Altruistic suicide results when the individual's life is rigorously governed by custom and habit, namely religious sacrifices or unthinking political allegiance.

3) Anomic suicide results from the individual's lack of societal regulation causing the person not to be able to cope with living.

Durkheim (1897) believed suicide showed the deep crises in modern society and that individual forms of suicide display mixed types. His available statistics correlated not with biological or cosmic phenomena, but with social phenomena, such as the family, politics, the economy and religious groups. In short, Durkheim said individual inclination to

suicide was explicable scientifically only by its relation to the collective inclination which was determined reflection of the societal structure.

In Le Suicide, Durkheim (1897) categorized the suicidal natures of agricultural and liberal professional people in a study of 100 suicides annually (male and female) in France from 1874-78. Durkheim identified the following suicidal "natures": loss of employment; poverty; family troubles; disappointed love; jealousy; drunkenness; criminal or minor offender suicides; physical sufferings; mental sickness; disgust with life; varied disappointments; and unknown causes.

Shortly after the work of Durkheim, in 1910, Sigmund Freud, noted researcher and practitioner, began to study the psychological causes of suicide (Klagsbrun, 1981; Barrett, 1981). All children, said Freud, grow up with mixed feelings of love and hate for their parents because parents give them both the love and security they need, and also "civilize" them and compel children to hold back their desires. As some children grow to adolescence and adulthood, they develop fierce anger at an inner identification with these beloved-hated parents. Usually the anger stems from some deep hurt or loss suffered as a child. These people, according to Freud (Barrett, 1981), are unable to outwardly vent their aggression toward the loved person. Therefore, they turn

their aggression on themselves to attack that part of themselves which has internalized their anger for the loved/hated parent.

At a meeting of the Vienna Psychoanalytical Society in 1910, Freud spoke before such notable researchers as Alfred Adler, Wilhelm Stekel and David Oppenheim. Freud said he believed that in spite of all the valuable material on suicide previously presented by Adler, Stekel and Oppenheim, he saw no conclusion as to the cause of suicide, only diverse theories (Klagsbrun, 1976).

After Freud, Rollo May (1953), was the next noted researcher to address the issue of suicide. May pointed out Nietzsche's "will to live" theory in which an individual accepts responsibility for fulfilling his own destiny. This implies accepting the fact that he must make basic choices. May emphasized that people can see more clearly what it means to choose one's existence by looking at the opposite - choosing not to exist, that is, to commit suicide. His description of suicide includes "psychological suicide" in which one does not take his own life by a given act, but dies because he has chosen not to live, perhaps without being entirely aware of that choice. May used as an example of this "psychological suicide" Kierkegaard, who wrote twenty books in fourteen years, completed them at age forty-two, then took to his bed and died. May believed people often actually commit



psychological suicide in some sector of their lives. He saw a positive aspect to partial suicide in that the dying of one attitude or need could bring about the birth of something new.

In 1977, two researchers, May and R. R. Willoughby (May, 1977), discussed the relationship of anxiety and suicide. May asserted that suicide is a reaction to anxiety, while Willoughby, a social psychologist, believed that suicide and anxiety were symptoms and products of a traumatic cultural transition. He based his beliefs on research showing that suicide rates for the last 75 to 100 years increased steadily in the majority of continental European countries, along with an increasing incidence of anxiety in our civilization.

May (1981) emphasized that human beings must have some stable conception of the purpose of life or else they will commit suicide. He also asserted that suicide provides a relief from being trapped by allowing people to get out of the victim's role. He pointed out that this was what Nietzsche meant when he said, "The possibility of suicide has saved many lives" (May, p. 103). Like Durkheim's theory of Altruistic Suicide, May theorized the Jamestown mass suicides as, "Committing spiritual suicide in surrendering their freedom to evade the partial evil of life, and they end up demonstrating to the world in their own mass suicides the final evil" (p. 227).

Depression appeared to be a significant cause of suicide, according to Beck (1967). Beck, Director of the Center for Cognitive Therapy, found that suicidal wishes manifested in 12% of 224 non-depressed clients, 31% of 288 mildly depressed clients, 53% of 377 moderately depressed clients, and 74% of 86 severely depressed clients. These clients were ranked on their cognitive and motivational manifestations when depressed. Beck also noted that the incidence of suicide among manic depressives ranged from 2.8 percent in one study with a 10-year follow-up (Stenstedt, 1952) to 5 percent in a 25-year period of observation (Rennie, 1942).

In severely depressed clients, Beck (1967) found suicide to be a form of escape from a situation the client felt was intolerable. These clients saw themselves as incapable, incompetent, and helpless, with ponderous, formidable tasks. Suicidal clients also felt worthless, degraded, and long-suffering. Many felt other people would be better off if they were dead, and they desired to take unnecessary risks.

