



FUNERAL CHAPEL

Dedicated To Those We Serve

## *Caring Connections: Suicide in the young*

**"She had every reason to live. Why would she do it?"**

While there is no single reason why a teenager will take a life, a leading factor of adolescent suicide is a pervading sense of hopelessness and helplessness. Problems at that critical moment appear overpowering with no solutions or changes in sight. One eighteen year old having difficulty relating to others said, "I am alone in a tunnel that never ends. It keeps getting darker and darker." Young people who attempt to commit suicide often have low self-esteem, a sense of worthlessness. A high school student, who was perceived by others as an outstanding athlete felt that he didn't measure up. "I'm okay in sports, but I should be the best." Often, adolescents' standards and expectations or those of their parents are unrealistic. Teenagers may even believe that their families would be better off without them. They feel like biological strangers, that they are out of step and do not fit into the family circle. Or there could be the feeling (often false) of being unwanted, perhaps assuming their birth was not desired, a phenomenon aptly described as "the discarded child." Experiencing a loss of a relationship is another significant event preceding the suicide of a young person – a broken romance, moving to a different home, or a family loss by death or divorce. There is the abrupt loss of meaningful supports and attachments. A strong correlation also exists between the development of self-destructive behavior in adolescents and a family history of cruelty, violence, rejection or abandonment. Suicidal youth rarely wish to die; they just wish to escape what they consider to be an intolerable condition. "If I were dead, I wouldn't hurt so much," said a high school senior who was so depressed because he was not admitted to the college of his choice. Unfortunately, those close to the troubled student failed to detect his pain, listen to his feelings, and express their love. He took his life.

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## Common Misconceptions

"Youths who talk about killing themselves never do."

"Suicide runs in the family so you can't do much to prevent these kids from taking their lives."

"You can't help teenagers once they decide to commit suicide."

"Only mentally ill people kill themselves and our child is not sick."

"Once an adolescent is suicidal, he or she is always suicidal."

While these five statements are often repeated, they are fatally wrong.

### **Myths about teenage suicide must be dispelled.**

**MYTH:** "Those who talk about suicide rarely attempt or commit it."

**FACT:** Most of the young people who have attempted or committed suicide have given significant verbal clues as to their intentions.

**MYTH:** "The tendency toward suicide is inherited."

**FACT:** There is no evidence of genetic link to suicide. However, young people are especially suggestible and a previous suicide in the family could establish a destructive model for repeat behavior.

**MYTH:** "Nothing could have stopped her once she decided to take her life."

**FACT:** Most adolescents who contemplate suicide are torn between a desire to live a desire to die. They want their suffering to end and, at the same time, wish to find an alternative or a solution to their pain. Too often, their cry for help goes unheard by families, friends, and even professionals.

**MYTH:** "Suicidal youths are mentally ill."

**FACT:** Most young people who attempt or commit suicide would not be diagnosed as "mentally ill." Of course, chronic mental illness does increase the risk.

**MYTH:** "A teenager who is once suicidal is never out of danger even when he or she becomes an adult."

**FACT:** Many depressed youths are helped and do recover to lead normal, healthy lives. What can help keep them alive is that we become more aware of the warning signs and of the ways to respond to troubled, potentially suicidal young people.

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# Danger Signals

**Almost all young people who think about suicide give some clues as to their intentions. The warning signs could be:**

## **1. A previous suicide attempt**

The surest sign of intent is the **attempt**. A prior attempt is the most potent predictor of another effort at self-destruction. Four out of five youths who killed themselves had made a previous attempt. A suicide attempt should never be dismissed.

## **2. The verbal comments**

Adolescents almost always tell of their plans to kill themselves. Sometimes the words are clear: "I can't take it. I'm going to kill myself." Often, the statements are indirect. Perhaps these hints are veiled and disguised because the young people believe that these thoughts are unacceptable to others and therefore must be concealed:

- "You won't have to worry about me. I won't be a problem for you much longer."
- "I wish I could just go to sleep and never wake up."
- "They'll be sorry when I'm gone."
- "Nothing matters. It's no use."

Whether a frank statement or a subtle hint, these indicators should not be ignored.

## **3. Emotional disturbances**

**There may be significant personality changes:**

- a loss of appetite or sudden overeating, insomnia or excessive sleeping over a period lasting at least several days
- frequent complaints about physical symptoms that are often related to emotions (such as stomach-aches, headaches, constant fatigue, frequent drowsiness)
- unusual neglect of personal appearance
- persistent feelings of loneliness, worthlessness, guilt, or sadness
- prolonged boredom in their surroundings and with activities they had previously enjoyed
- withdrawal and isolation from friends and family, becoming loners who are unable to give of themselves or to make a real commitment in a relationship
- difficulty in concentration with a decline in the quality of schoolwork
- preoccupation with themes of death
- rarely planning for the future. "Why worry about it? I could be dead tomorrow."
- abrupt outbursts of anger, "jumping" at little things. Instead of controlling their moods, their moods control them.

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## **4. Behavioral signs**

### **The warning signals may be reflected outwardly:**

- drugs or alcohol abuse. More than half of the teenagers who commit suicide are involved in alcohol or drug abuse.
- frequent accidents, impulsive behavior, neglecting their physical fitness, seeking stress, increased risk-taking
- variously acting-out behaviors – running away, trouble with the law, refusal to go to school
- problems with school or employment
- giving away prized possessions. “I won’t be needing it anymore” and making arrangements as though for a “long” departure
- outbreak of cluster suicides or suicide attempts by friends or students. Suicide by contagion is often an ominous factor and could be a “death trend.”
- unexpectedly cheerful after being despondent for a long time. Adolescent suicide often occurs when the young person seems to be improving and appears less depressed than before. They seem “at peace” as a result of their final decision to take their lives.

