

Dept. Honors

Childhood Suicide

An Honors Thesis (HONRS 499)

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After completing my recent student teaching assignment, I felt very strongly about addressing an issue that is of rising concern in the United States. When most individuals think of their own childhood, they have many happy memories. Childhood is usually thought of as a time to learn about the environment in a carefree manner. It is very evident, though, that some children do not experience a pleasurable childhood. Even more alarming, some children can not deal with all the stresses and negative influences being pushed upon them so some may turn to suicide to escape this difficult way of life. During my student teaching experience, I was confronted with a child who had suicidal tendencies. The description and details of my observations of this child follow:

I will refer to the child as Kay when discussing my observations and description. When I met Kay for the first time, I could sense something was odd. I looked at Kay with pity. Both her clothes and her body were covered with dirt. She seemed extremely thin for her age. Her hair was in need of a good hair cut. After getting through the outward appearance of Kay, I knew something seriously was wrong. If an individual were to look at this child, he/she would have felt a "piercing" coming from the child's eyes. This feeling is very difficult to explain but will never be forgotten. It was very evident that Kay was full of hate, anger, and negative feelings about herself.

Discipline is something which is difficult for most children to handle but they adjust to the modes of the teacher. This particular child could not handle being punished in any manner. She would fall to the floor and cry for dear life. Next, Kay would cling to her desk or chair as if it were her only sense of security. If she was given an assignment to do again, she would tear it up and explode fiercely. I found myself to be on edge during most of my teaching experiences that Kay was present for. Even though the experience was very trying and heartbreaking, I wanted Kay to learn. There came a day when the pressure was too great for this little girl. During class, she was found engaging in self-mutilation. Kay was poking staples into her small wrists. My heart went out to this child. She needed help desperately. She was removed from the classroom and a case worker went to the home of the little girl. Kay has now been placed in a hospital

which helps children work through their feelings and emotions. Even though this child did not commit suicide, I believe that if she had not been given help and intervention, suicide may have occurred later in her childhood. Kay was crying out for help. I am so glad that someone heard her cry.

During all my interactions with children, I had never come across a child with this type of problem. Because of this particular experience, I chose to conduct research on childhood suicide. The following paper will examine the results of my research. Such topics to be addressed include: the meaning and prevalence of suicide, theories, methods, risk factors, finality of death, times of greatest risk, "accidents", prevention, and intervention.

According to the book entitled Depression and Suicide in Children and Adolescents, suicide is defined as "the intentional ending of one's own life by any means and can be the natural lethal outcome of severe depression" (25). Suicide is the third leading cause of death among children and the second among young adults. Even so, for every suicide, there are many more attempts. Suicide attempts are a signal to others that a problem exists. In 1985, 278 children between the ages of 5 and 14 were identified as having killed themselves. This number is probably not exact. It has been estimated that about 1,000 children under 15 actually commit suicide each year (Muse 26). Shockingly, it has been found that preschoolers may even attempt suicide. Many individuals who work with young children find this difficult to believe. Followers of the Freudian viewpoint believe that a young child would not have developed a conscience which would enable him/her to conceptualize an act as destructive as suicide (Jason 47). Therefore, whether the death of a preschooler could have been suicide may depend on your interpretation of child development.

There are many theories behind suicide and why it occurs in some individuals and not in others. First of all, Alfred Adler developed a theory of suicide that involved the concept of inferiority complex. He believed that the suicidal individual was one that suffered from extreme feelings of inferiority, self-centered goals, and hidden aggression. Adler believed that this person was usually the result of a pampered childhood. Another theorist, Karl Menniger built his views on that of Freud. He classified suicide into different categories involving various behaviors. Karen Horney believed that parental attitudes may cause the child to become so dependent that the child may develop feelings of anxiety. Horney's theory addresses the following areas: not providing the needs of the child, providing a cold family atmosphere, setting high standards, being critical. Horney believed that suicide was a failure in self-development (Hyde and Forsyth 22 - 24). Although these theories may differ, many of the characteristics are similar. Some of the following feelings are probably felt by all individuals having suicidal tendencies: loneliness, hate, shame, guilt, fear, need for revenge, hopelessness, helplessness, and isolation. Most often, suicide is attempted by individuals who feel that there is no hope for the future.

Methods of suicide and attempts vary by age and sex. The methods that younger children tend to try are much less lethal than the ones chosen by older children. A young child would probably choose one of the following methods if attempting suicide: jump from a high place, self-poisoning, hanging, stabbing, or running into traffic (Muse 26). Males tend to attempt much more violent methods than females do. Therefore, the suicide rate among males is much higher.

