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A STUDY OF SUICIDAL BEHAVIOR AMONG JUVENILES

by

GARTH MONTEITH FORNEY

A professional paper submitted to the Graduate Faculty in
partial fulfillment of the requirements for the degree

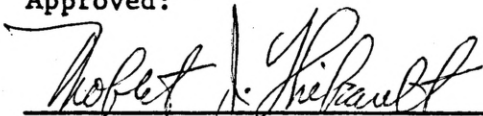
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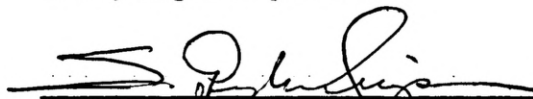
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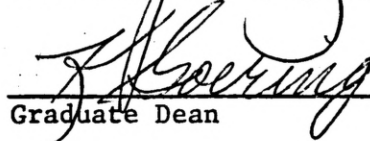
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Approved:


Head, Major Department


Chairman, Examining Committee


Graduate Dean

MONTANA STATE UNIVERSITY
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ABSTRACT

The act of self-destruction rudely challenges our ostensible love for life and fear of death. Suicide is always a puzzlement, but in cases of juveniles, suicide is shocking and bewildering as well as an apparently senseless act. For the counselor and psychotherapist juvenile suicide is a professional dilemma. Suicide prevention is an important and vital task if thousands of young people are to experience happy and fulfilled lives.

The rate of suicide among juveniles increases with age. The number of suicides among children is relatively low and increases with the onset of adolescence. The literature reviewed indicates that a disrupting, rejecting family setting is the primary cause of juvenile suicidal behavior. A child, influenced by the chaotic family, perceives himself as a burden to his parents. The suicidal juvenile feels depressed and lonely. The individual views suicide as his only alternative.

Educational pressure to achieve as applied by school systems plays a minor role in juvenile suicides. More important are the unrealistic parental goals which have been internalized. The loss of social and interpersonal relationships is a greater component of the suicidal juveniles worries than academic failure in school.

Physiological factors which have some bearing on juvenile suicides include menstruation and pregnancy. During these physiological changes, suicides are more frequent. Genetic factors do not seem to be associated as a causative influence. The personality dynamics which lend insight into juvenile suicidal behavior appear to be grouped around the following points: (1) loneliness, (2) affection, (3) anxiety, (4) guilt-punishment, (5) apperceptive schema. Additionally, Adlerian concepts, those described by Dr. S. G. Simpson of the Montana State University counseling staff, lend further insight into juvenile suicidal behavior. These four internal controls are as follows: (1) protection, (2) enhancement, (3) equilibrium, (4) goal-directed behavior. When the above internal controls are upset, the organism may strive for existence in an abnormal way, such as suicide.

Conclusions drawn by this writer are that juvenile suicides are a significant problem which is on the increase. Male juvenile suicides are more common, although juvenile females make more attempts. Educational pressure may play a minor role in causing juvenile suicidal behavior. The disruptive, chaotic family setting is the greatest causative agent.

Recommendations made from this study were that greater awareness, about skills and juvenile suicidal dynamics be extended to families, counselors, teachers and others working with juveniles. Hopefully this awareness about the causes and dynamics may prevent further juvenile suicides.

CHAPTER I

INTRODUCTION

The act of self-destruction rudely challenges our supposed love for life and fear of death. Suicide is always a puzzlement, but in the case of juveniles, suicide is shocking and bewildering as well as an apparently "senseless" act. This destructive act, seemingly a personal act, has many interpersonal dimensions that affect one's family, siblings, and friends, as well as costing others large sums of public money. For the psychotherapist or counselor, suicide is a professional dilemma. Kramer stated: "...there is no issue in therapy which touches more acutely the specific and individual values of each psychotherapist than the danger of suicide (22:99)."

