

Preventing Suicide

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Abstract

Adolescent suicide is one of the biggest social problems. Reasons and risk factors of adolescent suicide have been described in abundance. Nevertheless, thousands of young people all over the world voluntarily end their lives. The goal of this research project is to show that adolescent suicide is preventable. The project builds on the tragic story of Miss Sevin Elmas and her tragic suicide. The research includes a detailed review of literature and analyzes possible reasons behind Miss Sevin's decision to commit suicide. Recommendations to prevent adolescent suicides are provided.

Keywords: adolescent suicide, Sevin, Germany, immigration.

Table of Contents

Introduction

Goals and objectives

Suicide: definition and trends

Literature review

 Statistics and global trends

 Reasons why adolescent commit suicides

 Risk factors

 Suicide methods

 Gender, immigration and adolescent suicide

 Adolescent suicide prevention

 Other considerations

Miss Sevin Elmas: The tragic story of life

Miss Sevin: Why did it happen?

Preventing adolescent suicide

Conclusion

Postscript

References

Preventing Suicide

“I am so embarrassed because I know I can do better they will never allow me to get out of that bad school. They won’t allow me to succeed I’m stuck and I’m embarrassed I can’t look anyone into their eyes I can’t [...] I want to live up to my last name. But this country won’t let me. Won’t give me the option and the opportunity to succeed. I just hope I didn’t do this in vain ...” This is a nightmare any mother would like to avoid. Seeing the dead child is one of the greatest tragedies parents can face in their lives. Suicide remains one of the most contentious social issues in today’s world. The complexity and complications of adolescent suicide can hardly be overstated. Despite the growing suicide awareness and numerous preventive measures, the controversy surrounding adolescent suicide continues to persist. Children and adolescents who have just entered this life are not expected to throw themselves into the hands of death. They seem to be full of optimism, plans, future dreams and expectations. Why do adolescents commit suicides? Why do they swallow pills and shoot themselves? Is adolescence so unbearable that it lends itself to death? These are just some of the questions to be answered in this work.

Suicide remains one of the most popular objects of present day social, mental health, sociological and medical research. Possible reasons why adolescents kill themselves have been described in abundance. Unfortunately, contemporary researchers persistently disregard the moral and emotional sides of adolescent suicide. How many mothers spend their lives crying for their children? How many parents fail to survive the loss of their adolescent children? Official statistics do not answer these questions, but the unbearable pain of losing a child should not be disregarded. This study aims to fill the emotional gap in the analysis of adolescent suicide, its causes, consequences and implications. Whether or not suicide is moral and permissible is beyond the scope of this analysis. With the help of a personal story of suicide, this study will create the foundation for the development of relevant suicide

prevention strategies and provide recommendations to parents and professionals in the analysis of adolescent behaviors and intentions.

The seriousness and complexity of adolescent suicide issues should not be overestimated. More often than not, suicide is claimed to be a serious violation of the fundamental laws of morality and ethics. Werth (2000) writes, “it is not irrational to avoid hard – including pain and suffering – if there is some purpose to be served undergoing it [...] committing suicide would be irrational as well as immoral, because it would evade that suffering” (p.19). Put simply, everything has its higher purpose, and avoiding pain and suffering is the same as avoiding life. Yet, these moral premises are not always feasible and logical. Not all pain and sufferings are necessarily constructive and useful. There is pain that does not serve any emotional purpose (Werth, 2000). This is particularly the case of adolescents who, due to the lack of life experiences, cannot envision their future clearly and optimistically. When pain becomes severe and long-term, enduring it is no longer possible. The longer is the pain, the more likely it is to interfere with adolescents’ mental and emotional functioning. In this state, adolescents cannot develop an outlook for pain-free recovery (Werth, 2000). The prospects to avoid pain by suicide become even more probable.