In order to help young children, educators and parents must be able to evaluate the risk factors for childhood suicide. Children who usually attempt suicide are usually depressed. They feel hopeless about life. These children tend to have low self-esteem (Guide to the Prevention of Suicide and Self-Destructive Behavior). Children who demonstrate extreme irritability, are easily angered, become easily frustrated, and are very impulsive need immediate attention (Muse 28). Depressed children who have close family members or friends who have died by suicide are at a very high risk to attempt suicide themselves. As adults, we must realize that we are examples for children. If a child observes that an adult has committed suicide or attempted it, he/she may see this as a way to get away from problems in life. If a child has previously attempted suicide, he/she should be closely watched. A child will be less likely to attempt suicide repeatedly if a responsible adult took the initial cry for help seriously.

It is very important that children have an understanding of the finality of death. Many children believe that after death they will return back to life. According to the book Suicide: The Hidden Epidemic, children who do not have a strong concept of what it means to die will have a difficult time understanding the finality of death. These children may believe that they will be present at their own funerals. If a child is punished, he/she may take revenge by telling his/her parent how sorry he/she would be if the child was gone. The child at this stage may commit suicide in order to "punish" the parents. Parents and educators need to be sure that children have a complete understanding of death and its finality. Too often, children think that they will be able to return from the dead in some magical

way (10).

It may be difficult to understand what could be so troubling in the life of a young child that would cause him/her to attempt suicide. Studies have shown that the following are highly contributory factors for suicide attempts: difficulties in relationships with family or friends, death of a close personal friend (animal or human), worry about school performance, loss of "support systems" or "emotional safety", physical and sexual abuse, effects of drugs and/or alcohol, chronic illnesses, and mental disorders. Why would the above mentioned items increase the likelihood of a suicide attempt by a child? According to Depression and Suicide in Children and Adolescents, there are many reasons why the items mentioned above may be contributory factors leading to suicide attempts. If a child is having difficulties relating to family members or friends, he/she may tend to spend more time with himself/herself only. When a close friend or family member dies, a child may feel lost or that there may be no one to care for him/her. A sudden change in school performance can also be a factor contributing to childhood suicide. Also, an inability to concentrate or sit still should be watched by educators and parents. A child who has always done well in school may have problems dealing with times in which he/she does not completely understand material. If a child loses his/her support systems, he/she may feel all alone. This feeling can occur when a child's parents divorce or when an older brother or sister moves out of the house. Physical and sexual abuse place children at a higher risk to attempt suicide. These children are often quite depressed because of the demoralizing and hopeless situation they see themselves in. These children feel suicide is the

only way to escape the abuse. Even though it may be difficult to believe, some children do use alcohol and/or drugs. By using these agents, children are not thinking for themselves. They become less inhibited and are more impulsive. If a child has a chronic illness and realizes that this is something which he/she may have to deal with the rest of his/her life, the child may choose to end his/her life instead of hoping for an end of the suffering. Children who have mental disorders such as schizophrenia may hear voices that tell them they are worthless and to kill themselves (28 - 30).

There are times in the life of a child which may put him/her at greater risk for suicide attempts. If a child is already depressed, a death in his/her family or circle of friends may create an increased risk for suicide. Being extremely close to an individual who has just died, may cause the child to have the desire to join the deceased. As educators and parents, it is very important that we understand how delicately our words and actions must be selected. If a child is humiliated or embarrassed by a teacher or parent, he/she may begin to feel powerless. In extreme cases, the child may turn to suicide. According to an article published in the November 1989 issue of NEA Today, if there has been a recent well - publicized suicide of a child in the community, other depressed children may be at increased risk for suicide even if they do not know the person involved. This sad truth may become more evident if the child who committed suicide was in his/her early teens. Children of this age are very impulsive and impressionable (13).

When parents explain a child's death as being accidental, this may not always be the case. According to Muse, if a child has died from an

"accident", the situation should be examined for suicidal intent. The death should definitely be examined if the child suffered from depression. The suicide may have been attempted by the child unconsciously (33 - 34). If a child engages in self - mutilation or other types of self - destructive behavior, the child should be observed closely. These behaviors may in the end be unrecognized suicide attempts.

Some childhood suicides can be prevented. The author of the book *A Time to Listen: Preventing Youth Suicide* believes that as a society we have the power to make great leaps toward prevention. The author states that "We must hear what youth is saying. Hear and respond. And lives can, and will, be saved." Each individual has the power to prevent childhood suicide. Individuals need to be in tune to the needs and feelings of young children. After reading the research, I found that the key to prevention is listening. Individuals need to be open to others. By listening closely, society has the power to prevent suicide. The victim must be recognized. Therefore, it is important that society becomes familiar with signs of suicide and cries for help.