"Of the current United States population under the age of twenty-five, approximately 90,000 persons are yearly involved in suicidal behavior; either attempts or committed suicides (21:334)." This large number of people may be a conservative estimation when one considers the stigma associated with suicide. This stigma prevents many persons from reporting suicides of those close to them. The difficulty in discerning suicide from accidental death or homicide is also a problem when compiling suicidal statistics.

In 1966, the National Institute of Mental Health established the Center for Studies of Suicide Prevention, which provided a new and helping direction in curbing this unnecessary and stigmatized act. This

center gave impetus to many scattered researchers by study grants for both research and preventive knowledge and skills, as well as acting as a resource agent for others (39:243). This government intervention has spurred on many researchers and therapists. The purpose of this paper is to review much of their findings.

Statement of the Problem

The problem of this study is to survey current literature examining the self-destructing act of suicide, either committed or attempted by juveniles.

The Need for the Study

This problem is of concern to many persons: the desperate attempter, the guilt-stricken parents, and the shocked friends; not to mention the many professionals which deal with persons battling this complex problem. The suicidal act is a special problem which, until recent years, has been studied very little. One reason for this lack of study may be the taboo which brands those closest to the victims.

Hopefully, this study may enable a counselor, a teacher or even a layman to recognize and possibly help a potential suicidal juvenile.

General Questions to be Answered

The writer attempted to answer the following questions:

1. Why does a juvenile attempt or commit suicide?

2. What are the "symptoms" of this behavior?
3. What role does educational pressure play in juvenile suicidal behavior?
4. Is the suicide rate on the increase?
5. Which are more prone to suicidal behavior, male or female?
6. What role does the family setting play in suicidal behavior?

General Procedure

Using the information sources available at the Montana State University Library, the researcher attempted to locate journals, articles, books, research studies, dissertations and other printed matter that had previously been written on the topic of juvenile suicides.

Limitations

This study was limited to a survey of literature and did not involve an original investigation.

Definition of terms

Webster defines suicide as: "...the act or an instance of taking one's own life voluntarily and intentionally esp. by a person of years of discretion and of sound mind (47:879)."

A suicidal victim is a person who has been successful in his suicide attempt.

A suicidal attempter is a person who has not been successful in

his suicide attempt, either by intention or by accident.

The researcher uses the terms causative factors and influences interchangeably meaning something that effects the juvenile to result in suicide.

Scope is a term used to describe the size or magnitude of suicidal juvenile behavior.

Environmental influences refer to the social and cultural conditions that influence that life of a juvenile.

Juvenile and adolescent are terms that are used interchangeably meaning a young person, physiologically and psychologically immature (47:462).

Summary

The suicidal juvenile presents a serious and wide-spread problem. This act may be caused by a complex reaction between social and psychological forces. Suicide is an act that influences many persons, besides the victim. Suicidal prevention is, obviously, necessary and a vital commodity for thousands of persons, if they are to experience and enjoy wholesome and satisfying lives.

For these reasons, this study was undertaken, with the expectation of a helpful contribution toward the prevention of juvenile suicides.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The review of literature is organized into two main sections. The first section deals with the scope or magnitude of juvenile suicides. The larger, second section describes the research found about the influences caused by the environment affecting juvenile suicides or suicide attempts. This broad section details research about the family's role in suicidal behavior, and the importance of educational pressures as causitive factors.

The suicidal act, which is seemingly personal, affects many persons including family members, friends, and classmates. It is indeed a problem which is a waste of human life and human potential. A quote from The Portrait of Tiero, by Zoe Akins sumed this matter up:

Nothing seems so tragic to one
who is old as the death of one
who is young, and this alone proves
that life is a good thing (5:58).

It is on this note that this researcher has undertaken this subject, hoping that professional counselors, teachers and others who deal with juveniles will become more aware of this needless act.

Scope of the Problem

The scope or extent of juvenile suicidal behavior is a serious and direct problem. Dr. Peck, Staff Psychologist at the Los Angeles

Suicide Prevention Center and instructor at the University of Southern California, attests to the importance of trained persons in this area:

Because adolescent suicide is a ubiquitous phenomenon and serious public health problem - being variously described as the second, third or fifth leading cause of death among adolescents-training persons in suicide prevention for this age group has become an immediate concern (30:45).