It is not within the scope of this paper to judge adolescents for their decisions. Judgment and criticism will not do any good to them. Life is the greatest gift bestowed upon human beings, and it is within human abilities and skills to preserve and protect this life. Adolescents are extremely vulnerable to external influences and events. They tend to exaggerate the seriousness of their problems. Their emotions are difficult to control. This is why parents, school and mental health professionals play a crucial role in the development of suicide prevention instruments. The goal of this study is to prove that preventing adolescent suicide is absolutely possible. The most important is the amount of attention paid by adults to adolescent problems and concerns. This study will explore and critically appraise the current

state of literature regarding adolescent suicide, to confirm the seriousness of the issue and urge the development of broad suicide prevention programs.

Goals and Objectives

The main goal of this study is to provide recommendations to prevent suicidal intentions and attempts in adolescents. The following research questions will have to be answered:

- What is suicide?
- What are the main global suicide trends?
- How common is adolescent suicide?
- What are the factors that affect and predispose suicidal intentions in adolescents?
- How are adolescent suicide and immigration related?
- How to prevent adolescent suicide?

Suicide: Definition and Trends

The meaning of suicide is often taken for granted. More often than not, suicide is the way individuals use to leave life prematurely. In other words, committing suicide is the same as killing oneself. In reality, however, suicidal behaviors are as diverse as their meanings.

There is still no single, universal definition of suicide. Suicidal behaviors begin with individuals' thinking to end their lives (Krug, 2007). Suicidal behaviors also include planning a suicide, getting means to realize these plans, attempting self-murder and, eventually, completing the task (Krug, 2007). The nature of suicide varies considerably, depending on the conditions and circumstances in which suicide occurs. It is no wonder that defining suicide is extremely problematic. The term 'suicide' is directly associated with aggressiveness and violence (Krug, 2007). The first time the term 'suicide' appeared in literature was in 1642, when Sir Thomas Browne, a famous philosopher and physician, used two Latin words, *caedere* (to kill) and *sui* (of oneself) to coin the word 'suicide' (Krug,

2007). Sir Thomas Browne sought to distinguish between the acts of homicide against another person and the acts of homicide against oneself. It was not before the 20th century than an official definition of suicide was coined.

In 1973, the Encyclopedia Britannica published the first official definition of suicide: “the human act of self-inflicting one’s own life cessation” (Krug, 2007, p.185). Again, as in case with Sir Thomas Browne, human intention to die was at the heart of suicide definition and description. However, even this definition does not reduce the controversy surrounding the issue of suicide. The fact is that, when the person is dead, it is virtually impossible to reconstruct his (her) thoughts and decide with confidence that the death was nothing but an act of suicide. If the person made no clear statements regarding suicidal intentions and thoughts, distinguishing suicide from a murder or accident may become extremely problematic. Not all those who survive suicidal attempts want to live, and not all those who want to die plan to realize their suicidal intentions. Therefore, it is not always possible to define suicide as somebody’s voluntary intention to leave. Reasons behind suicides are so complex, and their outcomes are so devastating that defining suicide may become an unachievable task. For the purpose of this study, suicide will be defined as “completed suicide that refers to death which directly or indirectly results from an act that the dead person believed would result in this end” (Fonagy et al., 2010, p.304). This definition implies that suicide is (a) lethal; (b) nonhabitual; and (c) intended. In other words, suicide is an act of self-harm that always leads to death, is nonhabitual (unusual for a person) and planned.

If defining and describing suicide is not possible, it is better to look at the nature, types and consequences of various suicidal behaviors. Categorizing suicidal behaviors may shed some light on the analysis of suicide, its nature and implications. Although suicidal behaviors differ greatly across individuals, it is still possible to systematize the current knowledge of suicide and create the basis for the development of preventive strategies.

