This literature survey, part of a series designed to provide information sources on topics of current interest in the field of mental health, lists 122 references on child and adolescent suicide covering the years 1978-1980. Author, author address, title, source, and source location are included where applicable. A brief content resume is provided for each entry. Arrangement of contents is by primary author; a computer-generated index of primary and secondary authors and a subject index are appended. (Author/MCF)
LITERATURE SURVEY SERIES

NO. 2

CHILD AND ADOLESCENT SUICIDE

Prepared by

National Clearinghouse for Mental Health Information
Division of Scientific and Public Information

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LITERATURE SURVEY SERIES

NO. 1: ANOREXIA NERVOSA

NO. 2: CHILD AND ADOLESCENT SUICIDE

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The National Clearinghouse for Mental Health Information literature survey series contain references to the literature on subjects of current interest to the NCMHI users. This survey is the second in the series and covers the past three years: 1978-1980. Arrangement of contents is by primary author; a computer-generated index of primary and secondary authors and a subject index are appended.

Sylvaine L. Kenyon
Chief, National Clearinghouse
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June 1981
Three objectively scored family tasks were administered to 15 families containing an adolescent suicide attempter, 13 families containing a psychophysically ill adolescent, and 14 families with nondisturbed children, to examine the patterns of communication and rejection in families of suicidal adolescents. The results suggest that the family of the adolescent suicide attempter constitutes a pathological system in which communication of self-revealing information, responsiveness to others' needs, and awareness of familial patterns of communication are more restricted than in either of the other two groups. Family efficiency, perceived family effectiveness, and members' satisfaction with their own families were similarly lower in the experimental group. However, the only characteristic distinguishing the suicidal adolescent from the psychophysically afflicted and the normal adolescents appears to be the greater proximity of the latter two to their own siblings on measures of rejection and expectancy of rejection. It is concluded that, although the suicidal adolescent perceives himself to be rejected, this feeling is shared by the other two identified groups and may thus be a corollary of the normal changes of adolescence. (Journal abstract modified)

A review of research into nutritional megavitamin (orthomolecular) therapy in the treatment of behaviorally disturbed and learning disabled children is presented. Hoffer and Osmond (1952, 1962) noted that suicide rates in schizophrenic subjects not treated with nicotinic acid were 22 times greater than the overall rate. Cott (1974) described specific improvement within 3 to 6 months in autistic and schizophrenic children receiving megavitamin therapy. Morgan (1976) in a double-blind study of megavitamin therapy in infantile autism, childhood schizophrenia, and autistic
retardation found no significant changes in a variety of skills as a function of megavitamin therapy. Major arguments against megavitamin therapy have been the possibility of toxicity and that such therapy is wasteful and ineffective. Methodological shortcomings of much orthomolecular research is discussed and the need for more research is noted. 17 references.

AUTHORS: Angel, P.; Taleghani, M.; Croquet, M.; Courtecuisse, N.
ADDRESS: Hopitaux Psychiatriques, 44, Chemin de Ronde, F-78110 Le Vesinet, France
TITLE: Epidemiological approach to suicide attempts by adolescents: some answers from the environment.
SOURCE: Evolution Psychiatrique (Toulouse).

Suicide attempts among adolescents were studied from an epidemiological point of view. The subjects selected consisted of 537 children, 14 to 19 years of age, who were hospitalized after suicide attempts. Their records were analyzed for various factors, such as sex, age, nationality, socio-professional level of parents, matrimonial situation of parents, family size, and professional and academic activities of the subjects. These were used to determine each subject's background. A psychiatric examination, conducted after the suicide attempt, showed that 303 of the adolescents suffered from psychosis, neurosis, personality disturbances, pathological personalities, depressive states, and intelligence disturbances. The other 234 subjects could not be diagnosed as suffering from any specific psychiatric disturbance. Results show that in forming a useful evaluation scale for the risk of recurring suicide attempts, certain factors must be taken into account: belonging to a family of four or more children, the antecedents of character and academic difficulties, depressive tendencies, antecedents of family alcoholism, and the relationship of the child with his family. Social services which can be helpful in decreasing the risk of recurrence of suicide attempts are suggested. 23 references.

AUTHORS: Baker, Ronald.
ADDRESS: Centre for Research into Adolescent Breakdown, 33 Priory Gardens, Highgate, London N6 5QU, England
TITLE: Adolescent depression: an illness or developmental task?
SOURCE: Journal of Adolescence.
Depression in adolescence is discussed from its occurrence as a manifestation of health in relation to developmental tasks and from the standpoint of its being indicative of illness and pathology. The symptoms and behavior of the suicidal adolescent are examined in the context of his incapacity to negotiate the developmental tasks and the factors which militate against the mourning process. In particular, the importance of the inner world of the adolescent is emphasized as well as the importance to the professional worker of understanding the destructive nature of the countertransference as evoked by these depressed adolescents. 21 references. (Author abstract modified)

Psychiatric symptoms and clinical pictures which occur in high frequency among North African adolescents were studied. Hospitalized and outpatient children and adolescents were observed over a 3 year period in a psychiatric clinic in the southern part of the Bas-Rhin region of France. These North African children and adolescents are discussed in regard to their reactions of raging to persecution, their moroseness, their states of depression, their acute attacks of hypochondria, their refugee conduct or refugee diseases, neurotic syndromes, sexual problems, suicidal ideas and attempts, running away, criminal behavior, lack of progress in school, and the essential data obtained by psychological tests that explore intelligence and affectivity. After three clinical notes, the therapeutic aspects of the problem are outlined. 3 references. (Journal abstract modified)
Developmental issues that impinge upon the young adolescent and affect the treatment of depression are explored. These issues include individuation and separation from family, developing the capacity for intimate relationships, sexual identification, and talent development. Conflicts related to such development may lead to depression and suicidal behavior in teenagers who cannot respond to new stresses and cope effectively with life changes. Drugs, alcoholism, promiscuous behavior, and delinquency may be depressive equivalents. Therapy involves assessment of those developmental tasks that are not successfully completed and establishment of clear goals which the patient can pursue in the hospital milieu, or in group, family, and individual therapy. 28 references.

AUTHORS: Bernstejn, Joanne E.
ADDRESS: School of Education, Brooklyn College of the City University of New York, Brooklyn, NY 11210
TITLE: Literature for young people -- nonfiction books about death,
SOURCE: Archives of the Foundation of Thanatology.

In a summary of a paper given at a symposium on the Child and Death held in New York, January 1979, an overview of the recent breakthrough in literature for young people which allows issues related to death and suicide to be addressed openly is presented. Authors who have attempted to present nonfiction material about death to children have come to the task from varied vantage points: anthropology, biology, ecology, theology, thanatology, and others. Several specialized books which have been published, such as books dealing exclusively with suicide or concentrating upon the death of a parent, are considered. Examples of journalism techniques and case histories, as well as the dialogue approach are presented. Exploration of grief and mourning in a scholarly yet compassionate manner is reported. (Author abstract modified)

AUTHORS: Bogia, B. Preston.
ADDRESS: Topeka State Hospital, 2700 West 6th Street, Topeka, KS 66606
TITLE: The death theme in adolescent concerns: teens need to talk about death.
SOURCE: Journal of Pastoral Care.

The adolescent's need to talk about death is discussed. Teens who are given free choice of discussion topics almost always include death among the top five. Teens find it difficult to explain their fascination with the idea of suicide. Often a suicide attempt,
reckless driving, and foolish risk taking result from an inability to comprehend the finality of death. Another factor is the natural fluctuation of emotions during this tumultuous period. Their real concern does not seem to be so much with death itself as it does with life and death, with the interrelationship between the two. It is concluded that this exploration is a necessary part of their resolution of questions about personal identity and the purpose and meaning of life.

AUTHORS: Bron, Bernhard.
ADDRESS: Universitäts-Nervenklinik, 53 Bonn-Venusberg, Germany
TITLE: The current increase in the incidence of suicide among young people.
TITLE: Suizidalen Entwicklungen bei jungen Menschen in der heutigen Zeit.
SOURCE: Praxis der Kinderpsychologie und Kinderpsychiatrie (Gottingen).

The increasing incidence of suicide among children and adolescents is discussed. It is maintained that the influence of current profound sociocultural changes accounts for this increase. The role of psychopathological syndromes in suicidal behavior among young people is considered. The increase of addiction among youth is viewed as evidence of the effect of social change upon suicide rates. It is concluded that attention must be focused on the treatment of potentially suicidal children and adolescents. 26 references. (Journal abstract modified)

AUTHORS: Bucher, Richard E.; Carneiro-Ulhoa, Maria Jose.
ADDRESS: Depto. de Psicologia, Universidad de Brasilia, Brasilia, Brazil
TITLE: Psychopathological and psychodynamic factors in juvenile delinquency.
TITLE: Aspectos psicopatologicos y psicodinamicos en la delincuencia juvenil.

A group of 21 delinquent adolescents with a mean age of 14 was tested and compared to a group of abandoned, nondelinquent minors. The delinquent group was of a higher social class, showed fewer psychopathological symptoms and sexual problems, but had more thoughts of suicide. They were relatively unstructured at the level of sexual and social identity. Their asocial tendencies were
reactions to instability and inconsistency of personality structure caused by a lack of family interaction and integration. The abandoned youths were marked by frustrations and affective deficiencies but were still able to adapt to social norms. Their problems were caused by internal conflicts connected with self-image, self-confidence, and acceptance. Being abandoned by the family caused fewer problems than being raised in a disintegrated family. It is concluded that family therapy can be used to resolve tensions and bring out hidden conflicts so that the youth will not rebel against social norms. 17 references. (Journal abstract modified)

000011
AUTHORS: Bull, Marilyn; LaVecchio, Francesca.
ADDRESS: LaVecchio: Department of Neuropsychology, Tufts-New England Medical Center, 260 Tremont Street, Boston, MA 02111.
TITLE: Behavior therapy for a child with Lesch-Nyhan syndrome.

The effects of the behavior therapy techniques of systematic desensitization and extinction on the behavioral symptoms in a 10-year-old boy with Lesch-Nyhan syndrome were examined. The hypothesis that the self-destructive behaviors in this syndrome were voluntary and maintained through continuous reinforcement was confirmed. Characteristic biting and other maladaptive behaviors were extinguished. It is concluded that a trained and experienced therapist and a controlled environment are essential for the success of this form of behavior therapy. 11 references. (Author abstract modified)

000012
AUTHORS: Caine, Edwin.
ADDRESS: Dept. of Psychiatry, University of California, Los Angeles, CA 90024.
TITLE: Two contemporary tragedies: adolescent suicide/adolescent alcoholism.
SOURCE: Journal of the National Association of Private Psychiatric Hospitals.

