ADOLESCENCE AND SUICIDE

BY

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ADOLESCENCE AND SUICIDE

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by

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To the Graduate Council:

I am submitting herewith a Research Paper written by Brenda Renshaw Payne entitled "Adolescence and Suicide." I recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts, with a major in Counseling and Guidance.

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CHAPTER ONE

INTRODUCTION

From birth, most human beings possess a tremendous fight within, a growing moving urge to exist, a magnetic desire to remain. Man grasps his first breath of life and proceeds to selfishly and stubbornly thrive as a living being. Man desires to live above all else. Why, then, do thousands of people time and again attempt to destroy themselves and terminate life's cycle? What is different about this multitude of people, many of whom live not beyond the age of adolescence, who attempt and many times succeed in the act of self destruction? Karl Menninger (1963) feels that all of us hold within us these destructive tendencies, but only certain of us let them overshadow the "will to live beyond all else" phenomenon. He states, "It was an empirical fact of common knowledge long before Freud that many individuals regularly and all individuals occasionally, take out their rage and guilt feelings upon themselves."

This paper is concerned with the growing proportion of individuals who choose the alternative to life's pressures and goals. It is sad when an adult decides he has achieved all he can or wishes to achieve on earth. It is a travesty when thousands of youth decide to end their lives before they have yet seen a quarter of a century pass before them. This paper is an overview of current research literature dealing with environmental, sociological, and psychological factors of suicidal attempts in adolescence. Suicide in adolescence, as shown in this paper, combines the pressures

and general feelings of unrest that accompany those difficult years before young adulthood.

CHAPTER TWO

STATISTICS

Within the last ten years, suicide among adolescents has moved from fourth to second place as a leading cause of death. The reflection of current pressures is seen in the astounding killer of people in the 15-24 age group. Black youth suicide rate is about twice the national average, while the suicide rate of Indians is about five times the national average. Although an alarming 80,000 young people yearly will attempt suicide, only about 4,000 will succeed. Three times as many females attempt suicide, but males are usually more successful. According to a suggestion by Dr. Avery Weisman (1972), females are self destructive in passive ways. This reflects their lack of self confidence and is often manifested by a failure to react in everyday situations in ego building ways. Males, however, are apt to use more violent methods such as guns, while females are prone to use toxic materials, particularly barbiturates. This accounts for the more frequent successful attempts among males. It is interesting to note that, according to Wolff (1970), eight out of ten people, including adolescents, give some warning of the impending suicide attempt.

CHAPTER THREE

A TRIO OF THEORIES

This chapter will consider three theories in relation to the phenomenon of adolescent suicide. Those discussed will include Sigmund Freud, Emile Durkheim, and Karl Menninger.

FREUD

Two different interpretations have been linked to the name of Freud. The first of these is Freud's earlier view of suicide and is known as narcistic frustration. Some writers feel that these interpretations bear out Freud's attempt to rationalize his own life's experiences. In "Mourning and Melancholia," Freud, cited in Menninger (1938), sees a normal depression as a reaction to the loss of a loved one as compared to a melancholia in which the ego itself feels depleted. Freud sees the relationship of the loss of material wealth and personal failure as possible frustrations which could result in the suicidal attempt of a man who turned his own rage against himself. Freud also feels that in normal development a reasonable balance exists between self esteem and an appreciation of objective reality. If, however, for some reason, the ego adopts the narcistic manner of relating to reality instead of a balanced development, the result may be the possibility of a suicidal personality. Hesse, cited in Wolman (1976), puts it this way,

> "What is peculiar to the suicide is that his ego, rightly or wrongly, is felt to be an extremely dangerous, dubious, and doomed germ of nature,

> that he is always, in his own eyes, exposed to an extraordinary risk, as though he stood with the slightest foothold on the peak of a crag whence a slight push from without or an instant weakness from within suffices to precipitate him into the void."

The narcissist turns his rage upon himself because he feels that no one else exists. Freud, cited in Wolman (1938), suggests, "The melancholics erotic cathexis of his object undergoes a two-fold fate; a part of it regresses to identification, but the other part, under the influence of the conflict of ambivalence, is reduced to the stage of sadism..."