Suicide is rarely accidental. In most cases, the act of self-inflicting death is preceded by the thoughts and considerations of dying. This is suicidal ideation, which refers to the thoughts and dreams of killing oneself (Krug, 2007). Suicidal ideation also covers the feelings of being tired of life and pessimistic about the future, feeling that life is not worth living, and thinking that it is better not to wake up from sleep (Krug, 2007). However, the fact that individuals think of suicide does not mean that they will actually attempt to die. Thousands of people experience similar feelings from time to time but, once their troubles are over, immediately forget about their worst feelings.

When suicidal intentions become permanent, self-mutilation may follow. Individuals with suicidal thoughts and intentions may apply to major self-mutilation, stereotypical self-mutilation or superficial-to-moderate self-mutilation (Krug, 2007). Self-mutilation differs greatly from suicide and is not discussed in this study. However, at times, self-mutilation may help in the analysis of suicidal behaviors and suicides, especially among adolescents. The current state of research and statistics helps to understand the seriousness and extent of the problem. In this chapter, the extent of suicide in general, including adults and adolescents, is discussed and analyzed.

Suicides represent one of the major causes of deaths among adults and adolescents. In the developed world, suicide remains one of the central causes of deaths among males 15-24 years of age (Fonagy, 2010). Although national rates of suicide vary considerably, it is clear that the highest rates of suicide are in Eastern European countries, including Belarus, Estonia and Lithuania, as well as the Russian Federation (Krug, 2007). In 2011, Lithuania had 61.3 male suicides per 1,000 of residents, compared to 10.4 suicides per 1,000 Lithuanian women (WHO, 2012). As of today, Lithuania is fairly regarded as the leader in the global suicide race. Sri Lanka is also well-known for high suicide rates (Krug, 2007). The lowest suicide rates are in Latin America, especially in Paraguay and Colombia (Krug, 2007). In Asia, the

Philippines and Thailand are mostly free from suicides (Krug, 2007). These statistical data suggest that the rates of suicide depend on and change under the influence of numerous social and environmental factors. More surprising is the fact that, despite their advanced economic and social status, the countries of Europe have consistently failed to cope with the problem of suicide among all population groups. As of today, countries of Europe are somewhere in between the highest and lowest suicide extremes (Krug, 2007).

The rates of suicide and the risks of suicidal behaviors vary greatly across population groups. Age is one of the major factors of suicidal intentions in the general population. The incidence and prevalence of suicides increases with age, but young people aged 15-24 years are the most susceptible to the risks of committing suicide (Krug, 2007; Fonagy et al., 2010). Only those aged 75 and older face the risks of suicide three times higher than those in the 15-24 age group (Krug, 2007).

In England and Wales, suicide is the second common cause of death among 15-24 year olds, after motor vehicle accidents (Fonagy et al., 2010). In the United States, suicide is the second major cause of death among 15-19 year olds and the third major cause of fatalities among young people who have achieved 15-24th year of age (Fonagy et al., 2010). Children under 12 rarely complete their suicide intentions; more common suicide intentions and acts become during the age of puberty, and their rates increase in each adolescent year (Fonagy et al., 2010). This information has profound implications both for this study and the analysis of adolescent suicides. On the one hand, if so many adolescents in the developed world commit suicide, then the reason may lie in their emotional and mental state after puberty. On the other hand, it is possible to assume that high rates of adolescent suicides reflect the lack of social conditions that favor adolescents' emotional development and maturation, as well as the lack of effective prevention strategies against suicide. However, these are merely assumptions that need further analysis. What is certain is that adolescents, especially young girls and women,

are prone to commit parasuicide, which is largely an adolescent phenomenon (Fonagy et al., 2010).