The need for trained persons in suicide prevention among adolescents can be seen as an immediate need because of the large number of persons involved in this behavior. King reported:

The current United States population under the age of 25 numbers 94 to 95 million, approximately 90,000 of whom are yearly involved in suicidal behavior: either attempts or committed suicides (21:344).

Finch and Ponanski developed this problem of adolescent suicides by citing that suicide in children is a very rare occurrence, this is common knowledge the authors speculated, and as the age increases toward puberty so does the suicide rate. The increase occurs between the ages of ten and nineteen years old (13:9).

From the above information it is shown that at the adolescent stage, suicide becomes an increasing problem. It is at this stage, suicide becomes a leading cause of death. Kiell writes:

In the United States, figures for child and adolescent suicide are high. At least thirty boys and girls under the age of ten kill themselves each year. Between ten and fourteen, the number rises to about fifty. In the fifteen to nineteen year old group there are some 290 successful attempts. The suicide rate in colleges is high too. One study sets the figures at 13 per 100,000 students. These are the reported figures. They do not include the "hidden suicides",

those denied by families and classed as accidents (usually by poisoning) are actually suicide attempts (19:718).

King's review of the statistics found in Seiden's monograph, "Youthful Suicide," prepared for the Joint Commission in 1967 (40), found again that suicides under the age of nine are almost non-existent and very few to the age of nine. Between the ages of ten and fourteen the number is again small, "less than one case in 200,000". After fourteen the number of suicides increases eight to ten times up to the age of nineteen and then doubles in frequency from the ages twenty to twenty-four. This study stated that during the depression the suicide rate was high and after that the rate declined, this seems understandable. But a finding, that maybe is not so understandable, is the fact that, "during the last ten years the rate has been increasing as that for the total population (21:345)."

The ratio of committed suicides by juvenile males as compared to committed suicides by females is of importance to persons in helping positions. The study by Litman, in 1962, revealed an interesting and seemingly important fact about the frequency of male suicides as compared to female suicides. He found that male suicides outnumbered females three to one (24:36).

The research reported by Muriel King further verifies this fact, "Rates for boys (committed suicide) are generally approximately three times those for girls throughout the period ten to twenty-four (21:345)."

Table One on page 9 seems to verify the research cited by Litman and King. The ratio of male suicides to females appears to be a constant three to one ratio (13:10-11). The data seems to indicate that males have a higher suicide rate than their female counterparts. Another interesting study by Tuckman and Conner of one hundred juvenile suicide attempters, indicated that females attempt or threat suicide as much as six times that of the males studied (46:229). Peck lowered slightly this estimation by his research study done at the Los Angeles Suicide Prevention Center. He stated: "...two or three times as many girls as boys make an attempt (31:114-5)."

Table 1

Suicides of Youngsters - Ages 0 - 19
 Per 100,000 Population
 By: Finch and Poznanski

0-14 Years of Age	1960	1961	1962	1963	1964	1965	1966	1967
Suicides	0.5	0.4	0.6	0.6	0.5	0.5	0.6	0.6
Males	0.9	0.7	1.0	0.9	0.9	0.9	0.9	0.9
Females	0.2	0.2	0.1	0.2	0.1	0.2	0.2	0.3
White	0.6	0.5	0.7	0.6	0.5	0.6	0.6	0.7
Males	1.0	0.7	1.1	1.0	1.0	1.0	1.1	1.0
Females	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.3
Non-white	0.1	0.3	0.2	0.5	0.2	0.3	0.3	0.3
Males	0.2	0.2	0.3	0.6	0.3	0.5	0.2	0.4
Females	0	0.3	0.1	0.3	0.1	0.2	0.3	0.3
15-19 Years of Age								
Suicides	3.6	3.4	3.8	4.0	4.0	4.0	4.3	4.7
Males	5.6	5.3	5.5	6.0	6.3	6.1	6.5	7.0
Females	1.6	1.5	2.0	1.9	1.7	1.9	2.1	2.4
White	3.8	3.6	3.9	4.2	4.2	4.1	4.4	4.9
Males	5.9	5.5	5.8	6.4	6.7	6.3	6.7	7.5
Females	1.6	1.6	2.0	1.9	1.7	1.8	2.1	2.2
Nonwhite	2.4	2.5	2.8	2.9	2.9	3.8	3.6	3.7
Males	3.4	3.7	3.7	3.7	4.0	5.2	4.8	3.8
Females	1.5	1.3	1.9	2.0	1.8	2.4	2.4	3.5