This model relates the loss of a goal or relationship which enrages the individual. The person then destroys the representation of the goal or object within himself and thus destroys himself. The ego identification with the object is so strong that the animosity and hatred against that portion of the ego results in the destruction of that identification.

A second contribution of Freud to theories of suicide includes the death instinct, Thanatos. Freud felt the death instinct was as basic a force as the life instinct, Eros. He felt that the life instinct was strong with youth, but as life passes, Thanatos gains predominance. His theory does not really relate much to the current growing number of adolescents who, according to Freud, should still possess the dominating life drive, but who nevertheless, attempt suicide at an alarming rate. Meerloo, as reported in Wolman

(1976), echoes the Thanatos theory of suicide. "Suicide represents the precocious victory of the inner drive toward death." Not many psychoanalysts today accept Freud's construct of the death instinct. But Freud's theory is directly conceived from his theory of the self. Schneidman (1957) quotes Freud, "The ego sees itself deserted by the superego and lets itself die." To Freud, once the ego has died the individual is already dead.

DURKHEIM

Durkheim looked at man in terms of his place in society. He felt that suicide might be viewed as a consequence of our society's social structure rather than merely self inflicted pain on a capricious individual. Durkheim (1951) studied suicide in various countries, ethnic groups, marital status, and psychopathological conditions. His conclusion was that "Neither heredity, seasonal variation, insanity, nor alcoholism could be considered the direct cause of suicide." The suicide rate was, therefore, "a function of the way in which society is constructured."

Durkheim identified two areas of social structure relevant to suicide; a social integration factor and a vulnerability to deregulation factor. He listed four types of suicide: egoistic suicide, altruistic suicide, anomic suicide, and fatalistic suicide. In egoistic suicide, the efforts of the individuals failed to give meaning to their lives, and thus their lives meant nothing to society. Altruistic suicide was the opposite

to egoistic suicide, which is the result of societies which are well integrated. Anomic suicide was considered to be a state of deregulation, when the controls that a society has upon an individual are weakened, as, for example, in divorce. Fatalistic suicide is the opposite of anomic suicide, in that the suicide is a consequence of excessive regulation.

Durkheim's beliefs concerning man and his role in society can be summarized in part, by the dedication from Suicide, A Study in Sociology (1951). It states, "To those who understand the life of reason as itself a moral commitment." Durkheim's work has this basic theme. "Suicide appears to be a phenomenon relating to the individual which is actually explicable aetiologically with reference to the social structure and its ramifying function." Suicide, according to Durkheim, cannot be explained by individual forms. Suicide relates to social concomitants. Suicide shows up the deep crisis in modern society. Durkheim, like Freud, felt that the number of suicide attempts tend to increase with age, because early frustrations are aggravated by failures in middle life. But these frustrations of youth have become so prominent that the suicide disaster is reaching adolescents. Durkheim today would not be interested in adolescents as individuals, but in the forces in society which presently affect the individual.

MENNINGER

Karl Menninger (1938) may be called the best known

protagonist of Freud's proposal of a death instinct. His works personify the man-against-himself theme and were written "To those who would use intelligence in the battle against death to strengthen the will to live against the will to die." This theory, of course, visualizes suicide as the victory of the destructive tendencies in an individual over the constructive tendencies. Menninger analyzes three sources of suicide: impulses derived from the primary aggressiveness of an individual focused on a wish to kill, impulses derived from a primary agressive wish to be killed, and impulses derived from primary aggressive tendencies in combination with more sophisticated motives formed into a wish to die.

Menninger feels that suicide may be a flight from pain, or threat of a violent or slow death, or can even be revenge on those who remain. In The Vital Balance, Menninger (1963) quotes Wilhelm Stekel, "No one kills himself who did not want to kill another, or at least wish death to another." Menninger echoes many of Freud's beliefs. "Life and death instincts are in constant conflict and interaction."