Here, parasuicide deserves special attention and becomes a good point of analysis in the study of adolescent suicide. The term “parasuicide” was created to help professionals and researchers to differentiate among deliberate self-harm and attempted suicide (Welch, 2001). The fact is that deliberate self-harm and attempted suicide are absolutely different behaviors. Many people, including adolescents, apply to self-harm with no intention to die (Welch, 2001). Yet, due to the existing confusions in terminology, these people are also referred to as “suicide attempters”, which distorts the overall picture of adolescent and adult suicide. The term “parasuicide” is applied to situations involving nonfatal self-injurious behaviors without any clear intent to cause death (Welch, 2001). Today, parasuicide is a common term used by mental health and sociology professionals in Europe and the United States. Whether or not the term ‘parasuicide’ is applicable in this study is to be decided later. At this moment, brief information on parasuicides completes the picture of the global suicide trends among adults and adolescents. The importance of parasuicide in the study of adolescent suicide should not be disregarded, since adolescent women display the highest rates of nonfatal self-injurious behaviors among all population groups (Fonagy et al., 2010; Welch, 2001).

Back to adolescent suicide, the postwar period in Europe and the United States was marked with an unprecedented increase in the prevalence and incidence of self-inflicted deaths among males (Fonagy et al., 2010). In the meantime, the rates of suicide in the oldest population groups rapidly decreased (Fonagy et al., 2010). Again, these changes in the global suicide trends suggest that environmental and social conditions play a huge role in the development of suicidal intentions and the number of self-inflicted deaths. What factors are responsible for the growing number of self-inflicted deaths among adolescents is to be

discussed later. Unfortunately, even extensive statistics cannot expose the real tragedy of suicides among adolescents.

Adolescent suicide is a tragedy that can be prevented. Stories of teen suicides in the developed world are not uncommon. Reasons why adolescents choose to kill themselves are numerous, but it is clear that all these youngsters experience unbearable pain, so unbearable that only death can reduce it. Statistical data on suicides should be treated with great caution: since ways in which suicides are recorded in different countries vary substantially and make relevant comparisons difficult and extremely problematic. The changing conditions of performance, environment, globalization and technological advancement, including migration, place new demands on teenagers. Many of them cannot cope with their emotional troubles without external help. The role of parents and school systems in suicide prevention is crucial. As previously mentioned, statistics regarding suicide rates across countries and population groups are abundant. More scarce is the information which exposes the emotional and spiritual background of adolescent suicide. Not all parents can successfully and timely denote the risks and signs of suicide in their adolescent children. Consequences of parents' failure to detect suicidal ideation in children may be tragic. This paper pays a tribute to all adolescents who have deceased prematurely and, as a result, have exposed the danger of suicide affecting all adolescents. Most, if not all, adolescent suicides could have been prevented. However, everything that happens in this world has its destiny and purpose. Hopefully, all those deaths have been in vain, teaching a good lesson of caution and emphasizing the need to keep adolescents from taking irrational decisions. This study will attempt to change the situation with adolescent suicides to the better, by learning the main factors and predictors of adolescent suicide and providing recommendations to prevent family tragedies similar to that which happened to Miss Sevin Elmas.

Literature Review

Statistics and global trends

Adolescent suicide is a popular object of contemporary research. Reasons and risk factors of adolescent suicide have been researched in abundance. Nevertheless, the issues and misunderstandings surrounding the issue of teen suicide continue to persist. The tragedy of adolescent suicide cannot be ignored. Parents and family members suffer the loss of their children. More tragic, however, is the realization that they could have prevented the loss, by being more attentive and thorough in their analysis of various precipitating events.

The current state of literature provides a brief insight into the history of suicide trends in the United States and the rest of the world. Researchers explore changes and variations in adolescent suicide statistics and, additionally, explore the relationship between completed suicides and attempted adolescent suicides. In 1991, Andrus et al. confirmed that suicide was the third leading cause of death among adolescents and youth, but for every completed suicide, between 30 and 200 suicides were attempted. Attempted suicide has far-reaching implications for understanding the nature of adolescent suicide, since ten percent of adolescents who already attempted suicide will try to repeat their attempt within one year (Andrus et al., 1991). Andrus et al. (1991) specifically focused on attempted adolescent suicides in Oregon, suggesting that during the 1980s, suicide accounted for at least 16% of deaths in Oregon adolescents aged 13-19. Today, repeated suicide attempts continue to stir the hearts and minds of professional researchers. Almost 20 years later, Gryedanus, Bacopoulou and Tsalamaniotis (2009) explored the repeated suicide phenomenon and concluded that at least one suicide attempt would raise the probability of another attempt 15-fold. Statistically, 30% of adolescents aged 13-18 who already tried to commit suicide have 2-3 attempts per year, and 17% of “attempted” adolescents have 4 or more attempts during one year (Gryedanus et al., 2009). Reasons why adolescents commit repeated suicide