In a second text, Beck (1979) reinforced many of the theories proposed in his 1967 work, including the theory that suicidal clients felt trapped and wanted to escape, or were crying out for help. Beck found that of 200 subjects in a sample of patients hospitalized for attempted suicide, 111 (56%) reported reasons for their suicide attempt that belonged

in the escape/surcease category. The majority of the patients in the study regarded living as undesirable, wanted to escape from life, and saw suicide as the only viable solution to their problems. In contrast, 13% of the 200 patients reported they attempted suicide solely to produce some change in others or in the environment. The remaining 31% of the sample reported varying combinations of escape and manipulative motives for their suicide attempts. Those patients who scored high on hopelessness and high on depression were more likely to report "escape from life" and "surcease" as the reasons for their suicide attempts. In contrast, the less hopeless and less depressed patients designated manipulative reasons for their suicidal acts (Kovacs, Beck and Weissman, 1975; Beck, 1979).

A new theory appeared in the literature in 1971 when Levinson and Neuringer published an article on problem-solving behavior in suicidal adolescents. In it they noted a diminished problem-solving capacity with a "tunnel vision" concept which meant the suicidal individual's available resources for problem solving were gradually eliminated.

Schniedman (1974) described the depression of the suicidal person within the cognitive context of Levinson and Neuringer's "tunnel vision" concept. He noted that tunnel vision is the psychological predisposition to suicide. The

scope of the person's world narrows and excludes positive feelings; neutral incidents take on extra significant meanings that point to suicide; and the person's state of mind becomes distorted and limited. Because of the teenager's "here and now" needs, long-range problem solving may give way to impulsivity and irrationality.

In related literature, Finch and Pozanski (1971) described behavior patterns which they believed were useful in identifying suicidal youth. Among those patterns were: impulsive behavior, anger, revenge, depression, psychosis. The authors also indicated a number of trends in family background of suicidal youths including deprivation of love or attention by family members; child abuse and neglect; parental loss by death, divorce or suicide; unemployment; residential mobility; and marital disharmony. Finch and Pozanski stressed that despite the multiple evidence of family instability and its correlation with adolescent suicide attempts, insufficient data existed to correlate the actual degree of family disorganization and social disruption with a greater risk of serious suicidal behaviors.

Victor Frankl (1975) pointed out that a lack of life content causing an existential vacuum creates depression which could lead to suicide. Frankl stressed that suicide rates among young people have risen dramatically and are the third

leading cause of death in the U.S. among youths 15 to 19, and second cause of death among college students. He reported that in a study conducted at Idaho State University 51 of 60 students (85%) who had seriously attempted suicide did so because they said "life meant nothing" to them. Of these 51, 48 (93%) were physically fit, socially active, performing well academically, and on good terms with their family groups (Frankl, p. 97).

Albert Ellis (1975), described four reasons suicidal students presented to him for attempting suicide: it was not worth going on, life is phony, people can't be trusted, and things always end the same. Ellis also noted that clients who were treated unkindly and inconsiderately by a loved one often considered suicide when they were unable to accept the reality of the relationship.

The National Institute of Alcohol Abuse and Alcoholism (Klagsbrun, 1975), reported that one-third of all suicides are related to alcohol in one of the following ways: 1) the suicide was an alcoholic; 2) the person mixed alcohol with drugs; 3) the person drank a lot of alcohol before committing suicide; and 4) the person committed suicide impulsively or accidentally during a foggy state of mind as a result of drinking too much.

Klagsbrun (1976) noted other factors related to suicide: the person had no hope for love, their death was wished by another, or they had the desire to kill another. The author, a psychiatrist who interviewed young people who had made suicide attempts, surviving families, psychiatrist, public health workers, officials of the American Association of Suicidology and the U. S. Public Health Service, said that we live in a society today which Durkheim would have classified as anomic, a society in which rapid changes have brought great unrest. The changes have had an especially strong impact on young people as reflected by the mushrooming rate of young suicides. Klagsbrun found these changes included:

questioning the value of the family, alternative lifestyles (co-habitation, open marriages), changing sex roles, divorce, lack of extended family, feeling of instability, lack of religion, lack of optimism, loneliness, anger, feeling of abandonment, pressure on women to work outside the home, fear of nuclear war, parental pressure on children to conform and achieve unreal expectations, and the pressure to be successful through wealth and power.

Klagsbrun (1976) agreed with Frankl (1975) that suicide is the second highest cause of death for college students. Citing pressure to achieve, high grades and success as important factors leading to college suicides, she also noted

the seriousness of college students' inability to discuss frustrations or failures with their parents. Often the parents were so imbued with their own fantasies of success and achievement for their children that they simply did not want to hear about their children's fears or self-doubts.