CHAPTER FOUR

MISCONCEPTIONS

The phenomenon of suicide has been looked at, laughed at, and discussed by researchers for centuries. Because of the uncertainty of death, the subject is looked upon

both with horrow and intrigue. Most everyone has had at least the passing thought of suicide or has wondered what is beyond life. Most people have wished to be released from certain of life's pressures or responsibilities. Suicide, like any other topic, carries with it certain misconceptions which add to its fascination.

One of the first and most popular of these is the belief that a person who threatens to commit suicide is only trying to elicit attention, or pity, and has no intention of killing himself. This is indeed a fallacy. Wolff (1970) feels that eight out of ten people, including adolescents, give some warning of the impending suidice attempt. The adolescent who makes remarks about "not really caring if he gets up in the morning" is really crying for help, and may, indeed, not "get up" some morning soon.

Another misconception according to Schneidman (1957) includes the idea that suicide was considered a damnable sin against the laws of God and his church and is still generally regarded as a sin. Schneidman scoffs at this idea, but many people still uphold this position today. Suicide is considered a monumental sin in many religious circles due to the fact that it goes against biblical teachings. Merian, cited in Coleman (1976), concluded that suicide was neither a sin nor a crime, but a disease, thus paving the way for consideration of suicide as evidence of emotional disturbance.

A third misconception is the notion that suicide is an act of extreme bravery, and that only a courageous person can "pull the trigger" and end it all. Most psychologists agree that the adolescent who attempts suicide is not being brave, but is seeking to escape an unsolvable problem or a situation he feels is uncontrollable. In fact, Dean Schuyler (1973) feels that the motivation for adolescent suicide derives from two possible situations: a desire to escape an intolerable life situation or the instrumental attempt to influence someone else's behavior. Because suicide remains patently puzzling, these misconceptions still thrive. Suicide possesses an aura of the unknown.

CHAPTER FIVE

ADOLESCENT SUICIDAL PERSONALITY

The suicidal personality is complex. Most researchers feel that this personality is not a sudden occurrence. Most feel it is a long, insidious process which may result from the failure of the individual to relate to humanity. Fraiberg, cited in Wolff (1970), has called attention to the humanizing of the infant through attention and handling by adults. This induction into the human race creates a bond of concern. This bond is an important inhibiting factor for lethal violence toward others. Sullivan, Horney and Spitz have observed that this bond of affection is necessary for the healthy growth of the infant, cited in Wolman (1976).

In the vast majority of suicide cases, the suicidal individual has a life which is stained with a history of problems. Among young adolescents, acting out behavior, such as aggressiveness, truancy, and lying is often seen. Emotional problems precede initial suicidal behavior. The major symptoms seen in the older adolescent are those associated with depression, such as withdrawal from social activities and school work, loss of initiative and self esteem. Depression, sadness, crying spells, sleep disturbance, and moodiness are also seen. Frequently, school problems are related to sexual conflicts and identity problems.

Suicidal thoughts negate the ego ideal. The following factors are a few of the ego functioning variables which might determine the suicidal personality. The individual may develop a reduced ego capacity. A high rate of suicide is found among character disorders, schizophrenics and depressives. Suicidal tendencies are often symptomatic of deep emotional problems. Another factor which might determine the suicidal personality is cognitive dissonance. Karen Horney, cited in Wolff (1970), suggests that extreme self alienation is a major motive for suicide. She also feels that in these individuals, there is too great a discrepancy between what an individual thinks he is ideally and what he actually is.

Children are particularly vulnerable to stress and desires to be loved and accepted. If basic correctable disabilities are not detected and remedied, the damage to

the child's ego will be difficult or impossible to correct later. Children who have a chronic history of failure are targets for special problems in adolescence which they may or may not be able to handle. Also, the suicidal personality is nurtured when there is no one to whom the child can relate, thus eventuating in the frustration of many psychosocial needs.