Adolescent suicide and adolescent alcoholism are discussed. It is noted that the second leading cause of death in Americans age 10 to 24 is suicide, and that 10% of people who attempt suicide later go on to commit it. Individual, social, and cultural determinants in the etiology of adolescent suicide are discussed. Individual determinants include: genetic tendencies; puberty; mental disorders;
identification, imitation, and suggestion; impulsivity; and drugs or alcohol. Social determinants include: family life, social, isolation, communication, and socioeconomic status. Primary prevention and crisis intervention are discussed. It is suggested that alcohol is the drug of choice today for teenagers and that its use is increasing. Individual, social, and social determinants for teenage alcoholism are discussed. Individual determinants include genetics and alcohol as a self-treatment for stress. Social determinants include peer pressures and family life. Cultural determinants include the association of alcohol with hospitality, sexuality, and manliness in our society. The issue of responsible drinking for adolescents is discussed. 34 references.

A case study of a girl less than 12 years old who had a school phobia and who had attempted suicide by defenestration is presented. She was a forsaken child placed in a foster family. She presented symptoms of obsession, ritual prayers, school perfectionism, and pangs focused on illness and death. A superior intellectual level allowed her to lead a normal school life. In the hospital environment, the problem of ego fragmentation emerged, leading to questions relative to her identity in the prepubertal phase. Her psychological structure seemed to be organized around the poles of abandonment and of a persecuting maternal image. The psychological structure seemed to be not so much nervous obsession as a psychotic organization controlled by obsessive defenses. (Journal abstract modified)


Suicidio e adolescencia. I. Incidencia, historico e fatores suicidogenos.
The characteristics of suicidal behavior in adolescents are examined. Suicides in adolescents constitute one third of the total suicides and are the second or third death cause in the age groups between 15 and 24. The stages of adolescent suicidal behavior are: depression, ideas about death and suicide, and the passage to action. The so called normal adolescence syndrome is based on the elaboration of some fundamental mournings which, when exaggerated, may lead to suicide. The importance of sociocultural and clinical aspects of suicide are emphasized. 37 references. (Journal abstract modified)
1977, a paper was presented which discusses team response to adolescents in regional institutions who show marked affective deficiencies and depression tending toward suicide. The multidisciplinary team, composed mainly of educators, has more difficulty coping with this suicidal self-aggression than with character type heteroaggression, because it is confronted with its own anxiety about the death wish. The psychiatrist must minimize such suicidal behavior and allow each member of the team to express his own anxiety. The team response has traditionally led to the unjustified hospitalization of all cases of suicidal behavior and thus, rejection by the institution. Presently, hospitalization is becoming less popular and the institution itself tends to care for these suicidal cases. It is emphasized that the team must first be able to confront its own anxiety regarding the death wish; however, due to the turnover rate in the teams it is sometimes difficult to achieve this. (Journal abstract modified)

000017
AUTHORS: Chiland, Colette.
ADDRESS: Universite Rene Descartes, Laboratoire de psychologie clinique, 28, rue Serpente, F-75006, Paris, France
TRTITLE: /Parents' attitude towards suicide or suicide attempt by the young child./
TITLE: Les parents devant le suicide et la menace de suicide du jeune enfant.
SOURCEID: 44(3/4):163-167, 1979:

The reasons for a child to attempt suicide are discussed and the role of the parent in helping the suicidal child is explored. A child's attempted suicide is a call for help to his next of kin. Previous behavior such as running away or breaking out may be antecedents to suicidal behavior. The relationship between suicide and depression is considered. The suicide attempt by a 7-year-old boy is described and the importance of family relationships are emphasized. It is noted that the number of boys committing suicide is much higher than that of girls. 14 references. (Journal abstract modified)

000018
AUTHORS: Clippinger, John A.
ADDRESS: Psychology Dept., Baker University, Baldwin City, KS 66006
TITLE: Adolescent sexuality and love.
Problems of the new sexuality for adolescents are discussed, and it is noted that adolescent love in its approach to human sexuality emphasizes freedom to the exclusion of responsibility. Less than 20% of the adolescent couples who engage in sexual relations use any type of contraception, and three quarters of all teenage pregnancies occur prior to marriage. Further, children born out of wedlock from such unions suffer frequently from social, economic, health, and educational handicaps. In addition, there are the problems of increasing abortions and venereal disease among young parents, along with child abuse and a suicide rate among teenage mothers 10 times that of the general population. Four possible ways for the pastoral counselor to aid in the solution of these problems are suggested. 56 references. (Author abstract modified)

A case report of the difficulties and eventual suicide of an 18 year old male epileptic of limited intelligence is presented, and the need for health and education professionals to address the unfairness of life for the handicapped and the factors which program such handicapped persons for failure is discussed. The S of this case report was too capable to qualify for special education, but not capable enough to compete successfully in a regular classroom. Since intellectual limitation was combined with clumsiness and epilepsy, this S's failure was pervasive and his isolation complete. Children with handicaps that prevent success need the assistance of health professionals and educators to alter their environment or to help them learn to cope. A comprehensive program includes amelioration of the handicapping condition, individualized education geared to strengths, empathic counseling, and parental consultation.

A case study of the suicide of a young girl in northwest New Britain, Papua, New Guinea is presented as an example of suicide as an expression of power by otherwise powerless people. The validity of using the legal terms "suicide" and "homicide" in a
cross-cultural context is also addressed. Data on different forms of self-destruction practiced by Kallai women support the argument that these terms are inadequate and inappropriate when applied to people who do not share European legal and cultural traditions. 34 references. (Author abstract)

AUTHORS: Crumley, Frank E.
ADDRESS: Barnett Tower, Suite 808, 3600 Gaston Ave., Dallas, TX 75246
TITLE: Adolescent suicide attempts.

The conditions of 40 adolescents in treatment following a suicide attempt were diagnosed according to the multiaxial classification of the American Psychiatric Association's proposed third edition of the diagnostic and statistical manual. All were psychiatrically ill before the suicide attempt. The most common diagnoses were those of depressive disorders and substance abuse disorders on the clinical psychiatric syndrome axis and borderline personality disorder on the personality and developmental disorder axis. The typical patient was a polydrug abusing girl with a borderline personality disorder and a superimposed major depressive disorder. The most prominent personality characteristics associated with suicide attempts by these adolescents were a tendency to react severely to a loss, poorly controlled rage, and impulsivity. It is concluded that suicide attempts by adolescents should be taken seriously by the physician and necessitate a thorough search for a possible underlying pathological condition. 19 references. (Author abstract)

AUTHORS: Davidson, F.; Choquet, M.
ADDRESS: Institut National de la Sante et de la Recherche Medicale (U/185), 44, chemin de bonde, F-78110 Le Vesinet, France
TITLE: /The contribution of epidemiology to the understanding and prevention of adolescent suicide./
SOURCE: Revue de Neuropsychiatrie Infantile et d'Hygiene Mentale etc. (Paris).

At the National Conference on the Adolescent held in Paris, November 1977, a brief statistical report which attempts to specify the importance of suicide in both the mortality and the morbidity
among the young was presented. Suicide is second only to accidents as a cause of death, and an average of four people in every thousand have attempted suicide. On the basis of epidemiological studies among suicidal and nonsuicidal adolescents, several risk factors are brought to light. These factors include coming from a family of four or more children; family problems with alcohol; family discord; character disorders, and severe scholastic problems and depressive tendencies. A combination of these factors in the same subject increases the risk of recidivism. It is felt that a better understanding of these risk factors could be useful in the prevention of suicide and, more generally, in the prevention of deviant adolescent behavior. (Journal abstract modified)

AUTHORS: Don Houter, Kathryn V.  
ADDRESS: Michigan State University, East Lansing, MI 48823  
TITLE: To silence one's self: A brief analysis of the literature on adolescent suicide.  

The etiology and treatment of suicidal behavior in adolescents is presented from an ecological point of view involving three major perspectives: biophysical, psychological, and sociological. Warning signs of a possible suicide attempt include a previous suicide attempt, a suicide threat, significant changes in behavior, and mental depression. When counseling teenagers, societal pressures, physical dysfunctions, and mental aberrations must be considered. It is argued that special emphasis must be placed on giving the adolescent a dignified role in society. 24 references. (Author abstract modified)

AUTHORS: Dinges, Norman G.; Trimble, Joseph E.; Hollenbeck, Albert R.  
ADDRESS: Hollenbeck: Dept. of Psychology, George Mason University, 4400 University Drive, Fairfax, VA 22030  
TITLE: American Indian adolescent socialization: a review of the literature.  
SOURCE: Journal of Adolescence.  

American-Indian adolescent socialization research is reviewed, beginning with early descriptive studies and progressing to current experimental investigations. Topics in Native American research are social problems and behavioral difficulties specific to this population; the incidence of suicide, alcoholism, academic failure, and poor psychosocial adjustment; problems in effective delivery of
education, social health care, and legal justice services to Indians; the processes by which these adolescents successfully adapt to the psychosocial task of minority and majority cultures; and the relationship between personality and culture. Recommendations for future programmatic research and the need for a definition of competence in Indian adolescents are also considered. 167 references. (Author abstract modified)

Suicides and suicidal attempts by children are discussed in an exploration of children's conceptions and fear of death. Gestures like refusal of food, risking dangers, and suicidal announcements are genuine suicidal characteristics. The function of these gestures is to flee intolerable situations, appeal for help, auto-punition, and a desire to rejoin a lost being. It is noted that in the antecedents of the child's life there are familial dissociation, situations of abandonment, separation, and violence. Before it is too late, the child's suicidal gestures should be taken as a serious plea for help. 8 references.

Pathological mourning was observed in 66 children and adolescents aged 6 to 16 years. Neurotic semiology was found in 16 cases, disturbances of instinct behavior in 10, and behavioral disorders in 12. A depressive semiology and suicidal conduct were frequent in children over 12; other manifestations of pathological mourning were independent of age. The interval between the death and the appearance of symptoms was less than 12 months in 20 cases. The main factors involved in the psychopathology of sorrow in children were the type of relationship between the child and the
deceased, the family context, the relationship between the child and his surroundings, the previous personality of the child, and, to a lesser degree, the type of death of the adult. Some elements of prevention of pathological sorrow in children are proposed, emphasizing honest answers to the child's questions about death. (Author abstract modified)

AUTHORS: Ende, Aurel.
ADDRESS: no address
SOURCE: Journal of Psychohistory.

An historical review of child abuse and neglect in Germany between 1860 and 1978 is presented. German childbearing attitudes and practices and educational methods during the 19th century are exemplified and discussed with emphasis on the excessive use of corporal punishment (which was condoned), the early and too rigid toilet training, the sexual repressiveness, and the overconcern for cleanliness and order. During this time too, there was a large decrease in maternal breastfeeding of infants, and childhood suicide rates and the infant mortality rate were well above those found in most other European countries. The generally negative attitude held toward children, and many of the abusive and neglectful practices continued well into the 20th century. The effects of the two world wars, and the horror of post-World War II childhood are described. The period after 1950 was one of reconstruction. Parents had to work, fathers lost their domination of the family; this was the period of the latchkey children. The neglect of children characteristic of the postwar years created a shift from the traditional compulsive character to a narcissistic one, an abreaction of massive psychic tensions created by the Nazi period. While changes have taken place in the past decade, it is estimated that 60% to 80% of German parents still beat their children and there are about 150,000 cases of abuse per year, with 200 consequently leading to death, and 500 school-age suicides yearly. 73 references.