Taken from Vital Statistics of the United States, Volumn 2, Mortality
 United States Department of Health, Education and Welfare Public
 Health Service (13:X-XI)

The results of a study conducted at Harvard and Radcliffe Universities from the years 1963 through 1967, thoroughly examined sixty-nine suicidal attempts. This examination also validated the assumption that approximately three times more women attempt suicide than men (8:84).

The total number of juvenile suicides attempted each year has been estimated as low as eight attempts for each fatal act, the same as the adult population (11:3).

Finch and Poznanski in their book entitled, Adolescent Suicide, held that: "Teenagers may make many more attempts per successful suicide than do adults. The ratio for the former has been estimated as high as 120 to 1 while the adult ratio is approximately 8 to 1 (13:9)."

Edgar Trautman, in his study entitled, "Drug Abuse and Suicide Attempt of an Adolescent Girl. A Social and Psychiatric Evaluation", indicated that the ratio of unsuccessful attempts were only about fifty times those for successful and probably no higher (45:380).

These reports seem to indicate that the issue of suicide statistics is an unclear matter. Finch and Poznanski summarized the influences which clutter and thusly favor under-reporting. They cited: that: "Some of these influences are cultural stigmas, religious taboos and the limitations of insurance policies which can combine with the family efforts to deny a suicidal intent. The awareness of the coroner's office and the police officers also influence the number of suicides reported (13:9)."

Rosenberg and Latimer indicated the problem in determining the nature of suicide behavior when they stated:

When children are involved, many successful suicides are concealed by parents and other well-meaning adults under the guise of accidents. We know little about unsuccessful attempts;

These studies point out that a disruptive, rejecting family setting can be a factor of suicidal adolescents.

Another study by Schrut also indicated:

...that in the history of each suicidal child there was intense parental ambivalence toward the child frequently weighted heavily in the direction of unconscious resentment, hostility and rejection. It postulated that the child perceived he was a burden, became isolated and frightened at his helplessness, and developed anxiety. A sense of unworthiness and a hopeless rage against it resulted in a paradoxical situation in which a natural drive became perversely involved with a drive toward self destruction (37:1103).

In the Journal of School Health, Teicher and Jacobs, in the article entitled, "The Physician and the Adolescent Suicide Attempter," further clarified the position of the family and adolescent suicide attempters. Their study involved fifty adolescent suicide attempters, who were attended by the Los Angeles County General Hospital staff. These patients had a history of long standing problems from childhood to early adolescence. The results of the data were that 72% of all the cases had one or both natural parents absent from the home. Eighty-four percent of those suicide attempters with step parents felt that they were contending with an unwanted step parent. Seventy-four percent of the suicide attempters viewed their family conflict as extreme. Besides these commonalities, many of the suicidal adolescents indicated many serious problems making environmental changes. These changes were among parents remarrying, family members in hospitals, death in the family, changing schools, siblings leaving home, foster home placement, and being

in Juvenile Hall (44:447).