Remember that suicides usually do not occur “out of the blue.” Most teenagers send out warning signs. The danger that we might be embarrassed by overreacting is nothing compared to the danger of death because we would fail to intervene.

## **What You Can Do To Help**

### **1. Believe it.**

Don’t allow others to mislead you into ignoring a suicidal situation. Even when in doubt, accept the responsibility that the young person really may be suicidal.

### **2. Open the lines of communication.**

You might ask: “You don’t seem to be yourself lately. Is anything wrong?”

### **3. Be a good listener.**

If adolescents confide in you that they are contemplating suicide, do not condemn them for expressing their feelings. Try to be as calm and understanding as possible. You might say: “It takes a lot of courage to share your feelings and I appreciate your honesty.”

### **4. Don’t argue.**

Don’t say, “How could you think of taking your life when you are so much better off than most kids your age?” or, “Do you realize the embarrassment and pain you’ll cause your family?”

You may lose not only the argument, but also the young person.

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### **5. Ask questions.**

Like, "How long have you felt that your life was so hopeless?" "Why do you think you are feeling that way?" "Do you have specific ideas about how you would kill yourself?" "If you thought about killing yourself before, what stopped you?" To help the young person think through their thoughts and identify the source of their stress, you might occasionally rephrase important responses: "In other words, what you are saying is that..."

### **6. Do not give false reassurances.**

"It's nothing. All kids have problems just like yours: And other clichés do not address the torment that the youths are experiencing. This approach only serves to minimize their feelings and make them feel more guilty and worthless.

### **7. If possible, help them to take a more positive approach.**

You could ask: "What used to make you happy?" "What helps you now when you feel so badly?" "What changes can you make?" "What pressures can you say 'no' to?" "Is there anyone you can turn to?" Emphasize the young person's strengths and the fact that while problems are usually temporary, suicide is permanent.

### **8. Don't leave the youth alone in a high-risk situation.**

Stay with the young person yourself or ask someone else to stay with him or her until the crisis passes or until help arrives. It may be necessary for you to call a hospital emergency room or outpatient clinic. Relationships carry responsibilities.

### **9. Get help.**

The goal of suicide intervention is to motivate the troubled person to seek professional help. Suggest – even put pressure upon them, if necessary – to contact their parents, a counselor, physician, clergy person, trusted teacher, an adult that they respect, a suicide prevention or crisis intervention center, or a mental health facility. If they refuse, seek help for them. At this point, don't worry about breaking a confidence. It is better to betray a trust than to lose a life.

## **When Suicide Occurs**

There is no greater tragedy than the death of the young. The intense pain is even greater when the death is self-inflicted. The living victims are the survivors who will bear the difficult social stigma of having a loved one take a life.

The emotional reactions of family and friends are more extreme than if the youth had died of natural causes. There is greater shock, denial, and numbness. "I've just talked to him. It's nightmare. When I wake up, I'll find it really did not happen. It can't be. He was so young."

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## **Anger can be acute.**

It can be self-directed: "Why wasn't I at home when she took her life?" Maybe I could have saved her."

The resentment can be aimed at the counseling community: "Why didn't they prevent it?"

Or the hostility could be leveled against the youth who committed suicide: "How dare he do this to me and ruin my life."

## **A most powerful reaction is guilt.**

"I should have been there ... offered more help ... found the right solution ... if only I had, maybe she wouldn't be dead now."

Keeping this pain to oneself just makes a person that much more lonely and isolated.

There are counseling services and self-help groups that can help the bereaved to better cope with their sorrow and anxiety.

Following the suicide of a young person, it's only natural that the family might want to hold a private funeral service as quietly and quickly as possible. But, the survivors cannot run away from the terrible reality of what has happened. Like never before, they may need the strength of community.

It is important that friends of the family attend the visitation and funeral. For the family, it demonstrates our support and friendship. Our being there says we care. For us, as mourners, it helps us accept the fact that someone we cared about has died.

We should stay in touch and visit after the funeral as well. The grieving process is usually prolonged after a suicide. Let the conversation be natural; over-solicitation can create suspicion. We should just try to be ourselves. We are not there to censor or to justify the young person's death. Nor should we probe for details about the method of the death.

Remember, communication is both verbal and non-verbal. A warm handshake or a friendly embrace with eye contact can be more soothing than words. The support of friends, self-help groups and caring professionals can make a vital difference in the bereaved's eventual recovery.

## **Increasing Adolescent Suicide Awareness**

Education is the single most valuable tool to help prevent youth suicide. Professionals who work with the young must be better trained to detect the early warning signals and to learn how to take more effective preventative action. Schools— public, private and religious— should set up programs not only on the topic of suicide, but also on how youth can better handle stress and depression. Seminars and conferences should be offered for parents as well. Legislators must recognize this great need on a broader state and national level. The public must be aroused. Society must establish as a priority the mental health of our young or else there will likely be many more mourners.

If suicide is described as the desire-to-die, then the youth of the future must be provided with the will-to-live and with the tools to cope through difficult times, realizing that each life is unique, special and worth preserving.