attempts are numerous, from depression and violence to sexual assault, weight gain in girls and substance abuse (Greydanus et al., 2009). Repeated suicide attempts have far-reaching consequences for adolescents' emotional and psychiatric state of being, and the analysis of factors leading to attempted suicide can shed light on the reasons and possible prevention strategies in the context of adolescent suicide.

Contemporary researchers explore the global and national statistics of adolescent suicide. Greydanus et al. (2009) calculated that as many as 200,000 adolescents ended their lives through suicide every year in all parts of the world. In the United States, the rates of adolescent suicide varied throughout the 20th century and reflected the changes and pressures of greater societal forces on young people (Greydanus et al., 2009). The 1930s witnessed the highest rates of teen suicide, partially due to the Great Depression and serious economic difficulties faced by young people and their parents (Greydanus et al., 2009). In the 1940s and 1950s the rates of teen suicide in the U.S. decreased dramatically, but increased again in the 1960-1990s (Greydanus et al., 2009). Since the beginning of the 1990s, the rates of adolescent suicide in the U.S. steadily declined (Greydanus et al., 2009). McKeown, Cuffe and Schulz (2006) support these findings. Like Greydanus et al. (2009), McKeown et al. (2006) cannot explain the reasons behind the rapid changes in adolescent suicide rates in the U.S. during the latter half of the 20th century. McKeown et al. (2006) are confident that broader societal forces have nothing to do with the rapid fluctuations in teen suicide rates in the country. Most probably, and Greydanus et al. (2009) propose this explanation, it is due to the rapid development of medicine and increased use of serotonin reuptake inhibitors to deal with adolescent depression that the rates of teen suicide in the country have decreased. However, if medicine helps to reduce adolescent suicide rates, it is not clear why Japan is still at the forefront of the global adolescent suicide landscape. Japan is well-known for its suicide problems, and the rates of self-induced death among Japanese adolescents continue to

increase (Gryedanus et al., 2009). Suicide rates among the 20-24-year-old group are twice as high as those among the 15-19-year-old Japanese (Gryedanus et al., 2009). The situation in Turkey is no better: Uzun et al. (2009) examined suicide among children and adolescents in one Turkish province and discovered that the prevailing majority of teen suicides were completed by adolescents 15-19 years of age. These data support the global trend. Possible reasons why adolescent suicide rates increase globally may include the loss of social cohesion, unemployment and economic instability, depression, etc. (Wasserman, Cheng & Jiang, 2005).

Unfortunately, using global statistics as the basis for the analysis of the teen suicide phenomenon is not always appropriate. Researchers recognize the difficulties obtaining and using adolescent suicide statistics. Basically, not all countries report their suicide data (Wasserman et al., 2005). For example, Wasserman et al. (2005) were able to find the data for only 90 countries out of 192 nations available. Even then, the reliability of adolescent suicide statistics is questionable, since suicides tend to be underreported for various religious and cultural reasons (Wasserman et al., 2005). Relatives of suicides may not be willing to disclose the true reason of death, masking it by other, similar death categories (Wasserman et al., 2005). Simultaneously, death from suicide in adolescent populations may be masked or misclassified unintentionally, making the global picture of teen suicide misbalanced and statistically dysfunctional (Wasserman et al., 2005). All these difficulties further complicate the international comparability of suicide data: given that doctors and police in different countries follow different routine procedures; these differences may further affect the validity of the national and international suicide statistics (Wasserman et al., 2005).