Perhaps nowhere in the nation is the family structure of greater influence upon suicide and suicide attempts than among the Blackfoot Indian of Montana. Resnick, in the Fall 1970 issue of Bulletin of Suicidology, held that the extremely high rate of suicide among the Blackfoot Indians, which was approximately fifty times the national average, was the result of changing family structure. This changing family structure was caused by the conflict between the Indian culture and the so-called main-stream American culture, which surrounds him. In these families where the grandmother and mother occupy key positions in the family, employment for the male is almost nil, and often the father leaves the family setting so the mother can obtain public assistance for survival for herself and the children. Excessive drinking and divorce among the parents are contributing factors frequently intensifying the Indian adolescent's feeling of unhappiness and frustration (32: 42).

Further evidence of this problem of disruptive, and generally poor family life is presented by Teicher and Jacobs. They speculated about the problem of lack of communication between the teenager and his parents.

The parent may be trying to change the adolescent's behavior or mold him, or on the other hand the parent may not try to influence or take interest in the juvenile at all. This last act of behavior on the

parent's part may cause the child to feel rejection because of no parental aid at all. Either one of these parental acts can eventually cause frustration in both the parents and the child. This starts a vicious circle, until both sides stop trying. This family interaction or non-interaction is typical of a suicide attempter's family life. This is seemingly how one could describe the "generation gap" (43:1254).

In an earlier study, by Schrut, in 1964, of thirty self-destructive adolescents, the Doctor concluded:

...in more than half the children a basic feeling directed toward the child of being a burden was conveyed unconsciously by the significant parents or parent, clearly beginning in infancy in ten cases. In the majority of instances this attitude was conveyed by a coldness and hypercritical discipline or by an absence of mothering concern (37:1103).

Dr. Schrut further held that:

...the child develops an initial feeling not truly defined by the word "guilt". This feeling is of "being something wrong," as one child stated, and of being unworthy and a source of displeasure to his parents. The isolated child becomes a frightened child because of lack of protection from the threats of the external world, as well as from his own internal world (37:1105).

Dr. Schrut described how a child unconsciously tries to escape anxiety, when he feels guilt feelings or remorse projected toward him from his parents and often times his mother. Because of this conscious or unconscious rejection on the part of the parent, the child falls deeper into depression. The child often and eventually becomes angry at his mother and his developing anxiety; the Doctor calls this a response,

but also an adaptive response. The child eventually finds that by producing anger, anxiety, and resentment in the parent, he becomes more "meaningful" to her. This type of relationship for the child does bring him "some perverted gratification from the rejecting mother as a substitute for the desired gratification as a truly loved object." This type of situation keeps building and circling into deeper anxiety for both the parent and the child. Schrut summed this up:

The total result of the circular pattern is an erratic child fleeing from anxiety, who unconsciously discovers that the only course open to obtain the most totally meaningful reaction from parents is misbehavior. The self-destructive relationships are only a further development of such misbehavior (37:1105-1106).

This pattern could and does even develop further causing an even more threatening situation. Schrut continues:

.....the mother is no longer able to withstand her anger and reveals her hand so that the child is further provoked into executing what both she and the child so strongly struggle against coming to consciousness--the demand that he be nonexistent. Then suicide threats or attempts become the play by which another round of provocation and counterprovocation occurs, this time often carrying the child one step closer to death. It is postulated that such a situation begins in infancy in some children (37:1107).

Samuel Weise held that the juvenile, suicidal behavior, as a vindictive act, directed at not only the self, but also at the subject's family who will, supposedly, feel sorry or guilty after his death (48:39-42).

Paffenbarger and Asnes attested to another facet about the

influence of a disruptive family setting upon juveniles, in which they used the college records of 40,000 former students at the University of Pennsylvania and Harvard University. They examined the records for characteristics which were precursors to suicide. The early loss or absence of the father was the dominant characteristic in cases of suicide (29:1027).

The above research on the absence of parents or father as a factor is further documented by a study of suicidal college students in Japan. Professor Iga determined that the one major factor that distinguished suicide students was the absence of parents. He took particular note of the fact that absence of the father is as important as the absence of the mother. Suicidal behavior among juveniles in Japan is about ten times greater than that of the United States (17:246).