Emile Durkheim feels, like many others, that every individual has what may be called a suicide potential, a tendency to self murder. The degree of intensity of the tendency varies from individual to individual. The degree of the intensity of this potential is established early in childhood, as a result of the fears, anxieties, frustrations, loves, and hatreds engendered in the individual by the socialization process.

The emotional patterns of those attempting or committing suicide are laid down in infancy and early childhood by familial relationships. Socialization in the family is a process of frustration for all, thus suicide is a potential outlet for everybody. It would be desirable to determine the relationship between the predisposing factors and the precipitating factors. The suicide rate is said to increase with age. Shaw and Shelkum, cited in Beckett (1965), found that children and adolescents who seem most susceptible to suicide have been characterized as being highly sensitive and many times loners.

Harry S. Sullivan, cited in Williams (1977) used the express

"fear of ostracism" in reference to what he considered a common experience during the juvenile period. Fear of ostracism encompassed a fear of being accepted by none of those whom one must have as models for learning how to be human. Karen Horney, cited in Williams (1977), felt that fear of disapproval is a common neurotic ailment. Most suicidal patients were excessively afraid of, or hypersensitive to, being disapproved of, criticized or accused.

Schneidman (1970) has stated, "We do know that suicide is ordinarily engendered by ambivalent states of feelings, that it expresses dramatically the creative and destructive tendencies which seem to inform the human psyche, and that it is the product of forces which have been long at work within the individual."

Ostow (1970) feels that the instinctual tendencies to preserve one's life are much stronger during adolescence than during middle or older adulthood. Adolescent suicidal attempts are histrionic gestures, and there is a tendency on the part of some persons to disregard or minimize the significance of threats and even attempts. But it is important to remember that successful suicide occurs more often among people who have tried unsuccessfully before than among people who have never attempted suicide. Suicidal ideation occurs more often that suicidal acts.

A study conducted by Schneidman and Farberow (1957) in which people who had actually attempted suicide were

interviewed seemed to show a common factor as the precipitating cause. The suicidal attempts, almost uniformly, were reactions to criticisms by the mother or the mothering figure. Other causes pertaining to the mother-child relationship included faulty communications, maternal rejection and overindulgence. The suicidal personality in these cases was one that dated back to early childhood relationships.

Finch (1971) feels that several patterns may be identified among adolescents who attempt suicide. There are those who have an impulsive character disorder. These adolescents demonstrate an inability to find answers to psychological and social problems. Quite often there is a spiteful and rebellious element in the suicidal attempts. Also, there are adolescents with depressive symptomotology such as fluctuating moods, withdrawal and loss of initiative. There is also the psychotic teenager who spends a great deal of time daydreaming.

CHAPTER SIX

LOSS OF SELF ESTEEM

Adolescent suicide is most shocking and results in many instances from the unlivable life situations of today's world. In a large percentage of adolescent suicidal attempts, the youth feel extremely depressed and display a marked loss of self esteem or self confidence. Self esteem is the evaluation which the individual customarily maintains in regard to himself. It indicates

the extent to which the individual believes himself to be capable, important, significant, worthy, or successful. It is a personal judgement of the individual's opinion of his own worthiness. Every person has a suicide potential, but the intensity of this potential varies. Wolff (1977) points out that in ten percent of suicidal individuals, no significant pathology can be demonstrated, but largely, suicidal individuals have feelings of worthlessness, are socially isolated, and possess a deep lack of self esteem.

Merian, cited in Usdin (1967), concluded that hoplessness is the most prominent feeling associated with adolescent suicide. Merian also agrees that the suicidal individual manifests a marked loss of self esteem. Suicidal attempts among adolescents are sometimes aimed at avoiding the painful disorganized state of adolescence and its feeling of inadequacy and pressure to succeed. Usdin (1967) suggests that the poor judgement of youth as well as reality testing at the adolescent age may also be involved and lead to suicidal attempts. A desire to prove oneself and raise one's level of self esteem is also considered.