Like Sigmund Freud and Karl Menninger, Klagsbrun (1976) believed suicide is a form of murder in which both the murderer and the murdered exist within one person. The suicidal person's wish to be killed stems from turning on themselves their angry and hateful feelings about another and their desire to punish themselves for having those feelings.

Klagsbrun (1976) cited the case of poet Anne Sexton who viewed suicide as symbolic and romantic but who later died by suicide. To point up her own belief that romanticism toward death is an important force behind many young suicides, Klagsbrun found through interviews with adolescents that suicide seemed like a long peaceful sleep or interlude that would make things better or as a way to punish others. But, illogically, these young people always believed they would be present to benefit from the punishment their death inflicted or the love it aroused.

Psychologists have characterized the life history of a suicide as usually including a series of failures, sometimes alcoholism or other drug-related addictions, psychological

wounding in the very young years, and almost always disordered interpersonal relationships (Arnold Madison, 1978). Often none of these conditions seem evident in the person's life, but suicide must have seemed the only viable course of action for the victim. Some situation or series of psychological blows drove them to use their intelligence and power to destroy that very intelligence and power. Suicide - that act which the victim knows will result in death - is, after all, a last desperate cry for help and a viable option for the person (Madison, 1978).

Mental health experts (Madison, 1978) recognize the teen years as a time of sharp and rapid emotional ups and downs. During these emotional bouts, a young person may make a hasty decision, such as running away or suicide, without considering the full impact of the action. Madison also stated that momentary and total depression is not the sole motivation for youthful suicides as many people mistakenly think. In fact, it may be one of the least important influences. The problem is chameleon-like, and over-simplification hides the numerous causes that are discovered as more case histories are explored.

Madison (1978) concluded that in some people the self-image of incompetence generates an unassuageable hunger for love. When love is given, these people need more and more



proof of that love. Oftentimes unreasonable demands are made upon others who, consequently, cannot supply what is demanded. The person then feels frustrated and develops a rage against those who appear to refuse the demands. Yet the person bursting with rage cannot leave the relationship, which causes a further assault on this individual's competence. In further support of this theory, Greuling and DeBlassie (1980) stated their belief that a young person's level of development is directly related to his/her ability to cope with the tasks of adolescence. Suicidal adolescents' backgrounds often included events which interrupted or altered normal development, such as the death of a parent.

Expanding the list of causes of teenage suicide, Madison (1978) noted that his sources, the American Association of Suicidology, the National Institute of Mental Health, and the Public Affairs Report for the Institute of Government Studies also indicated that suicidal teens don't feel wanted, want to blot out their pain, have romantic difficulties, don't feel people take them seriously, feel they have the right to die and want to control that right, and have ambivalent feelings about living and dying.

Elizabeth McAnarney (1979) hypothesized that contemporary America is becoming less cohesive socially as a nation and that adolescents feel these changes particularly strongly.

Like Durkheim (1897), McAnarney found that in societies where there is family cohesiveness, suicide rates are low. Conversely, where family disunity is prevalent, suicide rates are high.

McAnarney (1979) also emphasized that groups in transition have higher rates of successful suicide than stable groups. Groups in transition appear to feel isolated and lonely as they move into unfamiliar surroundings. The importance of a widening circle of attachments (teachers and friends) is an integral part of an adolescent's identity process, and when these attachments are disrupted, loss, sadness and grief often follow. Other causal theories McAnarney (1979) included are the stress of achievement motivation; high mobility; changing role of parents; aggression turned inward; and irrational self-destruction.

In 1980, Bell (1980) identified such suicidal causes as: a desire for escape, a final way out, revenge, sadness, loss, abandonment, and feeling that life is too painful to continue. Oftentimes, the teens studied had had a bad experience relying on someone else, so they distrusted people. They had also given up hope that things would get better.

Thomas C. Barrett (1981) also noted a number of causes of suicide. They include: anger at another, attempts to manipulate another, signal of distress, reactions to feelings

of inner disintegration, escape from an intolerable situation, desire to join a deceased loved one, a bid to gain attention, an attempt to avoid punishment for a crime, a desire to be punished for a crime, a wish to control one's own death, and a wish to end an unresolvable conflict, to become a martyr, to punish the survivors, or to get revenge.

Barrett (1981) mentioned significant past and present life events that were also causal factors of adolescent suicide. These include the recent loss of a love object; the absence of any warm, adult, parental figure with whom to identify; the history of suicide by family members or others important to patient; a low communication level with significant others; low level of school performance; parental conflict and negative attitude toward the child; and the lack of control over the environment due to rigid rules and structure.