Stanley and Barter studied thirty-eight psychiatric suicidal adolescents and non-suicidal adolescents, both male and female, between the ages of ten and twenty-one years. Both groups reported no significant difference in the amount of fighting, quarreling or alcoholic abuse, but what was significant was that threats of divorce or separation were nearly three times more frequent among the parents of the suicide attempting group. This study also showed a significant relationship between parental loss before the thirteenth birthday for the suicidal sample. This shows that, perhaps, family disturbances also play a role

in psychiatric cases (42:91).

King brought out yet another possible factor in this problem of family disturbances affecting juveniles. She cited: "A number of studies suggest that children may imitate the actions of those close to them who have fled, suicided, or been preoccupied by suicidal thoughts. Often the child fantasies reunion with a dead parent, and suicidal thoughts and behavior seem to represent an identification with the dead parent in such children (21:349)."

Albert Cain and Irene Fast, in "Childrens Disturbed Reactions to Parent Suicide:", discussed this problem very thoroughly. They stated:

The potential pathological impact of parent suicide upon a child is an obvious matter; it is suggested by the general findings of personality distortions readily stemming from childhood bereavement and is occasionally boldly visible among those who attempt suicides identical in virtually all respects to their parent's suicide (21:879).

The authors also noted that in the past such identical parent-child suicides were thought to be hereditary. This seems to show that enlightenment on this subject has happened only in the past few years (21:874).

The death of an older sibling is often a dissolution of a meaningful relationship which could cause a real problem for the adolescent. This conclusion was reached by Teicher and Jacobs through their study of adolescent suicide attempters. They showed how death may cause a "reordering of the family structure" and a loss of "one of the few

remaining meaningful social relationships (43:1256).

When one cannot cope with a life situation, one may try to escape. Suicide is perhaps an escape mechanism. Trautman spoke about a black adolescent who was a suicide attempter:

In the context of the psychodynamics of her behavior, her attempt at suicide appears as the culmination of her unsuccessful efforts to escape her family. With such girls, if all the escape roads were blocked and all hope was lost, suicide tendencies would develop (45:388).

A teenage marriage may also be an escape from a chaotic family situation. "The rate of suicide in married persons under twenty-four (especially under twenty) is higher for married than for single individuals (39:245)." Richard Seiden talked about this matter in an article in The Journal of School Health, entitled, "The Problem of Suicide on College Campuses". He said that this may be true, because the adolescent was trying to get away from an unhappy home life and this young marriage only complicated the problems and made them worse (39:245).

Teicher and Jacobs discussed the pregnant adolescent girl who attempts suicide. They found that very often the young girl really is seeking love and is usually alienated from her parents, she is seeking a "meaningful social relationship". They further defined this problem in this quote:

When the love affair culminates in a pregnancy the problems are compounded and often result in a rapid disintegration of social relationships on all fronts. The boyfriend disappears, other friends have already been alienated, the parents are completely disillusioned and "give up" at the very time help is

most needed, nasty rumors circulate at school among her peers, she is no longer participating in sports or other school activities and her school work usually suffers (44:413).

In a study of case histories of Harvard and Radcliffe students who attempted suicide, conducted by Blaine and Carmen, it was revealed that there is an interesting difference in the amount of education completed by the parents of attempted and successful suicides. "The more educated the father, the greater appears to be the chance of suicide in his child, but the lesser the chance of a suicide attempt. When the mother has graduated from college, the chances of both attempts and suicides in her children are increased (8:836). Blaine and Carmen also added to the other research that loss is important in the development of suicidal intent. They found that 52% of the attempts in their study were by students who had "suffered past or present loss of an intimate person by death or separation (8:836)."

These findings seem to point to the strong influence that the family structure or situation plays on the juvenile. A disruptive, chaotic family life seems to be a contributing factor to juvenile suicidal behavior.

