



Photo: Bernie Leroux

ATTEMPTED SUICIDE — WHY ARE TEENS TRYING TO KILL THEMSELVES?

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Dans ce livre, l'auteure s'intéresse aux suicides et aux tentatives de suicides parmi les adolescentes. Les raisons les plus courantes sont les suivantes: perte ou peur de perdre l'être aimé, compétition trop dure, douleur non exprimée, conflits familiaux non résolus. Tous ces phénomènes peuvent amener une forte dépression. Une tentative de suicide représente l'espoir d'arrêter la souffrance plutôt que le désir de mourir.

"Something snapped. . . I just felt I couldn't take this pain any longer. . . I wanted to sleep for a very long time." Sharon, an articulate nineteen-year-old, expressed these feelings recently in an emergency ward after taking an overdose of a non-barbiturate prescription drug. She explained that her boyfriend of two years had walked out of their apartment one week ago and all her efforts to contact him had been unsuccessful. Although their relationship had been deteriorating, she had not wanted to confront their problems for fear of what might be expressed. On further probing, Sharon admitted she did not really want to die but rather wished all the hurt she felt would go away.

The suicide attempt rate for women under the age of 30 has been rising steadily over the last few years. While more women attempt suicide, more men actually kill themselves. In 1981, in Vancouver, British Columbia, 616 women under 30 came to the attention of Suicide Attempt, Follow-Up, Education, and Research, a suicide-

attempt professional counselling group under the Greater Vancouver Mental Health Services. These women had made or were threatening to make some type of suicide attempt, usually through pills. They were taken to one of the four emergency departments in the Vancouver area serviced by S.A.F.E.R. Most of these women accepted counselling with a S.A.F.E.R. worker for an average of six weeks to three months or until the crisis in their lives was resolved.

The most common problem in a suicide attempt is the loss, or fear of loss, of a significant relationship. Sharon continued, "I have great difficulty seeing my life without John. . . I left my parents' home and moved into an apartment with John. . . I've never lived on my own. . . I'm scared. . . how do I begin meeting people again? . . . I hate the single bar scene." The lack of confidence Sharon expresses typifies many insecure feelings young women have about themselves. To view themselves as a separate person, separate from parents, siblings, friends, and lover, does not come naturally. It is a goal they must fight for but once attained is worth the struggle. Independence indicates an ability to survive on their own. To depend too exclusively on another person can blur values and produce a false sense of security. When things go wrong in such a dependent relationship, negative feelings may be withheld. Instead of seeing themselves as a separate person with a problem, they visualize two people intertwined in ropes of confusion. Sharon found herself in this dilemma.

Among other areas of conflict for women which cause feelings of depression and worthlessness are high expectations to perform, a past history of sexual or physical abuse, and unresolved grief over the loss of someone important.

Many young people feel their parents place unrealistic demands on them to achieve. "Finish high school, go to university, learn a trade or skill. . . do something with your life," complained a mother to her eighteen-year-old daughter. The daughter admitted, "Everything I did seemed to disappoint my parents. . . I had so many school calendars on my desk that all I wanted to do was close my eyes and pick one at random. . . then my parents would get off my back." Carla became frustrated and angry by her parents' harassment to finalize future plans following high-school graduation. She protested, "My parents have no reason to complain about me. I've never done anything wrong. I've done well at school, found part-time jobs, never abused drugs or alcohol and they make me feel like a failure because I haven't decided what I want to do in September. You'd think it was a life-or-death decision. I'm only eighteen years old. I have my whole life ahead of me."

Carla's mother outlined fears that Carla would follow the path of her best friend's children, who, five years following grade twelve, had not "found themselves" and were changing jobs every few months. More often than not, when things do not go according to parents' agendas for their children, all the positive accomplishments are quickly forgotten and doom is fore-

cast. In response to the constant pressure Carla felt from her parents, she overdosed on her father's blood-pressure medication. "I didn't want to die," she conceded, "I just wanted to tell them to leave me alone!"

Physical and sexual abuse of children by their caregivers is becoming a more common ingredient in suicidal behaviour. A majority of women abused as children admit to suicidal ideation. Sexual abuse of children causes confusion about trust, love, intimacy, and self-worth. Such betrayal can result in psychological wounds that lie dormant only to erupt when future moves towards intimacy are made. It may be years after the event before such early trauma is finally shared. In the counselling sessions at S.A.F.E.R., feelings of sadness, anger, rage, and valuelessness are expressed by many of the women who had early experiences involving abuse.

Loss, or fear of the loss, of a lover may trigger unresolved feelings about a previous bereavement, culminating in a suicide attempt. Joanne is a 35-year-old recent divorcee who lacerated her wrist. Her parents were killed instantly in a motor-vehicle accident when she was fourteen years of age. "When my husband asked me for a divorce, I tried to be stoic and handle his leaving in an adult way. Our marriage had been rocky for three years; so I wasn't surprised that he wanted his freedom. On the day the divorce was granted, I felt like I would suffocate. I went home to my now-empty apartment. It was so final, and, when I looked in the bathroom mirror, I saw my parents' car crashing into an embankment. I saw my husband rushing into the arms of another woman. I broke the mirror, grabbed a jagged segment, and cut my wrist. I wanted to join my parents and be safe." In further discussions, it appeared Joanne had never fully mourned her parents' sudden death. The grandmother, who subsequently raised her, always boasted about Joanne's composed and mature attitude towards her loss. Joanne's divorce touched upon unresolved feelings of aban-

donment and helplessness. Her way of asking for help was through a suicide attempt. Again it was not a wish to die but a desire to stop the pain of loneliness.