In a study by Moss and Hamilton, cited in Usdin (1967), of fifty suicidal patients, it was reported that in ninety-five percent of the cases, there was death or loss under dramatic and tragic circumstances of a person close to the patient. Significantly, the death had occurred

before the patient had completed adolescence. This would support the notion that severe depression in adolescence may result in suicidal tendencies. Because of the loss of the love object, the adolescent feels abandoned, with an accompanying decrease in his sense of worth or self esteem.

Important, also, are the antecedant conditions that contribute to the development of positive and negative attitudes toward oneself. Self esteem is significantly associated with personal satisfaction and effective functioning. The achievement of a favorable attitude toward oneself has been regarded fundamental by many theorists including Rogers, Horney and Adler. Studies have shown that people at times had feelings of inadequacy and unworthiness. These people see themselves as helpless, inferior and incapable of improving themselves. They also lack the inner resources to tolerate or reduce anxiety aroused by everyday stress. These people avoid closeness, cannot safely give or receive love, and in turn, feel isolated.

James, cited in Schneidman (1967) proposes that self esteem to most people is the social self, which is the recognition one gets from one's peers. If the individual receives absolutely no such recognition, his self esteem will be directly proportional. G. H. Mead feels that self esteem is derived from the reflected appraisal of others. The view of the generalized significant others as expressed

in their manner of treatment of the individual are Mead's key to the formation of self esteem. Thus, the individual internalizes the ideas and attitudes expressed by the key figures in his life.

Most researchers feel that their are four major factors which contribute to the development of self esteem. These include: the amount of respectful, accepting, concerned treatment that an individual receives from significant others, a history of successes and good position in the world, values and aspirations, and the manner of responding to devaluation that each individual has. William James, cited in Schneidman (1967), concluded that human aspirations and values have an essential role in determining whether a person regards himself favorably. Our achievements are compared to our aspirations for any given behavior. If achievements approach or meet aspirations in an area of special value, the result is high individual self esteem. If, however, there is wide divergence, then the individual regards his achievements poorly. He states, "Our self feeling in this world depends entirely on what we want ourselves to be and do. It is determined by the ratio of our actualities to our supposed potentialities, a fraction of which our pretensions are the denominator, and the numerator our success, thus self esteem." Although suicide can be revenge toward the loved ones, in adolescence it is more often a flight from pain or the threat of helplessness. It is a retreat from rejection or the final

self depreciation and evidence of feelings of inadequacy or desperate humiliation.

Silverberg, cited from Wolman (1976), feels that self esteem is related to competence, knowing that the actions one takes are affectively dealing with one's environment. He states,

> "Throughout life, self esteem has these two sources, an inner source, the degree of effectiveness of one's own activity; and an external source, the opinions of others about oneself. Both are important, but the former is the steadier and more dependable one. Unhappy and insecure is the man who lacking an adequate inner source of self esteem must depend almost wholly upon external sources. It is the condition seen by the psychotherapist almost universally among his patients."

Reynolds and Farberow (1976) report that an "essential precursor" of suicidal behavior is a sense of powerlessness. A healthy self concept is important if one is to have control over one's own existence. A person who has no control over his own existence feels misery and humiliation and cannot exhibit the qualities of self esteem.

Most researchers place tremendous importance on the support of certain adults in the child's life as essential catalysts to self esteem. They also include the special influence of the classroom teacher on the development of a good self concept and bolstering self esteem. Self esteem has been described as a child's perceptive powers which gradually increase through the interaction of the child's social and physical environment. Some writers feel that low self esteem is a critical cause of adolescent

depression. Depression in turn can lead to feelings of isolation, hopelessness, and result in self destructive tendencies.

CHAPTER SEVEN

STRUGGLE WITH DEPRESSION AND ISOLATION

Most people are depressed at some time in life. Severe depression in adolescence is serious and may, on the surface, appear to be other emotions such as anger, hostility, aggression or even euphoria. The depression leaves the youth with a feeling of hopelessness. The adolescent who cannot tolerate even low levels of depression certainly becomes overwrought in cases of severe depression. The adolescent may perform some act to discharge the tension and thereby defend himself against these feelings of hopelessness. The depression may be tinged with guilt feelings or feelings of social rejection and isolation. But it can also be free and related only to feelings of hopelessness. David Cohen, cited from Usdin (1967), echoes the relationship of depression to suicidal tendencies which occur from feelings of hopelessness.