AUTHORS: Erlich, H. Shmuel.
ADDRESS: Adolescent Service, Eitanim Government Psychiatric Hospital, Jerusalem, Israel.
TITLE: Adolescent suicide: maternal longing and cognitive development.
The problem of adolescent suicide is addressed, suggesting that ego developmental factors play a crucial role. Suicidal preoccupations and acts may result from the interaction of two necessary interactions which in themselves are not sufficient conditions: 1) highly intensified longing for maternal union, and 2) a specific proneness to vacillation between mixing of structural/cognitive levels of formal and concrete operations. It is suggested that this regressive/progressive interplay between the two areas may lead to the concrete and actual treatment of death as the symbolic expression of union with the mother. Clinical illustrations are provided which suggest that a developmentally incurred cognitive liability and the developmentally occasioned intensification of an early object relationship, with its corresponding affects and drives, often occur in adolescent suicide. Other pathogenic causes, including some external events such as object loss, may also contribute to such behavior. 27 references.

000029
AUTHORS: Facy, F.; Choquet, M.
TITITLE: /Sex differentiating role in adolescents who have attempted suicide./
TITLE: Role differentiatrice du sexe chez les adolescents ayant fait une tentative de suicide.
SOURCE: Psychologie Medicale.

A population of 535 adolescents who had attempted suicide was studied by means of factorial analysis of correspondences and ascending hierarchical classification. The importance of sex as a differentiating factor in suicidal conduct was demonstrated. Two main types of suicidal adolescents were found: 1) the male for whom the suicide attempt is serious, violent, repetitive and occurring in a disturbed family environment; and 2) the female for whom two distinct subgroups were found, the call for help gesture which is usually less serious and occurs in a supportive and positive family context, and the serious act which occurs more rarely and which results from a disturbed social and family context. From the standpoint of prevention, it is necessary to keep in mind the association of these various factors to determine the appropriate therapeutic conduct. 6 references. (Journal abstract)

000030
AUTHORS: Facy, F.; Choquet, M.; Lechevallier, Y.
A representative sample of 535 adolescent suicide attempters was classified according to sociodemographic, psychological, medical, and family variables, respectively as Types 1, 2, 3, and 4. Using a method of automatic classification, four types of suicide attempters emerged. Types 1 and 2 are at high risk of repeating their suicide attempt, partly because of their sociofamilial history and also because of their self-destructive tendencies and the frequency of their mental problems. The risk is less for Types 3 and 4, but the risk is a real one for Type 4 because of the aggressiveness of the families of these individuals. 9 references.

The attitude of youngsters towards suicide and the effect of their environment on suicidal behavior were studied. The most important factor was the "defective-development toward suicide" (Ringel) based on experiences with young suicide attempters and victims. The need for preventive therapy of children and adolescents at risk for attempting suicide is emphasized. 77 references. (Author abstract modified)
Use of the family approach to treat suicidal behavior in children and adolescents is discussed. Suicidal behavior in children is an expression of a serious developmental anomaly, in which a marked narcissistic deficiency predominates. This behavior runs the risk of drawing the parent-child relationship into a serious ambivalence. Therapeutic procedures must be selected carefully and should take into account the parents' sense of guilt and their constant fear that the child will attempt suicide again. It is important that the parents be allowed to express their fears and that the therapist attempt to establish a progressive détente in the parent-child relationship and, in so doing, structure a situation that favors the child. (Journal abstract modified)

Ten adolescent females who had attempted suicide, 11 disturbed females with no history of suicidal behavior, and 10 disturbed, nonsuicidal male adolescents were compared employing the results of the Devries Suicide Potential Personality Inventory, the Sensitivity to Rejection Scale, and the Role Construct Repertory Test to investigate the relation of suicide potential, sensitivity to rejection, psychological constriction, experienced isolation and negative self-perception on suicidal behavior. Suicidal adolescents reported more intense religious belief, a greater number of behavioral problems and socially unacceptable behaviors, and showed significantly greater psychological constriction than nonsuicidal subjects. It is concluded that these results are related to the individuals' perception of relationships which provide specific patterns by which loss of support, isolation and experienced rejection are likely. (Journal abstract modified)
The phenomenon of depression in children and adolescents is examined from historical, developmental, and clinical perspectives. Current research on etiology and treatment of depression and the relationship between depression and family dynamics are examined. Case materials are included to provide insight into the treatment of physically handicapped, abused, and self-destructive children whose problems result in profound depression. An annotated bibliography of clinical and theoretical literature is appended. (Journal abstract modified)

AUTHORS: Friedman, Joseph J.
ADDRESS: Community General Hospital, Harris, NY
TITLE: Counseling the depressed adolescent.
SOURCE: Psychiatric Annals.

Specific factors and guidelines that should be considered in counseling the psychologically disturbed adolescent are represented. Five major growing-up problems of adolescents are identified and discussed: 1) the need for two parents who "know where they stand and can stand for what they know," 2) the need to establish heterosexual identity, 3) the need to choose a vocation, 4) the need to be emancipated from parents, and 5) the need to become a reliable citizen. The following problems are described as the most common presented by the adolescent receiving psychiatric treatment: 1) problems in school, 2) being withdrawn and having few friends of either sex, 3) marked depression characterized by severe acting out, 4) the acting out of roles (e.g., gangs, the use of alcohol and drugs, and truancy), and 5) suicidal ideation. The following 10 suggestions are made for treating teenagers: 1) do not use a couch, 2) talk face-to-face, 3) do not urge free association, 4) ask questions about the present problem, 5) try to understand the present problem, 6) be a good "father figure," 7) interact freely, 8) avoid electroconvulsive therapy, 9) involve the family, and 10) seriously consider hospitalization in some cases. 6 references.

AUTHORS: Garbarino, James; Jacobson, Nancy.
ADDRESS: Center for the Study of Child Development, Boys Town, NE 68010
TITLE: Youth helping youth in cases of maltreatment of adolescents.
A program involving peer counseling by adolescents (Youth Helping Youth) as a resource that emphasizes an ecological approach to combatting maltreatment of youth is described. The four components of the project include: 1) a youth staffed hotline; 2) a self-help group for maltreated youth; 3) a pamphlet for youth on guidelines for recognizing maltreatment and taking steps to help; and 4) a public awareness campaign directed at youth. The project trains teenagers to contract as staff for a variety of agencies including a multiservice youth center, a mental health center, a self-help group, a runaway house, and a crisis hotline. It is suggested that since the project is staffed by youth it is more readily used by their maltreated peers. The variety of services offered enables the project to uncover maltreatment cases even when the stated reason for involvement with the project may be something else (suicide attempt, running away from home, drug abuse). A support service network is identified in the community and includes doctors, lawyers, hospitals, and legal clinics that are sympathetic to the problems of maltreated adolescents. It is hoped that this type of program will help bridge the social isolation felt by many maltreated youths and will promote community intervention on their behalf. 12 references.

AUTHORS: Glaser, Kurt.
ADDRESS: 6114 Biltmore Avenue, Baltimore, MD 21215
TITLE: The treatment of depressed and suicidal adolescents.

Loss and abandonment and distortions of the self-image are discussed in their relation to the causation and treatment of depression during adolescence. The management of the manipulative suicidal adolescent and some psychological aspects of pharmacotherapy during this developmental phase are discussed. The manipulative suicidal teenager may not be depressed at all and the administration of medication to the truly depressed patient may deepen his depression because of its implications for his self-image. An eclectic, flexible therapeutic approach is recommended, using all available methods and resources separately, sequentially or in combination. 14 references. (Author abstract modified)

AUTHORS: Goko, Hideo.
ADDRESS: Chiba Family Court, 11-27, 4 Chome, Chuo, Chiba City, 280, Japan
TITLE: On organic solvent inhaling juvenile -- a case study.
The case of a serious glue sniffing boy of 18 who had been hospitalized twice before therapy is presented. The therapist tried to convert the negative self-concept to a positive one by ordering the client to resist the impulse to sniff glue. He also instructed the client's older sister, the guardian of the client, not to be concerned even when she found the client intoxicated from glue. As the client got well, the older sister had to confront her own marriage problems that had been obscured by her preoccupation with her younger brother. Two months after the termination of her brother's therapy she attempted suicide. It is concluded that there is need to treat the family as a whole in the field of juvenile delinquency. 14 references. (Journal abstract modified)

AUTHORS: Goodwin, Jean; Sims, Mary; Bergman, Robert.
ADDRESS: Dept. of Psychiatry, University of New Mexico School of Medicine, Albuquerque, NM 87131
TITLE: Hysterical seizures: a sequel to incest.

Six cases in which hysterical seizures developed after incest and disappeared after psychotherapeutic exploration of the incestuous experience are described. Patients were adolescents referred for seizures, suicide attempts, sexual problems, and running away. It is suggested that Navajo and Zuni folk beliefs connecting epilepsy with incest may derive from observations of this symptom pattern in incest victims. It is further suggested that hysteroepilepsy might be a particularly natural symptom choice in incest victims. 13 references. (Author abstract modified)

AUTHORS: Gordon, Susan Elaine Licht.
ADDRESS: North Texas State University

Knowledge about and attitudes toward adolescent suicide and suicide intervention were examined in responses to a newly designed and validated questionnaire of 1,739 secondary school teachers. Results indicate significant differences in knowledge and attitudes about adolescent suicide and the potential for teacher intervention as a function of particular demographics. Secondary school teachers appeared to possess a low level of knowledge of the problem of
adolescent suicide and the potential for teacher intervention, and exhibited a range of predominantly negative attitudes toward the problem of adolescent suicide. However, they possessed a tenuously positive attitude toward the potential for teacher intervention. On the basis of findings, recommendations for curriculum development and in-service training for secondary school teachers are made.

Journal abstract modified

000041
AUTHORS: Green, Arthur H.
ADDRESS: 55 East 87th Street, New York, NY 10028
TITLE: Self-destructive behavior in battered children.

The hypothesis that a child's experience of repeated physical abuse potentiates his development of self-destructive behavior was explored. Fifty-nine physically abused children demonstrated a significantly higher incidence of self-destructive behavior than two control groups of nonabused children, one neglected and one normal. The self-destructive behavior, including suicide attempts and self-mutilation, was potentiated by interrelated variables operating in the abused child and his environment. Often enhanced by the ego deficits and impaired impulse control of the abused children, this behavior seemed to represent a learned pattern originating in early traumatic experiences with hostile primary objects. 26 references.