Another problem is that the death category 'suicide' is questioned continuously (Mohler & Earls, 2001). Nonrandom bias and random error lead to serious misclassifications in suicide statistics (Mohler & Earls, 2001). The lack of suicide-specific information,

especially concerning attempted suicides, leads to underreporting of data (Mohler & Earls, 2001). Again, Mohler and Earls (2001) mention religious and cultural considerations of suicide, which further affect the degree to which adolescent suicides are reported officially. Despite these problems, the current state of research provides abundant information regarding the most prevalent reasons and risk factors of suicide among adolescents.

Reasons why adolescents commit suicides

Needless to say, different adolescents face different barriers to realizing their dreams. A young person experiences serious emotional pressures that naturally accompany the process of his (her) maturation. School problems, low grades, the lack of parental support and family cohesion, abuse and violence, and other reasons may readily result in the development of suicidal intentions and behaviors. Certainly, not all teenagers who experience these problems will want to kill themselves. More often than not, suicide is a complex result of multiple influences. Researchers have no consensus with regard to the most common suicide reasons, but it is still possible to delineate certain trends in the development and realization of teenagers' suicide decisions.

It should be noted that, in most cases, adolescent suicide is preceded by one or a series of precipitating events, which fuel the hidden forces of stress and depression and push teenagers to complete the act of self-induced death. Hill et al. (2012) discussed various precipitating events in adolescent suicidal crises, and their findings provide a vast landscape for exploring the main causes of adolescent suicide. Earlier researchers found that various events could become a major precipitating factor leading to teen suicide (Hill et al., 2012). The nature of these events varies considerably, from a stressful situation to broken relationships and the loss of a significant other (Hill et al., 2012). More interesting, however, are the causes and drivers of teen suicide in the absence of precipitating events, and this is what Hill et al. (2012) tried to explore. Really, only 40-90% of adolescents experience a

precipitating event leading them to suicide. The act of teen suicide in the absence of a precipitating event suggests that adolescent suicide is much more complicated than previously established. Self-induced death which is not attributed to a precipitating event may take place as a result of adolescents' heightened sensitivity, stress reactivity or cognitive reactivity, all of which lead to the subsequent activation of suicidality in adolescents (Hill et al., 2012).

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Postscript

Dear Sevin, three decades have passed since the day you decided to live this world for good. All these years, your parents have been trying to find out what exactly they did wrong and why they failed to anticipate the coming tragedy. Your suicide letter reveals the true feelings and issues you faced in your life in Germany. It is clear that the life of an immigrant adolescent girl is not cloudless. Better than anybody else, I understand the feeling of shame you experienced while trying to deal with your school problems without anybody's assistance. The results of this study suggest that loneliness and isolation are not the best companions of immigrant adolescents. On the contrary, through closeness come entrapment and defeat, which further increase the risks of suicidal moods and intentions. Objectively, you had to explain to your parents what was going on, and your parents had to understand that you were doing everything possible and impossible to meet their expectations. Your situation was not inescapable, as even in the most problematic situation, there is always more than one solution. Today, three decades later, your life teaches us a good lesson of attentiveness, sensitivity, empowerment and involvement in the lives of our children.

In your last letter, you write that you hope your decision is not in vain. You can see now that this research project has been extremely helpful in delineating the main causes of your suicide. You can see that your life has become the basis for developing suicide prevention recommendations for schools and parents. You can see that your death makes people reconsider the quality of their relations with children, peers and relatives. Now, thirty years after your tragic death, your niece has created this project to pay a tribute to your personality. This project is a unique way to thank you for the sun and happiness you used to bring into other people's lives. This project is a good way to remind people of their values. This project is not about death and suicide; it is about life – the life that can be long and self-fulfilling, and your experiences, dear Sevin, give hope to thousands of adolescents around the world.

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