Many researchers feel that the extreme depression of some adolescents is due to the breaking away from the security of parental protectiveness. In some cases, this is due to the physical loss of the object or significant other such as through death or separation. In other cases, this is due to the adolescent's realization that he must

face his metamorphosis into young adulthood. Schneidman (1957) not only believes that most suicidal behavior involves a gamble with death which is largely dependent upon the role of the significant other, but is overly ambivalent as well.

According to Dr. John Miller (1975) the most common emotion observed in suicidal patients is depression. This depression may appear as restlessness or boredom, or in acting out behavior such as sexual promiscuity or drugs. But all such behaviors are really disguised cries for help. Environmental factors play an important role in the depression and are sometimes grouped as social isolation, loneliness, or hopelessness.

Toolan, cited in Usdin (1967), in his study of adolescent suicide also found that the common denominator of suicidal attempts in adolescence was depression. He felt the depression was due to a loss of a love object. He felt that the sense of abandonment from the loss resulted in the hatred of the love object and eventually guilt. The guilt magnifies as well as maintains the depression and sense of hopelessness.

Dean Schuyler (1973) feels that the two components of death are related to depression even though in young adolescents, it is probably manifested in temper tantrums, truancy, accident proneness, withdrawal, or apathy. Jacobs, cited in Wolman (1976), thinks that suicidal attempts result from the depression that occurs when an individual

has been subjected to progressive isolation from meaningful social relationships. The weeks and months of isolation lead the individual to the decision that the situation is hopeless.

Depression has many observable symptoms. The adolescent is especially vulnerable to both external and internal pressures. Sudden appearance of such symptoms as fire setting, running away from home, or a drastic change in mood and temperament may be signs of contemplation of suicide. Somatic symptoms of depression may include fatigue, pain, nausea, bad taste in the mouth, constipation or irritability. Also impaired attention and concentration at school, acting out, and pursuit of constant stimulation such as alcohol, drugs, television and sexual activity may be symptoms of depression. In addition, the adolescents behaviors such as rebellion, antisocial behavior, impulsiveness, antagonism, or disruptive behavior may be depressive equivalents.

Ostow (1970) feels that the first step to adolescent depression is the love of a love object. The threat of depression is one of emptiness. It includes a component of anger. The suicidal adolescent may be introjecting the anger resulting from the loss of a love object. The depressive tendency may be triggered when the adolescent can no longer give and receive the love he needs.

Karl Menninger (1963) has stated, "Suicide is one of the greatest paradoxes of human existence." He feels

that the suicide attempt is an effort of the ego to love and the wish to be loved. The act is a test to see if anyone really cares and perhaps the climax of a grand and noble act. He feels that this death instinct is represented in three forms which have already been discussed. In addition, he feels that suicide may be a flight from anticipated rejection, self depreciation, humiliation, general inadequacy, or depression or despair. An individual's adjustment always means his reaction to a reaction to a reaction, etc. Depression in one person may result in a minor difficulty, but serious depression in adolescents may result in suicide.

The following is a list of the signs and symptoms of a potentially suicidal adolescent:

1. Declining school performance coupled with expressions of apathy and hopelessness.

2. The recent loss of a loved one, particularly a family member.

3. Abrupt change in behavior ranging from some degree of hyperactivity to social isolation.

4. Indicators of a change in eating or sleeping habits such as excessive sleepiness.

5. Familial disruptions such as divorce or other changes within the home.

6. Evidence that the teenager is being disparaged in the home.

7. An absence of affiliations with parental

figures, religious groups, etc.