(Author abstract modified)

000042
AUTHORS: Greuling, Jacquelin W.; DeBlassie, Richard R.
ADDRESS: College of Education, New Mexico State University, Box 3AC, Las Cruces, NM 88003
TITLE: Adolescent suicide.
SOURCE: Adolescence.

Causal factors, prevention, and management of adolescents' suicide are discussed and the seriousness of the growing numbers of young people who display such behavior is emphasized. Causal factors include drugs and alcohol, depression, alienation, increased stress, and the population increase in this age group. Treatment approaches include telephone hotlines and shortened long-term psychotherapy. The quality of the initial relationship between therapist and client is crucial with teenagers, and it is important to include parents in the treatment process. Communication may be verbal, behavioral, or autonomic and depends on a variety of factors. True progress and real ego growth should be differentiated from pseudoprogress. 15 references.
Some aspects of puberty crisis are discussed. Puberty is described as a transition between childhood and adulthood, determined by biological and cultural factors. In the process of maturation the most common crises are: authority, identity and sexual development. Suicide and attempted suicide by adolescents may be provoked by a serious chronic illness, but in 75% of all observed cases, suicide is the last step in the development of feelings of deprivation and frustration. It is concluded that young people do not easily find the way to a therapist or counseling institution. (Journal abstract modified)

The role of the nurse in identifying and intervening in potential cases of adolescent suicide is examined. The school or public health nurse is in a unique position and can screen for emotional distress and refer the student to the school psychologist, guidance counselor, or private or school physician when the problem appears chronic or critical. She can also educate school personnel, students, and parents about the nature of suicide, establish a personal relationship with students who feel the need to confide in an adult, and maintain liaison between student and parents.

A family systems analysis of adolescent suicidal behavior is described. One family with a suicidal adolescent and six adolescents
who had exhibited suicidal behavior participated in the inquiry and provided the interview data from which a family systems model of adolescent suicide was formulated. An adolescent's suicidal behavior was shown to be a product of increasing dysfunction in mastering the loss process. The behavior was viewed both as an indicator of the level of family dysfunction in this area and as a desperate attempt to perpetuate the mastering loss relational process, thereby insuring the developmental movement and change necessary for continued family functioning. (Journal abstract modified)

Demographic data from death certificates of suicides of young college students and nonstudents in a rural state were obtained. The findings indicate that there are few differences between students and nonstudents, although the former commit suicide less frequently on weekends and show a lower relative incidence of suicide.

A follow-up study of 20 children with depressive symptomatology at time of admission to a pediatric hospital (1967-1973) shows that depression in childhood has a different meaning than in adults, and supports the need for caution in applying adult diagnostic terms to children. Eleven of the patients showed no disorder at the time of the follow-up and were doing well in school, job, or marriage. Psychiatric disorder other than depression was established in seven cases and chronic mental illness was identified in two cases. The children who were older at time of admission were more likely to have a psychiatric disorder at follow-up. The younger the child with depressive symptomatology, the less likely these symptoms were to be indicative of a psychiatric disorder later. Suicide attempts in girls seemed to lead toward hysterical sociopathic disorders, rather than affective illness. 14 references.
Research on suicidal behavior in adolescents is reviewed and data on both completed suicide and nonfatal suicidal behaviors are presented. A steady rise in adolescent suicide rates is noted over the past decade. Parasuicide greatly outnumbers suicide; suicidal behavior as a reason for referral to a psychiatric clinic ranges between 10% and 45%; and girls outnumber boys. A wide variation in method, circumstances, and psychopathology is noted. Communication of suicidal intent is a sign of serious disturbance and should be taken seriously. Associated factors include family disruption or conflict, modeling of suicidal behavior, mental illness in the family (especially alcoholism), and school problems. Other factors include pregnancy, auto accidents, alcohol and drug abuse. Depressive symptoms, social isolation, and hopelessness in the face of life stresses are common among adolescent suicides, and the risk of suicide increases with age, repetition of attempts, and with psychiatric illness requiring hospitalization.

The changing American family is viewed through demographics, the incidence of mental disorders in children and youth, and familial members with chronic yet fatal illness. Topics discussed include: the decreasing rate of population growth, the age profile of the population, the growth in metropolitan living, the migration from the central city to the suburbs, the increase in working women, divorce rates, single-parent families, the increase in inpatient care for children and youth, runaway children and youth, the increase in suicides in the 15 to 24 year group, the increase in both drug and alcohol abuse, medical technology that prolongs life, acute lymphocytic leukemia in childhood, and the psychosocial and physical stress in families with chronically ill members. It is argued that external social changes result in stress in the family and that...
stress tolerance is increased by coping strategies. The effort of delineating coping strategies helps reduce vulnerability and improves coping through enhancement of predictability and the reduction of uncertainty. It is suggested that children, as our most valuable resource, can be taught the realities of change and stress and the ability to tolerate societal shifts. 42 references.

6 social indicators of adolescent behavior (suicide, crime, physical abuse, runaways, and alcohol abuse, and cultism) are examined. It is contended that these indicators are forms of expression associated with social change and that the existence of the behaviors, in the context of their apparent relationship to social change, raises issues of profound importance to mental health professionals. They also pinpoint the importance of questions concerning the development of the individual as a social and psychological entity within family systems. It is concluded that the best outcome results from coordinated interventions by various disciplines and social agencies. 22 references.

The incidence of suicide among adolescents is examined. It is noted that suicide rates are consistently higher for males than for females and that suicide rates are increasing in the adolescent age group. Firearms and explosives were the most frequently used methods of suicides among adolescents. Methodological problems associated with using national mortality statistics for suicide research are discussed. It is suggested that adolescent suicide research be pursued for specific age, race, and economic groups. 9 references.
The national epidemiological data on fatal accidents and homicides among young people are described and related to adolescent suicide. These three types of violent death make up the leading cause of death in people aged 1 to 39 in the United States. All three may represent suicidal tendencies. Among the ages of 10 to 24, suicide and homicide rates increased with age and doubled from 1961 to 1975. Accident rates also increased with age but changed little over the 15 year period. Violent deaths increased dramatically between the 10 to 14-year-old age group and the 15 to 19-year-old group. Suicide and homicide rates were remarkably parallel over time. Suicide rates among young White people were higher and increased more than those among non-White people. The lack of scientific attention to this phenomenon of young violent death is discussed. It is suggested that psychological resistance to these violent deaths may create, or at least contribute to, an irrational pessimism, rendering a better understanding of this aspect of psychiatric epidemiology inaccessible. 14 references. (Author abstract modified)
A nursing care study of an intelligent personality disordered female adolescent is presented. The patient was admitted following a suicide attempt at a general hospital where she had been under observation for self-reported ingestion of paraquat. Two previous admissions had been for drug overdose. At the time of the third admission the patient was hostile, sullen, and uncooperative. A family history revealed an absence of normal family relationships (both parents were professionals), a lack of emotional communications, and behaviors on the part of the patient characterized by turmoil and rebellion. During hospitalization, the patient made repeated attempts at self-injury, despite the vigilance of the nursing staff. Suicide threats and attempts were seen largely as an attention-seeking ploy. With the aid of a teacher with whom the patient had a positive relationship, a reduced course of study was arranged. Over time, improvements were seen in the patient's attitudes and behaviors. Although counseling was undertaken with the parents, this proved only marginally effective, and it was decided that a boarding school could facilitate and maintain the patient's improved behaviors and her striving for maturity and acceptance.

The phenomenology of depressed mood in adolescence was examined in 30 patients 12 to 18 years old utilizing a defined symptom format. Results indicate that these adolescents experienced depressed moods as a major psychopathological feature for a period of a few months to several years. In some instances, onset could be traced to a specific stressful life event, but in others, onset was gradual and not clearly defined. Although their depressed moods tended to be episodic, they were intense, disabling, and associated with many other symptoms. Depressed moods were typically associated with
apathy, boredom, loss of interest and pleasure in activities, social withdrawal, poor concentration, diminished school performance, and suicidal ideation. Memory disturbance, loss of appetite/weight, subjective anergia, thought slowing, diminished libido, and somatic symptoms were present in fewer than 40% of these patients. It is suggested that differences between adolescent and adult depression warrant more cautious comparisons and further study. 16 references.

Self-mutilation and attempted suicide among adolescent prisoners are explored in relation to concrete coping tests posed in prison and to self-esteem problems posed by failure of external (family) and internal (peer) support systems. Crisis sequences are traced using verbatim excerpts from interviews with self-destructive prisoners and conceptualized in terms of enduring adolescent needs and concerns. Some general observations regarding strategies of interventions with crisis prone teenage prisoners are included. 11 references. (Author abstract)
jumping from high altitudes. Most of the juveniles (33) were students, 17 of them attending regular and special elementary schools. The reason in most cases (15) was difficulties in studies.

AUTHORS:  Josephson, Martin M.; Porter, Robert T.
ADDRESS:  no address
TITLE:  Clinician's handbook of childhood psychopathology.

Child psychiatry is examined from a developmental approach to the child's growth in his family, school, and community and in his handicaps and traumatic experiences. Topics include: the emotional deprivation syndrome, psychotoxic diseases of infancy, autistic and symbiotic psychoses, childhood schizophrenia, obsessive/compulsive syndromes, phobias, depressions, eating disturbances, speech disorders, sleeping disorders, enuresis, encopresis, asthma, gender disturbance, suicide, altered and dissociative states of consciousness, hallucinations, neurologic conditions, learning disorders and minimal brain dysfunction, hyperkinetic syndrome, tic disorders, mental retardation, impulse and conduct disorders, delinquency, the law and child psychiatry, the battered child syndrome, family approaches to assessment and treatment, psychopharmacology in current practice, and preventive child psychiatry. Each disorder is discussed in terms of a definition, a review of the literature, incidence, etiology and dynamics, diagnostic considerations, and treatment. Annotated bibliographies are included.

AUTHORS:  Katz, Julian.
ADDRESS:  University of Sydney, Sydney, Australia
TITLE:  Depression in the young child.

Recent recognition of depression in children is noted and definition and elucidation of the condition are provided. In young children it is seen as more profitable to regard depression as an affective reaction rather than a disease, and to view it in terms of the child's developmental status. The concept of depression is reviewed and the psychopathology of childhood depression considered, and manifestations of depression in young children discussed. Suicide during childhood is also examined. It is concluded that one must attempt to protect children from experiences which enhance the
frequency and depth of later depression; however, when this is not possible, the child and family must be helped to cope with their feelings and problems with a minimum of emotional crippling. 24 references.

000060
AUTHORS: Kenny, Thomas J.; John, Ruben; Sarles, Richard M; Reynolds, Brenda J.; Heald, Felix P.
ADDRESS: Department of Pediatrics, University of Maryland Hospital, 22 South Greene St., Baltimore, MD 21201
TITLE: Visual-motor problems of adolescents who attempt suicide.
SOURCE: Perceptual and Motor Skills.