High mobility, stress, divorce, anxiety produced by movies, restlessness, and too much media, were noted as factors teens can't handle that could cause suicide (Elkind, 1981). In a book three years later, Elkind discussed the following stresses that could impact a teen singly or in combination to potentially cause a suicide: self-punishment, helplessness; stress of love, death, divorce; problems with the law; personal conflict or chronic illness of self or a

friend; the marriage of a sibling or parent; being fired from a job; a parent's retirement; pregnancy; abortion; birth of a child; having no one to talk to; and multiple stresses impacting a teen at same time.

Headington (1981) reinforced Elkind's assertion about mobility as a causal factor. She believed mobility added to vulnerability; loss; sadness; grief and lessened important long-term attachments with peers and teachers.

Jane Brody (1984) identified several of the same causal factors of teen suicides as had Headington (1981) and Elkind (1981), but included new ones representative of increased upward mobility in some families. New factors identified by Brody were: intense concentration by parents on their careers at the expense of attention to their children's needs; feeling that no one cares; geographic mobility; and lack of structure and discipline.

Jensen (1984) pointed out that no single or simple factor can be the answer as why so many young people think about ending their lives. Tension in the home; not being appreciated or understood by their families; parents striving too much for the child's success; parents running the child's life; loss of loved one; drugs and alcohol; expectations for adolescent achievement of personal success, status and academic performance are all factors. Additionally,

loneliness, lack of love and support, and self-doubt can contribute to a suicide, according to Jensen.

This review of literature has revealed that over the years numerous theories have been put forward in an effort to explain adolescent suicide. Many factors in the young person's life can be potential causes of suicide, but the most common thread among those causes appears to be the importance of a child being raised by a strong, caring, supportive, and close family relationship. In that relationship it is important to have parent(s) who provide a nurturing environment that allows the child to develop his/her sense of self-worth and competence.

No single cause has been found to be the explanation for suicide. Klagsbrun (1976) summarized the question of cause well when she stressed that suicide is such a complex matter that it involves every aspect of life, from the society in which a person lives to family backgrounds to psychological makeup and childhood history. All need to be considered in any attempt to unravel the mystery of suicide.

## REFERENCES

- Barrett, T. (1981). The self-destructive behavior of adolescents seeking solutions. Denver, Colorado: Holly Ridge Center, Cherry Creek Schools.
- Beck, A. (1967). Depression. Philadelphia: University of Pennsylvania Press.
- Beck, A. (1979). Cognitive therapy of depression. New York: The Guilford Press.
- Bell, R. (1980). Changing bodies, changing lives. New York: Random House.
- Brody, J. (1984). Troubled teens take tragic way out. New York Times.
- Durkheim, E. (1897). Suicide. New York: The Free Press.
- Elkind, D. (1981). The hurried child Reading, Massachusetts: Addison-Wesley Publishing Company.
- Eklind, D. (1984). All grown up and no place to go. Reading, Massachusetts: Addison-Wesley Publishing Company.
- Ellis, A., & Harper, R. A. (1975). A new guide to rational living. No. Hollywood, California: Wilshire Book Company.
- Finch, S. M., & Pozanski, E. O. (1971). Adolescent suicide. Springfield, Illinois: Charles C. Thomas, Publishers, Bannerstone House.
- Frankl, V. (1975). The unconscious god. New York: Simon and Schuster.

- Friedenberg, E. Z. (1959). The vanishing adolescent. New York: Dell Publishing Company, Inc.
- Greuling, J. W., & DeBlassie, R. R. (1980). Adolescent suicide. Adolescence, 15, no. 59, (Fall), 589-600.
- Headington, B. J. (1981). Understanding a core experience: Loss. The Personnel and Guidance Journal, (February), 338-340.
- Jensen, M. L. (1984). Adolescent Suicide. Family Life Educator, 2, no. 4, (Summer).
- Klagsbrun, F. (1981). Too young to die: Youth and suicide. New York: Simon and Schuster.
- Klerman, G. (1976). Age and clinical depression: Today's youth in the twenty-first century. Journal of Gerontology, 31, no. 3, 318-323.
- Levinson, M., & Neuringer, C. (1971). Problem-solving behavior in suicidal adolescents. Journal of Consulting and Clinical Psychology, 37, no. 3, 433-436.
- McAnarney, E. R. (1979). Adolescent and young adult suicide in the united states: A reflection of social unrest? Adolescence, 14, no. 56, (Winter), 765-774.
- Madison, A. (1978). Suicide and young people. New York: Houghton Mifflin/Clarion Books.
- May, R. (1953). Man's search for himself. New York: Dell Publishing Company, Inc.

May, R. (1977). The meaning of anxiety. New York: Washington Square Press.

May, R. (1981). Freedom and destiny. New York: W. W. Norton and Company.

Schneidman, E. S. (1974). Deaths of man New York: Penguin Books.