8. Impulsiveness.

CHAPTER EIGHT

RELATIONSHIP OF ADOLESCENT SEXUALITY TO SUICIDAL ATTEMPTS

Adolescence may be viewed as the period of life that connects childhood and adulthood. It is a rather shaky bridge over a trouble period of life. Adolescents are emerging with new awakenings of which they are neither sure nor safe. Sexuality is perhaps one of the monumental worries of young adolescents. Physical and emotional changes create unrest in the adolescent as well as pressures from homes, schools, and friends. Today's society no longer has definite guidelines for youth to follow. Families are no longer the stabilizing influence they should be, and more and more youth struggle with new found independence. Consequently, the adolescent's current attitude toward sex is changing. Youth of decades ago were concerned with the extent of limitation regarding sex, while today's youth is concerned with which contraceptive to use.

For some, trying to become accepted, trying the moral codes, difficulties in achieving appropriate sex role identity, and concern with homosexuality are also factors in suicidal behavior in adolescence. It is a time to conform to sex role standards. The changing

relationship of a girl with her father may cause the adolescent female to experience emotional rejection.

G. Stanley Hall, cited in Beckett (1965), wrote, "Youth awaken to a new world and understands neither it or himself." Sexual conflicts if not resolved in adolescence may remain unsolved in adulthood. A very important point here is the influence of the family as a unit. Durkheim (1951) states, "The greater the density of the family, the greater the immunity to suicide." Many adolescents come from broken homes and are left to resolve these problems on their own. Sexual problems are not the only pressures adolescents face, but they can contribute to the dilemnas which may lead to suicidal attempts.

CHAPTER NINE

CONCLUSION

What is the final step before suicide? Writers differ among opinions concerning the impetus of adolescent suicide. Some feel that the suicidal attempt is the sudden impulsive response to an unbearable situation. Others feel that suicide is a methodical plan worked out to the smallest detail. Since many young persons who are successful in their suicide attempts manifest a change in personality in that they become quiet and pensive, it seems logical to some writers that suicidal attempts are methodical and premeditated.

Recent studies show that in most cases the suicidal acts are not impulsive, but there seems to be a "pathogenic" readiness for identification and that the suicidal individual is ripe for the attempt. Freedman, cited in Wolff (1970), suggests, "There exists no clinical entity in which suicidal ideas and impulsives are absent." The extent to which an individual possesses these impulses varies, however, as well as thier control over these impulses.

Karl Menninger (1938) sums up the belief that suicide is premeditated when he states, "This man began to commit suicide long before he took the pistol in his hand." Also, it is interesting to note that Menninger felt that suicide can occur to take the place of a psychosis in a "normal" person, but again after much thought.

Zilboorg, cited in Menninger (1938), said, "It is clear that the problem of suicide from the scientific point of view remains unsolved. Neither common sense nor clinical psychopathology has found a causal or even a strictly empirical solution." Even though there were, of course, the breakthroughs in the understanding of suicide from two separate fields (Freud-psychodynamic and Durkheim-sociologic), this quote still rings true today. Man is still searching for answers to the question of suicide.

Whether it is some mysterious force deep within man, or the pressures of society upon man, the result is still

the same. Many adolescents in today's world are choosing to leave it. As Karl Menninger (1963) explains it, "When the virtually unquenchable spark of life flickers out in despair, when all hope, need, and effort give way to futility; when the only relief seems to be the ending of all future struggle, disintegration has been reached and death by one's own hands follows."

With the suicide rate of adolescents climbing every day, Dr. Edwin Schneidman and Dr. Norman Farberow (1970) became unique in their work dealing with suicidal patients. They decided that saving lives should be of utmost importance. Their work began over a decade ago in the form of a social intervention called the Suicide Prevention Center of Los Angeles. It was begun to understand, study, and then to try to teach others to reduce distress and prevent people from attempting suicide. This center was under the administration of these men from 1955-1966 and helped other such crisis centers to spring up all over the country.

This type of work is one answer. But understanding, compassion and a willing ear can do more to help troubled youngsters if practiced in the home, in school, in work opportunities, and in all aspects of life. No one knows what goes on in the mind of another person, but kindness and trust can help to calm any troubled person. Suicide in adolescents is indeed alarming, but this rate will continue to climb until every person sees suicide as his

own problem.

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