The presence of neurologically associated learning disabilities was studied in a group of adolescents who attempted suicide. Using the Center Background Interference Procedure with the Bender Gestalt Test, a group of 18 adolescent suicide attempters earned test scores indicating that they had significantly more problems with visual motor coordination than did a control group of 21 adolescents. There were also more school failures and behavior problems among these suicide attempters. The findings suggest that learning disabilities may be an unrecognized factor which increases the risk of suicide attempts by adolescents. 8 references. (Author abstract)

000061
AUTHORS: Kerfoot, Michael.
ADDRESS: Booth Hall Hospital, Manchester, England
TITLE: Parent-child role reversal and adolescent suicidal behavior.
SOURCE: Journal of Adolescence.

The concept of role reversal in relation to disordered parent-child relationships is examined with emphasis on teenage suicide crises, and case data are presented. By use of role analysis, the dynamics of role reversal are revealed, and such efforts often demonstrate how suicidal adolescent behavior is the ultimate response to the stress of being persistently cast in the parental role. Treatment methods which focus on the dysfunctional relationship are briefly described. 8 references. (Author abstract modified)

000062
AUTHORS: Kivowitz, Julian.
ADDRESS: Division of Scientific and Educational Activities, California Medical Association, 731 Market Street, San Francisco, CA 94103
TITLE: Alcoholic adolescents.
The increasing trend of alcoholic adolescents is discussed. It is argued that there are four major factors which differentiate adolescent problem drinkers from those who occasionally use alcohol: 1) the presence of an alcoholic parent, 2) unmet psychological needs, 3) delinquent behavior patterns, and 4) peer group abuse of alcohol. It is noted that of younger alcohol abusers surveyed, 45% have attempted suicide at least once. A higher incidence of alcohol abuse exists among juvenile delinquents; many of these users will become alcoholic adults. It is contended that the public in general does not readily acknowledge alcohol abuse in young people, and that many young alcohol abusers do not wish to accept that they have a problem with alcohol. It is concluded that proper education of both the medical profession and the public regarding adolescent alcoholism would help to eliminate some resistances toward early recognition. 3 references.

Parasuicide rates in young Edinburgh women admitted to the Regional Poisoning Treatment Center in Edinburgh between 1966 and 1975 were examined. The greatest increase in rates occurred among girls aged 15 to 19. Among teenagers the most marked increase occurred for those who were married; this group also reported a greater increase than did the nonmarried in the frequency of physical violence and serious debt. It is argued that marginal social/sexual roles have also become progressively more common in this age group: The 20 to 24-year-old group showed a more modest increase in rates, similar for the married and the nonmarried. In this age group there was no consistent pattern of change for reported violence or debt over the study period, nor were changes in these variables related to marital status. An increase in consumption of alcohol before parasuicide was noted for both age groups. 18 references. (Author abstract modified)
Ways in which children deal with the meaning of death and the suicidal behavior of children are discussed. Four developmental levels or stages in the understanding of death are proposed: the first one, up to 2 years of age, a stage of complete lack of understanding, followed by a stage of mythical apperception at from 2 to 5 or 6 years of age, then by a concrete period between 5 and 9 years of age succeeded around 9 to 10 years of age by a stage of existential anguish which assumes access to the symbolization of death and the mastery of this concept. The part played by the family and the psychosociological aspects are considered. It is concluded that the psychodynamic significance of the problem of death is the dimension of absence, the study of the process of adaptation and defense against absence, loss, and abandonment. These considerations as a whole account for the difficulties encountered in attempting to understand the suicidal behavior of children. (Journal abstract modified)

The problem of suicide among young people, increasing at phenomenal rates, is discussed. More young people die by suicide than by cancer and heart ailments combined. More than 4000 young suicides are recorded each year. Probable causes of adolescent suicide are discussed in relation to cultural factors, sex differences, sibling position, family constellation, personality characteristics, and significant life events. Case studies help to identify symptomatic behavior. The importance of parents, counselors and teachers becoming alert to conflict and stress situations in youth is delineated. Community and school responsibility for leading youth to self-understanding and self-direction is crucial. Several means of prevention through mental health and moral responsibility are suggested. Many potential suicide victims are shaped by environment, and the key to prevention may lie in parent education, improved housing, better human relations, satisfying and fulfilling employment, mental health, and a renewed sense of brotherhood. 28 references. (Author abstract modified)
The suicidal attempts of children are discussed in relation to their causes, types of attempts, and reasons for suicide. In the general population, 10% to 15% of all suicidal attempts occur in children under 12. The social background, family composition, problems with parents, and the meaning of suicide among young children are discussed. The meaning can either entail a shunning or an escape behavior, the search for punishment, or the turning round toward oneself of the aggressiveness meant for someone else. It is not in these meanings that the originality of the child's suicide can be found, but in the means used including: defenestration, hanging, precipitation under a vehicle, and drowning. (Journal abstract modified)

A case in which the court found that the public school was obliged to pay for residential schooling for a child who had been diagnosed as minimally brain damaged is discussed. This judgment was rendered because the school district, although being aware of the child's problems, had treated them as disciplinary, rather than emotional or special education problems which action, in turn, partially caused a suicide attempt and the need for special schooling. Some background of the boy's schooling history and emotional difficulties is given. Other findings of the court concerning rearranging of the school district's method of dealing with such cases are also cited.
An attempt was made to study personality functioning in adults who had tried to commit suicide at least 6 years earlier as adolescents. Of 73 possible Ss, only 13 granted interviews. These 13 Ss were interviewed in regard to evolution of the separation/individuation process, development of self, sexual identity, object relations, and ego defense mechanisms. The findings show that adults who attempted suicide during adolescence tend to show a variety of disturbances in adult life and a variety of defects in psychological functioning. Methodological problems encountered are discussed. 5 references.

Cross-cultural studies on suicide were reviewed to determine if trends observed in other countries can help to explain the increase in successful suicides in adolescents and young adults occurring in the United States. The relationship between increments in adolescent suicide and the changing status of the family, religion, transition and mobility, achievement orientation, and aggression in the society are examined. 22 references.

The incidence and characteristics of self-poisoning and suicide in children and adolescents are discussed. A typology of lethal intent is proposed as a means of placing the self-destructive acts of children and adolescents on an accidental to intentional continuum. It is stated that the child under 6 years of age has an immature
concept of death as a sleeplike, reversible state. While children between 6 and 11 years old are aware of the permanence of death, a mature concept does not appear until the age of 11. Results of a study of 1,103 self-poisoning events in children aged 6 to 18 are summarized. A psychological biopsy approach to the assessment of emotional perturbation and suicidal potentiality is described. This approach evaluates circumstantial lethality, prior destructive behavior, depression, hostility, stress, reaction of parent, loss of communication, lack of supportive resources, and extremes of parental reaction and control. 18 references.

Various theories of suicide are reviewed with reference to adolescent suicide, and attention to family variables of it is discussed. The theoretical models indicate the multidisciplinary nature of the problem and that adolescent suicide requires a medical, psychological, social, and educational approach. Since school plays a major role in the lives of adolescents, it is suggested that it offers an avenue of approach to adolescent suicide. A list of behavioral changes indicative of emotional distress is provided for teachers for use in identification and referral. Teachers also serve an educational function in that discussion of suicide dispels myths and modifies the likelihood of an attempt. Suggestions concerning how school personnel may intervene are provided. 22 references.

The vulnerability of adolescents to those disorders which are of interest to social medicine is discussed. Statistics show that accidents claim the greatest number of victims during their adolescence, followed by suicide. One third of teenage suicides can be attributed to unhappy love affairs or sexual problems; an equal number find the domestic atmosphere unbearable. Three out of four
Girls and four out of five boys under 18 years old suffer accidents which require medical attention. Male apprentices are more accident prone than females; the most dangerous times are the last few hours of the day. Statistical concentrations of accidents occur on Mondays and in the month of November. Nearly half of all absences from school are due to colds. Adolescents are poorly informed about venereal disease; almost 50% of infected youths do not seek medical aid because of ignorance or fear. Adolescents also lack information about their blood group and their immunization status.

To determine traits that separate potentially suicidal children from other children with serious psychological problems, 58 disturbed children between 6 and 12 years of age were studied. The suicidal children stood out by being much more depressed than the others, more hopeless in outlook, with a chronic sense of worthlessness, worried more about their poor school performance, and were likely to have depressed mothers. The most important finding, however, is that the would-be suicides were more preoccupied with death, considering it a pleasant and temporary state. Two further studies are reviewed which support these findings. It is recommended that any child who had taken a drug overdose, run out into heavy traffic, or fallen from a building have a psychiatric evaluation.

The consequences of pregnancy in school aged girls under 16 years old are considered with reference to research findings and implications for prevention. Younger adolescents are more likely to have complicated pregnancies with higher rates of maternal and infant morbidity and mortality than found in older women under 35 years old. Requests for abortion are often delayed, and cervical trauma resulting from therapeutic abortion is more likely to occur. Studies have shown a higher risk of attempted suicide and greater likelihood of poor mother-infant relationship and child abuse in this population. While a majority of pregnant schoolgirls remain or
return home to their families, a study found that rather than providing the girl and her infant with practical and emotional support, such arrangements may lead to tension and discord which could disrupt the whole family unit. Further, these girls suffer considerable loss of education both during pregnancy and following the birth of the child. In view of the disadvantages to the girl, the family, and the society, the need for prevention of pregnancy in young adolescents is emphasized. 19 references.

Clinical presentations of adolescents contemplating suicide are briefly described, and critical evaluation issues are addressed. Behavioral symptoms of high-risk teenagers include depression, the feeling of being unwanted in a troubled family, the existence of poor impulse control or psychoses, family history of suicide, and existence of serious trauma. Effective management of high-risk adolescents includes identification of the specific reason for the suicide attempt, assessment of its lethality, understanding of the patient within family, school, and peer group functioning, and the existence of support systems within the personal, social, scholastic, and family setting. 2 references.

Illustrates the problems, conflicts, and crises of the suicidal adolescent. Topics include the emotional impact of battling parents, romantic breakup, death of a loved one, juvenile court detention, moving away from friends, teenage pregnancy, joblessness, and academic suspension. Demonstrates the consequent feelings of anger, despair, loneliness, and hopelessness. Examines ambivalence, impulsiveness, and availability of means to carry out self-destructive acts and explores the aftermath of a suicide among family and friends, as well as popular myths and preventive steps. Includes authoritative comment by a suicide expert. Appropriate for audiences of counselors and college students.
Features professionals offering care to suicidal teens, a conversation with the parents of a distraught 17-year-old victim, and remarks of two girls who have attempted suicide. Emphasizes the often frivolous motivations for teenage depression, the unbearable emotional pain some adolescents experience, and the urgent need for parents to communicate with their children. Should be useful in community group, public library, PTA, and mental health clinic programs. Appropriate for adult audiences.