If an individual suspects that a child may be suicidal, what should he/she do? First of all, the individual should take threats seriously. If suicide intent is suspected, react on those feelings. Also, be available to answer cries for help. Most importantly, do not ignore the issue. It is very important to be supportive of the individual, understanding, and demonstrate compassion. This individual is truly hurting inside. It is very important to offer help which is sincere. Be sure and confront the problem with the individual. It is fine to bring up the issue of suicide. Get the individual to talk

about it. It is not up to the individual who is helping the person in need to make decisions or judgements. The individual should be a good listener. Be sure and tell the person that you care. The person in need should be made to feel that he/she is not alone. There will always be someone there for him/her to talk with. There are several agencies which the individual may go to for help. It is important for the individual to talk with a professional who can work with him/her. My research paper contains a list of places where individuals may seek help.

The experience which I encountered during my teaching assignment was very difficult and disturbing. Luckily, the little girl in my classroom was rescued in time. It is very important for educators and parents to become very familiar with the signs of childhood suicide. As parents and educators, there are many things which we can do to help the child in need. Educators and parents need to be in touch with the feelings and behaviors of the children involved in their lives. There are also ways that adults can help prevent childhood suicide. There are many experiences that may occur in the life of a child which may lead to negative feelings and behaviors. If educators and parents would take the time to listen to children, many cases of suicide could be prevented. The following lines are very important for adults to keep in mind when working with children. These lines discuss the need of positive experiences in order for a child to have a life in which a purpose and need for living will be felt:

If a child lives with criticism, he learns to condemn.
If a child lives with hostility, he learns to fight.
If a child lives with ridicule, he learns to be shy.
If a child lives with shame, he learns to feel guilty.
If a child lives with tolerance, he learns to be patient.
If a child lives with encouragement, he learns confidence.

If a child lives with praise, he learns to appreciate.
If a child lives with fairness, he learns justice.
If a child lives with security, he learns to have faith.
If a child lives with approval, he learns to like himself.
If a child lives with acceptance and friendship, he learns to find
love in the world.

WORKS CITED

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- Hermes, Patricia. A Time to Listen: Preventing Youth Suicide. New York: Harcourt Brace Jovanovich, 1987.
- Hyde, Margaret C. and Forsyth, Elizabeth Held. Suicide: The hidden Epidemic. New York: Franklin Watts, 1978.
- Jason, Kathrine. 1988. "Preschool suicide." Omni. 5(1): 47.
- Muse, Nina Jo. Depression and Suicide in Children and Adolescents. Texas: Pro - ed, 1990.
- United States Army. "Guide to the Prevention of Suicide and Self - Destructive Behavior." Pamphlet 600 - 20.

WHERE TO GO FOR HELP

Sources of Information for Parents and Teachers

American Academy of Child and Adolescent Psychiatry
Virginia W. Anthony, Executive Director
3616 Wisconsin Avenue, N.W.
Washington, DC 20016
(202) 986 - 7300

American Psychological Association
Leonard B. Goodstein, PhD, Executive Officer
1200 17th Street, N.W.
Washington, DC 20016

National Alliance for the Mentally Ill
Laurie M. Flynn, Executive Director
1901 North Fort Myer Drive, Suite 500
Arlington, VA 22209 - 1604
(703) 524 - 7600

National Depressive and Manic Depressive Association
Marilyn Weiss, President
Merchandise Mart, Box 3395
Chicago, IL 60654
(312) 998 - 0066

National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857
(301) 443 - 2403

Specifically for Helping Children

Is Your Child Depressed? (book)

An estimated 5 million children between the ages of 4 and 19 experiences significant depressive symptoms. Depressed children may not look or appear sad. This gives a step by step approach to help parents recognize depression and help the child.

When Loving Hurts (book) by Sol Gordon

In depth guide to suicide prevention and crisis intervention offers options to cope with depression, alcohol, drugs, sex, love, getting along with parents, and more.

Stress and Your Child (book) by Ruth Arent

Children are often confused and faced with expectations they cannot always handle. This practical book gives parents strategies to help children deal with stresses caused by school, peer pressure, divorce, death, violence at home, adolescence, an alcoholic parent, being gifted and talented, and others.

All About Anger (video) by Sunburst Co.

For a young child, anger can be a puzzling, hurtful, emotion that often culminates in inappropriate or destructive behavior. This program helps students understand that anger is a normal and universal emotion and introduces the idea that while the emotion is not under their control, what can be done about it. Designed for grade levels 2 - 4.

"Childhood, Depression and Suicide" by Wain K. Brown, Ph.D.

Pamphlet #219 from William Gladden Foundation

79 Carley Avenue

Huntington, NY 11743

Written to inform parents, professionals, and concerned citizens about more than just the causes and effects of depression and suicide.