Most suicidal individuals exhibit some signs and symptoms of depression prior to their attempts. Sharon (whose boyfriend left) had hardly eaten for a week prior to her attempt, had missed three days of work, had refused to see her closest girlfriend, and, on the morning of her overdose, had telephoned her employer with instructions to send her paycheck to a sister in Ontario. In her quandary about fulfilling her parents' wishes to choose a career, Carla had become increasingly irritable during the month preceding her suicide attempt. She was spending more time alone in her room, often lying in bed staring at the ceiling. Her personal hygiene had deteriorated but her ravenous appetite seemed insatiable and she gained ten pounds in three weeks. Carla was unhappy, she felt trapped, and she believed she could not talk to her parents. Joanne, on the other hand, seemed to mask her depression and presented herself as being in complete control of her life. However, she began to display uncharacteristic behaviour. She was involved in two minor car accidents in the space of three months and her abuse of alcohol alarmed those close to her. Prior to the divorce proceedings, Joanne's usual social activity revolved around her tennis club. Suddenly, she began to frequent nightclubs and engage in promiscuous sexual activity with a variety of men.

Could these three suicide attempts have been prevented? Certainly there are other indicators of depression that may occur, such as a change in sleeping habits, low energy and affect, poor concentration, truancy, failing grades, and increased drug and alcohol use. If two or more of these symptoms appear and continue for more than a week, action must be taken. It is with a degree of smugness that we view past behaviour, point a finger at significant others and proclaim, "Why didn't you do something? Didn't you notice a change in her

behaviour?" It is easy to blame! It requires a degree of assertiveness and sensitivity to invade another's privacy, especially when we are not invited. Yet the question must be asked if we believe someone is suicidal.

The very word is scary. If it is alarming to us, imagine how the person contemplating it is feeling. So ask the question in whatever form is most comfortable. "I've noticed a change in your behaviour lately. I'm very worried about you. I'm wondering, because of the recent stress you've been under, if you are thinking about hurting yourself? Are you considering suicide as a solution to your problem?"

Once the issue is talked about, tension begins to lessen, which may be the first step towards prevention. Even if the response is in the negative, the topic is now open for future discussion should it become an issue. On the other hand, a positive response relieves the tormented individual from having to deal with suicidal thoughts alone. It allows frightening ideas to surface. Suicide attempters do not want to die. They do want to change how they feel and rid themselves of oppressive emotions. Once the admission to suicidal ideation is made, encouragement can help the individual seek professional treatment. The relief that accompanies the sharing of such overpowering fears is like a festering boil that, once lanced, allows the healing process slowly to begin.

There are many myths surrounding suicidal behaviour. In the experience of the workers at S.A.F.E.R., it is important that these myths be recognized and dispelled. Among the more common misbeliefs are:

- "If she talks about suicide, she won't do it." This is a false misconception as suicidal individuals often make direct or indirect reference to their intention.
- "I'd better not mention suicide; I may encourage her to do it." The opposite is true. Discussion is the first step towards prevention.
- "She is not as depressed now as she was a few months ago; so don't worry about suicide." On the con-

trary, improvement in the level of depression often enhances the ability to act on previously made suicide plans. The energy level is now sufficient to enable the person to carry through with her intent.

A most important factor in the intervention and prevention of suicidal behaviour is the ability to be available, to listen, and to empathize. It is not necessary to invent solutions or quick cures for someone's misfortunes. A key ingredient may be to help design an action plan and ask such questions as, "What is going on right now? How is the individual reacting? What appears to be helpful? What isn't working?" Promoting options and alternatives might be the start of solving a complex problem. It may be of some consequence to share the responsibility with competent helpers and alleviate the burden of aiding a distressed individual by ourselves. In time of stress, it is paramount to emphasize past strengths and build confidence. For example, following her divorce, Joanne viewed herself as a failure although she was recognized as an expert in her highly technical profession. We should encourage a suicidal person to seek treatment that is effective for her. Intimate feelings can be shared only in an atmosphere of trust, respect, and consideration.

Individuals who attempt suicide are crying out for help not only for themselves but for the people they love. Women often ask for assistance when it is too late and a suicide attempt is the outcome. Men may wait even longer and their solution to the problem results in a suicide death. To talk about helpless, angry, frustrating, and sad feelings is a difficult task. Yet a suicide attempt can be a dangerous and life-threatening method of asking for help. Reaching out for support during a crisis requires a special kind of courage. The first time aid is requested is usually the most difficult. Delaying a wish to die and seeking help will re-establish hope and confidence. Life may not always be easy but learning to deal with its problems expands our skills and allows for growth.

off target

three teenagers—
nineteen eighteen sixteen—
break and enter
pilfer
threaten
rape
threaten
pilfer
leave
their brother's girlfriend

four days later she charges them
officially—
the police doctor notes
her bruised thighs
but the cop on duty
won't see her alone
and the trio in another room
listen

down the road
she's set upon
by the sister of the oldest boy
pulling her hair
cracking her skull on the pavement:
my brother's in enough trouble already
says the street fighter
off target

two days later headaches blind
vomiting begins:
the women in the refuge
sit with the shaking lass
throughout the night
and concussion passes

when it's light
she drops the charges
baby brother can rest easy

note: because this woman dropped the charges, the matter will be considered one more false allegation in police files.

Astra

Poem from *Battle Cries* by Astra, 1981, Ultra Violet Enterprises, London, England.