Depicts the effects of a teenaged suicide upon a family through the eyes of an 11-year-old girl and how the girl becomes a catalyst in helping the suicide's mother come to terms with her own grief. Useful in junior and senior highschool family life or thanatology classes and with adult discussion groups examining grief, death and dying, and the effects of an adolescent suicide upon the family. Appropriate for junior highschool through adult audiences.

Activities relevant to child and adolescent mental health which have been undertaken or proposed by the World Health Organization (WHO) are outlined. A number of multidisciplinary seminars and group meetings on child mental health have been held at which an attempt
has been made to present, discuss and synthesize knowledge on the normal and deviant development of children. Reports, monographs, and studies commissioned by the WHO have covered maternal deprivation, the care of homeless children, the child in the hospital, the mentally retarded child, juvenile delinquency, and suicide, all serious problems among young adults in some countries. At one WHO seminar on Standardization of Psychiatric Diagnosis, Classification, and Statistics, a triple axis classification scheme for psychiatric disorders in children aged 0-12 was proposed, and international investigations on its use have been initiated. 23 references.

000080
AUTHORS: Nordlicht, Stephen.
ADDRESS: 200 East 74th St., New York, NY 10021
TITLE: Dynamics of juvenile violence.

The dynamics of juvenile violence are briefly examined and it is contended that this increasing problem suggests an underlying psychopathology, rather than the mere expression of excessive aggression, in many adolescents. Factors involved in such behavior include a gradual diminution of ego control and disintegrated family relationships where anger and violence are frequent occurrences and emotional deprivation is common. Social cures which overemphasize punishment within the juvenile justice system do not reach the core of the problem or offer help to troubled families. Recent research efforts have been directed toward the effects of witnessing violence on television, the role of the limbic system (or emotional) brain in violent behavior, and the incidence of suicidal behavior in violent teenagers 19 references.

000081
AUTHORS: Ody, M.
ADDRESS: Centre Alfred Binet, 44, rue Charles-Moureu, F-75013 Paris, France
TITLE: Sexuality and self-destruction: psychological aspects.
SOURCE: Revue de Neuropsychiatrie Infantile et d'Hygiene Mentale etc. (Paris).

At the National Conference on the Adolescent held in Paris, November 1977, a summary of several preceding papers on sex education and on teenagers on suicide was presented. The sex education classes were held in varying formats, but many leaders noted the adolescents' special interest in questions regarding risks and complications as
related to sex, pregnancy and delivery. It is felt that there is a possible correlation between large group size and hostile attitudes between the students and leaders. In discussing the paper on suicide, the socioeconomic, psychological and circumstantial causes are pointed out; the point is made, however, that sociopathological and psychopathological causes should perhaps be separated.

The existence of a relationship between children's suicidal behavior and their concept of death was investigated. An additional objective was to explore whether distortions in the concept of death stem from limitations in cognitive functioning or from a defensive process. The sample of 21 suicidal, aggressive, or normal children aged 10 to 12 years responded to questions about impersonal death and personal death. The results indicate that the three groups differed mainly in regard to the personal death concept. Suicidal children attributed the cause of death to suicide and referred to life after death and to resurrection more often than the other groups. Both normal and aggressive children emphasized the finality and irreversibility of death. However, normal children attributed the cause of death to natural processes, while aggressive children referred to brutality as a main cause of death. It is concluded that the suicidal children's view of death could facilitate suicidal behavior and that it should be a subject for concern in the treatment of such children. 25 references. (Author abstract modified)

Case studies of two girls who attempted suicide and one boy who threatened to commit suicide are reported, and analysis of their interviews is used to substantiate the hypothesis that a unique cognitive conceptualization of death plays a role in such behavior. The children regarded themselves as being able to undergo life like
experiences after death. They had two conceptions about death: impersonal death, referring to other people, and personal death, referring to their own demise. The latter was regarded as another form of life and as reversible. Theoretical and clinical implications concerning children's suicidal behavior are suggested. 24 references. (Author abstract modified)

AUTHORS: Paulson, Morris J.; Stone, Dorothy; Sposto, Richard.
ADDRESS: University of California at Los Angeles, Los Angeles, CA 90024
TITLE: Suicidal potential and behavior in children ages 4 to 12.
SOURCE: Suicide and Life-Threatening Behavior.

From a population of 662 children 12 years old or under, seen at the UCLA Neuropsychiatric Clinic, 34 severely depressed children were identified who were also self-abusive and/or suicidal. Case study revealed fragmented, pathological homes, where the children's affective disorders were symptomatic of acute family breakdown, marital disharmony, and observed and experienced physical and verbal violence. Followup on all available children for at least 3 years posttreatment revealed that no child had committed suicide. Treatment evaluation by the parents was highly positive, with the great majority of the children showing fair to good recovery and adjustment. 40 references. (Author abstract modified)

AUTHORS: Petzel, Sue V.; Cline, David H.
ADDRESS: Department of Psychology, University of Minnesota Medical School, Minneapolis, MN 55455
TITLE: Adolescent suicide: epidemiological and biological aspects.
SOURCE: In: Feinstein, S., Adolescent psychiatry.

Suicide among American youth is explored by considering gender and race, marital and student status, family history, biological studies, organic brain dysfunction, menstruation, pregnancy, and physical illness. Despite methodological difficulties and the limited availability of data, findings show that 15 to 24 year olds are at increasing risk for suicide; that the risk for this age group is greater in the United States than in most other countries; that male, nonwhite married youth are at greater risk; that female nonwhite youth appear to be at risk of attempted suicide and that white racial status increases the risk of reattempt; that stereotypes of college students and American-Indian youths as high-risk groups
need to be discarded; that youths of both sexes are increasing their use of firearms as a method of suicide; that the effects of social disorganization and urban residency as increasing suicidal risk of nonwhite youths need further clarification; that the increased risk for youth within families with suicidal behavior warrants attention; that the evaluation of biochemical correlates of suicide has been inconclusive; that suicidal behavior occurs frequently among youth with abnormal EEGs; that pregnant youths demonstrate suicidal behavior at least as frequently as nonpregnant youths; and that chronic and acute illness may be associated with increased risk for youthful suicidal behavior. 94 references.

000086
AUTHORS: Pfeffer, Cynthia R.
ADDRESS: Albert Einstein College of Medicine, Bronx, NY 10461
TITLE: Clinical observations of play of hospitalized suicidal children.
SOURCE: Suicide and Life-Threatening Behavior.
SOURCEID: 9(4);235-244, 1979.

The usefulness of play observation for diagnosis, treatment, and understanding suicidal behavior of children is discussed. Predictive indicators of play for potential suicidal behavior are themes of separation and loss, repetition of dangerous and reckless behavior, misuse and destruction of toys, and repetitive acting out of omnipotent fantasies. The selection of a suicidal method is partly derived from unconscious motivations that are illustrated in play themes. It is noted that a characteristic suicidal technique of latency age children seems to be jumping from heights. 17 references. (Author abstract)

000087
AUTHORS: Pfeffer, Cynthia R.
ADDRESS: Albert Einstein College of Medicine, New York, NY 10461
TITLE: Psychiatric hospital treatment of suicidal children.
SOURCE: Suicide and Life-Threatening Behavior.

Psychiatric hospital treatment of suicidal children is discussed. Three phases of treatment, (the initial phase, working through, and termination) are illustrated in case examples of children 6 to 12 years old, admitted to the hospital because of suicidal threats or attempts. Case examples include a depressed girl with a hysterical personality, a severely behavior disordered boy with borderline personality organization, and a psychotic boy presenting with paranoid delusions and hallucinations. It is suggested that suicidal behavior in young children must always be
taken seriously. Although suicidal behavior usually ceases upon hospital admission, suicidal ideas may continue to be expressed in play and fantasy. In addition to individual and milieu therapy, treatment must also include concomitant assistance of the parents. 9 references. (Author abstract modified)

AUTHORS: Pfeffer, Cynthia R.; Conte, Hope R.; Plutchik, Robert.
ADDRESS: Dept of Psychiatry, Albert Einstein College of Medicine, Bronx, NY 10461
TITLE: High risk factors for childhood suicidal behavior.
SOURCE: Continuing medical education: syllabus and proceedings in summary form.

A summary of a paper read at the 131st Annual Meeting of the American Psychiatric Association, held in Atlanta, May 1978, is presented. High-risk factors of suicidal behavior of latency age children are presented. Based on a review of the literature, variables most relevant to suicidal behavior in children were identified in the areas of family distress, environmental stress, emotional stress, understanding of death, and ego functioning. This battery was administered to 25 children admitted to a child psychiatry inpatient service. Twenty of the children had symptomatology ranging from suicidal ideation, to threats of suicide, and to serious suicide attempts. Results emphasize that suicidal behavior in latency age children is a reality warranting further investigation. It is concluded that this information may be used to point out methods of developing prevention approaches as well as determining areas to focus early intervention approaches. 2 references. (Journal abstract modified)

AUTHORS: Pfeffer, Cynthia R.; Conte, Hope R.; Plutchik, Robert; Jerrett, Inez.
ADDRESS: New York Hospital - Cornell Medical Center, Westchester Division, 21 Bloomingdale Rd., White Plains, NY 10605

A group of 58 6 to 12-year-old children, consecutively admitted to a psychiatric hospital unit, were evaluated for suicide potential. A battery of specially constructed scales were utilized to assess variables that might be correlated with such potential. Some degree of suicidal risk was found in 72% of the children. Factors
significantly correlating with suicidal behavior were depression, feelings of hopelessness and worthlessness, the wish to die, preoccupations with death, the concept that death is temporary and pleasant, and severe depression and suicidal behavior in the parents. 16 references. (Author abstract modified)

000090
AUTHORS: Powers, Douglas.
ADDRESS: College of Human Development and Learning, University of North Carolina, Charlotte, NC 28205
TITLE: The teachers and the adolescent suicide threat.
SOURCE: Journal of School Health.

The role of teachers in dealing with adolescent suicidal behavior is discussed. Three categories of self-destructive behavior are considered: actual suicide, suicide attempts, and verbalizations about suicide. In cases of actual suicide, discussions might be initiated with the victim's family, other students, and faculty in an effort to understand possible causes of the suicide and subsequent grief reactions. When an attempt at suicide is made, other support systems usually come into play before the teacher is involved. The teacher can respond by attempting to offer support to the student. When the teacher encounters threats of or preoccupation with self-destruction, the indicators should be treated as a real danger. It is suggested that the teacher allow the student to discuss the issue and offer guidance regarding other sources of support.

000091
AUTHORS: Quenard, O.; Jacq, J.; Dussuyer, I.; Buffard, G.; Maigrot, J.-C.; Abane, M.-A.; Morel, J.; Vedrinne, J.
ADDRESS: Service d'Urgence Medicale, Pavillon "N" Office 1, Hopital Edouard-Herriot, F-69374 Lyon, Cedex 2, France
TITLE: Les donnees methodologiques recentes (evaluation des facteurs latents de conduite suicidaire par l'analyse factorielle des correspondances) permettent-elles de mieux repondre au phenomene suicide?

