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Suicide is intentional self-inflicted acts that end in death ("Suicide," Compton's). After a series of traumatic events, normal coping abilities can be pushed over the edge; the result may be suicide. In each year, an average of 30,000 suicide deaths occur in the United States. It is estimated that 5,000 of those suicides are committed by teenagers (SA\VE, 2). One major reason that the suicide rate among teenagers is so high, is that the teenage years are a period of commotion. New social roles are being learned, new relationships are being developed, bodily changes are occurring, and decisions about the future are being made during the teenage years.

Teenagers tend to commit suicide after large changes, significant losses, or abuse has occurred in their lives. An important change in a relationship, school or body image may contribute to a teenagers' tendency to commit suicide. The death of a loved one, the loss of a valued relationship, and the loss of self esteem are some significant losses which might be a factor in teen suicide ("The Real World [Suicide: Facts]," 1). Perceived abuse such as physical, emotional, psychological, sexual, social abuse or neglect can lead to self-murder ("Teen Suicide," 3). Significant changes, losses, and abuse can promote suicidal tendencies.

Few suicidal people have some type of depression, yet those who have one can be provoked to commit suicide. There are two main types of depression suffered by

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suicidal people ("Suicide," {Grolier}). The first type is reactive depression. This type of depression is the reaction of a difficult and often traumatic experience. Endogenous depression is the second type of depression. It is the result of a mental illness which is diagnosable by a professional. Some suicidal people have a combination of both reactive depression and endogenous depression. Others could have a depression which is undiagnosed. A persistent sad mood, thoughts of suicide, persistent physical pains that do not respond to treatment, difficulty concentrating, irritability and fatigue are some symptoms of depression (American Psychiatric Association, 4). If a person has four or more of the symptoms lasting for more than two weeks, that person could have a type of depression. Those people with mental illnesses such as schizophrenia and clinical depression have much higher suicide rates than average (Tom Arsenault, 2).

Teenagers display warning signs of suicide. The indications come in two ways. First exhibited are the early warning signs. These signs include difficulties in school, depression, drug abuse, sleep and eating disturbances, and a loss of interest in activities. Restlessness, feelings of failure, overreaction to criticism, overly self-critical, anger, and a preoccupation with death or Satan are also some signals teenagers contemplating suicide will give ("Teen Suicide,"

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3). The other type of clues are late warning signs. Talking about death, neglecting appearance, a feeling of

hopelessness, a sudden improvement in personality, and giving away possessions are some of the typical late warning signs given by a suicidal teenager ("Teen Suicide," 4). Not everyone who portrays these symptoms is suicidal. In order to know if a person is really thinking about committing suicide, someone needs to ask them. Offering other ways to deal with a suicidal persons' problems, may save their life. Most teenagers contemplating suicide would not commit it, if they knew of another way out. By talking with someone who is suicidal, that person might see that there are people who love them.

Despite the efforts of people to stop a teenager from committing suicide, some succeed. The statistics of considered and completed suicide are shocking. Ten percent of teenage boys admit that they have attempted suicide. Girls in their teens have a much higher percentage (eighteen percent), which will admit that they unsuccessfully tried to commit suicide. A teenager in 1990 was twice as likely to die from suicide than a teenager growing up in 1960. One of the most startling teenage suicide facts is that since 1961, there has been a tripling of completed teenage suicide ("The Real World [Suicide: Facts]," 1-3).

When a teenager is able to successfully commit suicide, they leave behind family and friends. In a
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normal death situation, people usually feel grief. When a teenager performs suicide, family and friends left behind experience many feelings. A feeling of confusion and great distress over unresolved issues is very common. Family members and friends often feel anger and resentment after a suicide. These emotions can cause friends and family to become very isolated feeling. A friend or family member may find that it is difficult to relate to other people after a suicide. These people may decide that other people view them as a failure because they were unable to stop someone close to them from committing suicide. A fear of forming new relationships after a person has completed suicide is common. People feel that by creating new relationships, they might be hurt and experience the same pain they are going through. In order to help people who have experienced the suicide of someone they deeply cared about, "survivor groups" have been created ("Suicide-Frequently Asked Questions," 6). Knowing they will be accepted without being judged or condemned, helps a person go to a "survivor group." At a meeting, the people's intense burden of unresolved feelings may be lessened.

Suicide is the third leading killer among teenagers (SA\VE-Suicide Awareness\Voices of Education, 6). Suicide can be committed for a number of reasons. Anyone who talks about suicide, should be taken to see a professional. The most important way to prevent suicide
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is to talk.

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