At the joint conference of the Group for the Study and Prevention of Suicide and the Eastern France Psychiatry Meeting, "Response to the Suicide Phenomenon," held in Nancy, France, May 1977, the results of a comparative, ongoing study of individual and collective factors (especially latent factors) associated with
suicide were reported. The goal of the study was to develop preventive measures which would reduce suicides among the young and help young men adjust to military life. A specially developed questionnaire containing 217 items was administered to 317 male subjects from 17 to 25 years old who were divided into four groups: suicidal military, nonsuicidal military, suicidal civilians, and nonsuicidal civilians. To illustrate the factorial method used, the results of two factors (school experience and family background) are described and analyzed. It is concluded that this method, which is currently being refined, allows the researcher to study and understand suicide, with greater acuity. 7 references. (Journal abstract modified)

000092
AUTHORS: Rae-Grant, Naomi I.
ADDRESS: University of Western Ontario, London, Ontario, Canada
TITLE: Arresting the vicious cycle: Care and treatment of adolescents displaying the Ovinnik Syndrome.
SOURCE: Canadian Psychiatric Association Journal (Ottawa).

In a paper presented to the Laidlaw Foundation Workshop on the Impossible Child, held in Goderich, Ontario, in May 1978, the treatment and prevention of the Ovinnik syndrome was discussed. The Ovinnik syndrome, named for a spirit in Slavonic mythology, renders a child inaccessible to the ordinary management and treatment procedures available in any community and excludes him from most residential treatment settings. Symptoms which define the syndrome are grouped under the headings of diminished relationship capacity with adults and peers, antisocial behavior, school problems, and self-destructive behavior. Inadequate parenting and cumulative childhood stress have been implicated in the etiology of these problems. A variety of public and private programs which have been developed to care for these adolescents is reviewed, and factors associated with positive outcome are examined. It is noted that the ultimate outcome will not depend alone on the success of the individuals, but on the capacity of these individuals to perform their future roles as parents adequately. 17 references.

000093
AUTHORS: Remschmidt, Helmut; Schwab, Th.
ADDRESS: Abt. fur Psychiatrie und Neurologie des Kindes- und Jugendalters, Freien Universitat, Platanenallee 23, D-1000 Berlin 19, Germany
TRTITLE: Attempted suicide among children and young people.
TITLE: Suizidversuche im Kindes- und Jugendalter.
After a brief review of the literature on the causes and circumstances of suicidal acts in children and adolescents, statistics are presented on 157 patients who were treated on an inpatient and outpatient basis for suicide attempts between 1963 and 1973. The most important results of the statistical analysis are: 1) suicide attempts are more common with increasing age, only two of the patients were less than 10 years old; 2) the proportion of girls to boys was two to one; 3) a third of the patients were from broken homes, and social anomalies were significantly more common in this group than in subjects from intact families; 4) endogenous psychosis was present in only 3.8% of patients; 5) the three most important causative factors were family conflicts (32.6%), conflicts with marriage partners (16%), and school problems (5.7%); 6) every third patient with serious school problems attempted suicide because of them; 7) the most common suicide method was the use of sleeping pills; at the same time a larger proportion of boys used harder methods and, as a result, life threatening situations were significantly more common among them than among the girls; 8) of those who attempted suicide 22% had attempted suicide more than once; and 9) children aged 10 to 13 years threatened suicide significantly more often than adolescents in the age group from 14 to 18 years. 40 references. (Journal abstract modified)

The teaching of the life after death concept in school death education courses is discussed. Literature on the life after death phenomenon is reviewed. It is maintained that, while a poorly led discussion can result in confusion and adversely affect student mental health, teaching the concept can enhance peace of mind. By presenting information which fosters a belief in life after death, student anxieties can be reduced, and the stigma attached to death can be counteracted. In addition, a belief in accountability after death can bring about a reduction in the suicide attempts that are so prevalent among children and adolescents. 7 references.
A case of severe depression and psychotic regression following prolonged methylphenidate use and withdrawal is reported in a 9-year-old boy. The patient was first evaluated because of depression, dependency, and suicidal ruminations. He had been taking methylphenidate for over 3 years following an initial diagnosis of hyperactive syndrome with psychoneurotic symptoms and personality traits. At the age of 8 the patient began a twice weekly course of psychotherapy. Withdrawal of medication by the parents resulted in a transient disorder of psychotic proportions accompanied by extreme overactivity. The disturbance lasted about a week and resolved spontaneously. Since withdrawal of the medication the patient has functioned well in both the home and school situations, has become more social, and has had no recurrence of depression or suicidal ideation, although serious anxiety continues to be a problem. 5 references.

Information on the incidence, dynamics, and treatment of adolescent suicide is provided based on recent research. It is reported that suicide is the second most common cause of death in the 15 to 24 age group, and college students and adolescents from poor home conditions are most vulnerable. The core factors in the determination of adolescent suicidal behavior appear to be the felt loss of love and intimacy, the adolescent's interpretation of the loss in terms of his identity and self-worth, and possibly a death bond with the parent or parental figure. Neither crisis intervention nor long-term therapy appear as effective alone as does the combination of both approaches for suicidal adolescents. Since the family is implicated so frequently in the psychodynamics, the possibility of family treatment in some form is suggested. 24 references.
An innovative technique for breaking through defenses and opening communication between family practitioner and reticent adolescents which involves judicious utilization of selected Biblical material is presented. When the group or one of its members develops a marked reluctance to analyze his or her own behavior, or to move beyond an interim obstacle, a Biblical quotation which lends itself to projective interpretations is introduced for consideration. It is noted that the use of Biblical materials is particularly beneficial with the following types of patients: 1) the depressed patient with suicidal ruminations who refuses personal discussion; 2) the shy, basically withdrawn patient who had had little or no previous group experience and who finds group process particularly threatening; 3) the oppositional adolescent who had attempted to close all the usual avenues of ingress into his or her problem; and 4) the highly defensive patient who announces his refusal to participate in the group.

The development of a program of suicide prevention among children and adolescents by training school personnel is described. Goal of the program is to increase the capability of resource persons available to adolescents (teachers, counselors, school nurses) to recognize signs of suicidal depression and to respond effectively to suicidal students. Reaction of the participants and observations of the project staff are reported. The feasibility of this approach as a means of helping to prevent suicide among the young is discussed. 2 references. (Author abstract modified)
The relationship between self-mutilation/self-injurious behavior (SIB) and child abuse was investigated in a retrospective examination of the case histories of 120 institutionalized female adolescents. The girls studied ranged in age from 12 to 17 years old and had been transferred to the training school from other institutions because of the severity/chronicity of their behaviors; 80% had engaged in at least one episode of SIB. Evidence of abuse by a parent or parent surrogate prior to the subject's 12th birthday was found for 48% of the multiple SIB subject's, 19% of those who had engaged in a single SIB episode, and in only 2% of those who had not shown SIB. Additional research indicating links between child abuse and SIB, child abuse and spouse abuse, and child abuse and homicide or suicide is reviewed. Finally, explanations for SIB are examined including social learning, avoidance conditioning, and insensitivity to pain. Implications for treatment and future research are discussed.

The case of an early pubescent girl involved in a child pornography ring is reported. The girl expressed guilt feelings about having involved her younger siblings in the pornography operation. She threatened to kill herself the day the neighborhood children harassed her family after the news media had exposed her family's involvement in the ring. Her presentation was consistent with a diagnosis of sexual deviation and associated depression. Standard methods of psychoanalytically oriented psychotherapy proved useful in eliciting dynamics and intrapsychic conflicts and in working through issues of resistance and transference. It appears that child pornography victims, although physically and emotionally traumatized, can reintegrate themselves into an age appropriate lifestyle. 9 references.

AUTHORS: Schwartz, Allan J.
The view that the incidence of suicide for college students is substantially higher than for comparable nonstudent groups is challenged. The two major obstacles to assessing the true incidence of suicide among college students are defined as inaccuracy in sample data and uncertainty surrounding estimates of the true suicide rate for student populations; and the magnitude of the effect of these obstacles is evaluated. Uncertainty in estimates is shown to be the most urgent and vexing problem. The strategy of using a broadscale survey procedure that relies on college and university health service records is proposed as a solution to the problem. Recommendations are offered with the goal of standardizing research and reporting practices, thereby enhancing both the comparability of future research and ease of pooling data from smaller scale studies. 41 references. (Author abstract modified)
A research study is presented on a variety of factors involving suicide in children and adolescents. Among the data rendered, the following are evaluated and discussed: frequency of suicides and suicide attempts and the stability of fluctuation of suicide rates; methods of committing suicide predominating among the young; reliability of existing statistics on such suicides; types of children who attempt and who commit suicide, their motivations, personalities, and demographic characteristics; possible societal influences on suicide among the young; possible indicators or precipitators of suicide that might assist in the identification of potential suicides and the planning of preventive measures; and the home life and other possible environmental determinants of suicidal behavior in children and teenagers, as well as their medical histories and those of their families.
The development of an emergency psychiatric service for children and adolescents is described. The emergency services were designed to be integrated within a child guidance clinic. The pediatric/psychiatric model serves as the framework for providing services to the child in crisis. A total of 994 emergency cases seen between 1973 and 1978 were classified as one of nine categories. These categories are: suicidal behavior, destructive behavior, victim of abuse or neglect, phobia or extreme anxiety, psychotic behavior, runaway behavior, medical/psychiatric emergencies such as anorexia nervosa, drug and alcohol abuse, and other. Acts of violence against oneself and others were found in 75% of the cases. It is concluded that emergency psychiatric services can be successfully integrated into a child guidance clinic. 4 references.

Adolescent suicide, running away, alcohol problems, and teenage pregnancy are discussed with reference to socioeconomic changes and their impact on the American family. Statistics on single-parent homes, women in the labor force, infant mortality, daycare availability, poverty and welfare families, and highschool dropouts are presented. Disintegration of family life is considered to be one of the principal factors contributing to increasing teenage suicide rates, the prevalence of drug abuse (particularly among disadvantaged and minority-group adolescents), and problem drinking. Teenage pregnancy and the prevalence of teenage mothers who decide to keep their babies pose very serious present and potential problems, both for the young mother and her child. Considerable commitment of federal, state, and local resources will be needed to have an impact on the epidemic proportions of teenage pregnancy, runaways, and drug and alcohol abuse and their subsequent economic and educational fallout for the youth.

Authors: Shields, Dorothy.
Address: no address
Title: The American family: Children in trouble.
Source: AFL-CIO American Federationist.

AUTHORS: Simonds, John F.; Kashani, Javad.
ADDRESS: Dept. of Psychiatry, University of Missouri Medical School, 207 Stadium Rd., Columbia, MO 65212
TITLE: Phencyclidine use in delinquent males committed to a training school.

SOURCE: Adolescence.


Delinquent males committed to a training school were interviewed to determine the extent and effects of phencyclidine (PCP) use. Nine of 109 (8%) drug using subjects knowingly had used phencyclidine in the past. These nine subjects were multiple drug abusers of other substances and had started taking drugs at an average age of 9.38 years, significantly younger than non-PCP users. The PCP users were more antisocial and more violent than the non-PC users. Six of the nine PCP users had committed proven offenses against persons and in four cases violent actions were directly attributed to PCP use. Suicide attempts were made by five (55%) of the PCP users which was significantly higher than suicide attempts made by non-PCP users. 11 references. (Author abstract modified)

AUTHORS: Simone, F.; Valerio, P.; Sannino, V.; D'Ambrosio, G.; Di Cerbo, M.; Montella, P.

ADDRESS: no address

TITLE: Attempts of juvenile suicide in the city of Naples: preliminary report.

SOURCE: Israel Annals of Psychiatry and Related Disciplines (Jerusalem).


A study of suicide attempts by juveniles, and their distribution throughout the city of Naples is presented. Age and sex information is provided and it is noted that girls between 15 and 20 years of age are particularly high in number of attempted suicides. Methods of self-injury used show that drugs are the most prevalent. Major precipitating factors include traditional love deception that instigates family conflicts. The number of suicide attempts in juveniles and particularly the distribution by districts indicates that the breakdown of the family microsystem is very influential. 12 references.

AUTHORS: Snakers, J.; Ladame, F. G.; Nardini, D.

ADDRESS: Unité Universitaire de Psychiatrie de l'Adolescence, 16-18, Saint-Georges, CH-1211 Geneve 4, Switzerland

TITLE: Can an adolescent's family prevent his committing suicide?


Results are reported of an investigation involving 40 families in which an adolescent member had attempted suicide. An attempt is made to focus on the intrafamilial factors in an effort to determine which might restrain and which might promote suicidal behavior. One interesting observation was a lapse of duty on the part of one of the parents with a wide variety of consequences for the adolescent and his development. Reactions of the family members toward suicide threats and possible reasons for such reactions are discussed, and some ideas for changing the behavior of suicidal adolescents are advanced. (Journal abstract modified)

Research into depression and suicide in children and adolescents is reviewed. Considerable controversy surrounds the issue of depression in children and the relationship between depressive symptoms and the various other psychiatric symptoms seen in children. Distinctions between depression, grief reactions, and unhappiness as a natural consequence of the child's daily experiences are discussed. While some researchers have described depressive disorders (enuretic, phobic, and purely depressive), in general, depression in prepubertal children is rare, and there is little evidence for the existence of bipolar affective disorder in childhood. Depression is more common in adolescence, where tricyclic drugs and psychotherapy are useful. In young children, suicide is extremely rare, but suicidal attempts in young children have not been adequately described. It has been argued that accident proneness and repeated risk-taking may have some connection with suicidal behaviors. Suicidal gestures in children are more common. Attempts increase with age and are more frequent in girls, particularly in the 15 to 19 year age group. 29 references.
Increasing suicidal tendencies with children and adolescents are reported, accompanying factors are described, and attention is drawn to the particular meaning of running away from home prior to a suicide attempt. On the basis of a comprehensive presentation of the available literature, connections are revealed between patterns of family communication and interaction and suicidal behavior. These findings are compared with Stierlin's family therapy theory, and a case is presented by way of illustration. It is shown that Stierlin's theories regarding individuation, modes of binding and expelling, and delegation may serve as models for the explanation of suicidal attitudes in children and adolescents, and that therapeutic use may be made of his theories in preventing suicides as well.

An extensive list of references is given for further information. 99 references. (Journal abstract)

Integration of therapeutic modalities in the treatment of an adolescent.

Integration of a variety of treatment approaches in a 15-year-old girl with a history of daily inebriation, truancy, suicide attempts, and imminent academic failure is illustrated. Approaches utilized included individual and group therapy, chemotherapy, family and network therapy, and utilizing the home as a mental hospital. Chemotherapy aided in decreasing anxiety; individual therapy permitted the development of insight, identification, and working through of splitting, distortions, and transferences; mental hospital at home and network therapy provided support during acute crises; and family therapy was helpful in exposing mutual regressive phenomena operating in the parents and the patient. 20 references.

Etiological study of child and adolescent suicide in Japan.

Integration of a variety of treatment approaches in a 15-year-old girl with a history of daily inebriation, truancy, suicide attempts, and imminent academic failure is illustrated. Approaches utilized included individual and group therapy, chemotherapy, family and network therapy, and utilizing the home as a mental hospital. Chemotherapy aided in decreasing anxiety; individual therapy permitted the development of insight, identification, and working through of splitting, distortions, and transferences; mental hospital at home and network therapy provided support during acute crises; and family therapy was helpful in exposing mutual regressive phenomena operating in the parents and the patient. 20 references.
The increasing incidence of child and adolescent suicide in Japan is discussed. Three psychological factors for this increase are cited: 1) constant pressure from parents and teachers to excel; 2) the lack of endurance to compete and resiliency to rebound from difficulties encountered in this process; and 3) a social environment in which death is treated very lightly. 4 references.

An annotated bibliography on suicide among children and youth contains 160 references from 1970 through 1978 of English-language materials. "Youth" includes people under age 25. Entries are arranged alphabetically by authors' names, brief summaries of contents are included, and classification codes are applied, separating materials into major categories of studies such as case studies, empirical, or philosophical presentations.

Self-destructive behavior of 31 handicapped children was studied. The majority of Ss had cerebral infantile paralysis. Ss' aged ranged from 8 to 30. From the developmental view, 83% excelled in locomotion and yet were exceedingly underdeveloped in emotional and mental areas. Of all the self-destructive behaviors, hitting the head with a hand or against the floor was most common. The motive of the behavior in the majority of cases was human relationships. The behavior was often a nonverbal way of expressing frustration or desire or attention. It is concluded that the self-destructive behavior of severely handicapped children is a low stage biological and psychological response to the unbalanced stage in development where physical capability exceeds emotional capacity.
Existence of depression in adolescents with the level of ego development producing varying clinical pictures is postulated. Therapy is based upon the psychoanalytic theory of personality development. Individual treatment is based on age and intelligence of patient, level of ego development, defenses utilized, attitude of parents, and community facilities available. While psychotherapy is the preferred treatment for depressed children, it is noted that only therapists who are well trained in both child development as well as child therapy are competent to work with severely depressed or suicidal children. 16 references. (Author abstract modified)

On the basis of several therapeutic case histories, adolescent depression and the role of therapy in treating this depression is discussed. A brief theoretical outline of adolescent depression, including the reactions of adults to adolescents' suicidal tendencies, is outlined, followed by several case histories of severe depression. These cases include two examples of irregularly scheduled therapy, one case of regular therapy of moderate duration, three longer, strictly regular therapies, and two cases that were discontinued after only a few sessions. Finally, an attempt is made to analyze theoretically the role and the impact of psychotherapy on the outcomes of these cases. 20 references.

Socioeconomic, behavioral, psychological, emotional, and religious characteristics of youths who committed suicide in four northern Utah counties between 1970 and 1976 were investigated. A 59 item questionnaire was administered to 302 significant others who were close to the 58 suicides or 59 control youths. Common among the youths who had committed suicide were: unsatisfactory relationship with the opposite sex, frequent loss of temper, frequent depression, and a low wish to die. (Journal abstract modified)

Authors: Weiner, Amos; Weiner, Zila; Fishman, Roberta.
Address: Dept. of Psychiatry, Washington University School of Medicine, 4940 Audubon Avenue, St. Louis, MO 63110
Title: Psychiatric adolescent inpatients: eight to ten-year follow-up.
Source: Archives of General Psychiatry.

An 8 to 10 year followup of 77 adolescent psychiatric inpatients (index hospitalization at mean age of 16 years old) was conducted. Important findings at followup included: 1) 12 patients had bipolar affective disorder and were severely disabled (of these, 11 had a long-term clinical course and three committed suicide); 2) 16 had unipolar depression, of these one had many episodes with complete remissions, five had one depressive episode and were well throughout followup, and 10 had only partial remissions and their impairment of functioning corresponded with symptom severity, and one of these committed suicide; 3) 18 (23%) were psychiatrically well and functioned adequately throughout followup; and 4) five had primary depressions, five had undiagnosed psychiatric illness, and eight were diagnosed as not having a psychiatric disorder. 11 references. (Author abstract modified)

Authors: Wenz, Friedrich V.
Address: Department of Sociology, University of South Carolina, Spartanburg, SC 29303
Title: Sociological correlates of alienation among adolescent suicide attempts.
Source: Adolescence.

The relationship between adolescent alienation and a number of sociological factors was assessed in a sample of adolescent suicide attempts from a northern metropolitan area. In the regression
analysis, eight variables were found to be statistically significant—
in descending order: social contact with peers in the
neighborhood, conflict with parents, broken home, economic status of
parents, communication blockage with parents, school performance,
stepparents, and broken romance. It is suggested that alienation may
be endemic to the period of adolescence and that adolescence, by
itself, seems to be a good predictor of whether or not a person will
attempt suicide, which implies that there is something about the
condition of adolescence that underlies this type of behavior. 29
references. (Author abstract modified)

000121
AUTHORS: Wenz, Friedrich V.
ADDRESS: Department of Sociology, University of South Carolina,
Spartanburg, SC 29303
TITLE: Self-injury behavior, economic status and the family anomie
syndrome among adolescents.
SOURCE: Adolescence.

Research to investigate the association of economic status and
family anomie, operationalized by family normlessness and
powerlessness scales, to the differential vulnerability of
adolescents to suicide potential is reported. Samples consisted of
30 low and 25 high economic status families with members who had
attempted suicide. Significant differences in the degree of
normlessness and powerlessness were found for suicidal and
nonsuicidal adolescents and their families. These differences
brought out in detailed interviews appear to be part of a family
anomie syndrome. 34 references. (Author abstract modified)

000122
AUTHORS: White, Reba Jean.
ADDRESS: California School of Professional Psychology, Fresno, CA
TITLE: Suicide intent and death attitudes among adolescents:
distinguishing suicidal from suicidogenic attitudes.
(Ph.D. dissertation).

Death attitudes and suicide intent were examined in 116
adolescents 16 to 19 years old and in three adult samples: young
adults, 20 to 24 years old; middle range adults, 25 to 49 years old;
and older adults, 50 years old or over. Predictions concerning fear
of and fantasy about death and consistency of death attitudes and
suicidal versus suicidogenic attitudes in adolescents were not
substantially supported. However, fear of death and more consistency in attitudes were slightly related to high suicide intent. For younger adults, a significant relationship was found between high suicide intent and lower fear of death; while for middle range adults, inconsistency was positively related to high suicide intent. The best predictor of high suicide intent for older adults was negative attitudes about death. For the adolescent group, high religious commitment, high suicidal potential; and the ability to fantasize were significant predictors of high suicide intent. (Journal abstract modified)
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