Education's role as a causative factor in juvenile suicide appears to be a complex matter. Do^e the educational institutions pressure to achieve provoke suicidal behavior? Or is it the pressures from the parents and society to achieve that brings on the suicidal act?

The following is a quote from Kurt Glaser, in his article entitled "Suicidal Children-Management", in which he described how the stressful situation to achieve in school may occur and then gives an example of a fourteen year old girl who experiences this frustration.

Other common stressful situations which may lead to suicidal behavior are pressure for better school performance, especially in the child with limited intellectual resources who has highly intelligent parents and siblings. Parents often deny the child's limitation, which may not be marked if compared with national standards but may be considerably below the level of the family and subculture into which they have moved through the process of assertative migration. The child then experiences frustration at not being able to fulfill parent's or teachers' expectations. The frustration of parents, expressed in reproaches, accusations, punishment, comparison with siblings (even if consciously avoided) produces guilt in the child and hopelessness at ever being able to satisfy the parents and to gain their acceptance and love. The child becomes convinced that he is inadequate, worthless, and helpless in the situation.

Example:

E. was a 14 year-old girl when seen because of fainting spells and unhappiness. She had run away from home, leaving notes indicating that she saw herself as stupid, dumb, and, "Why do you need me?" Her IQ was reported as 77 and 84 on separate tests one year apart. Her parents were intelligent and she had a brother, three years younger, who was a very good student. The family lived in a well-to-do suburban neighborhood. At first she went to a regular class in public school where she could not do the work but was promoted "out of compassion." When placed in a special education class later she felt degraded. The parents had taken her to many consultants and were unable to accept her mental retardation which, even though mild, put her in sharp contrast with the bright brother and children in the neighborhood.

One evening she acted withdrawn and stated to her brother, "Don't be upset if I am not here tomorrow." In the early morning hours she was found lying on a road. She claimed that she had heard voices or dreamed that she should get up and be run over by a car. She thought that if she ran away everyone would be

better off. She admitted to thoughts of suicide on other occasions and also that she would repeat her attempt if the voices would tell her very loudly (14:29).

The Blaine and Carmen research of Harvard and Radcliffe students who attempted suicide concluded on this matter of educational pressure that among college students the need to achieve academically and to sustain "meaningful relationships" are more important than such things as "extracurricular activities, number of friends, athletic powers, or physical health."

The college student is at an age when he is still in need of support from close relationships with others. His demands for reassurance are still high and his self-esteem is shaky enough so that achievement in the academic sphere is of vital importance. His struggle for identity makes the loss of respected persons within or without his peer group traumatic and often stresses in one or the other of these areas, or perhaps in both concurrently, may lead to dramatic and sometimes dangerous forms of acting out behavior (8:836).

Table Two on page 23 shows five points from Seiden's study of suicide. These five points grew out of Seiden's research, which used an epidemiological approach, and made demographic comparisons between the sample of twenty-three victims and the total student body population for the years 1952-1961 (38:399).

Although school pressure may have some influence on suicidal behavior other factors seem to play a significant role. Stanley and Barter concluded in their study of suicidal adolescents that "repeaters" often did less well in school than nonrepeaters, but they also had less well-adjusted social lives and were usually separated from their

Table 2

Seiden's Five Points Concerning Student Suicide

-
1. Compared to the student population at large, the suicidal group was older, contained greater proportions of graduates, language majors, and foreign students, and gave more indications of emotional disturbance. In addition the undergraduate suicides fared much better than their fellow students in matters of academic achievement.
 2. Contrary to the popular belief that suicide frequently occurs during the final examinations week, time relationships indicated that the peak danger period for student suicides was the beginning (first six weeks), not the midterm, nor the end of the semester.
 3. Most of the students gave recurrent warnings of their suicidal intent. Many of them presented a similar prodromal pattern marked by anorexia, insomnia, and periods of despondency.
 4. Major precipitating factors were: worry over schoolwork, chronic concerns about physical health (sometimes of a decidedly bizarre nature), and difficulties with interpersonal relationships. This last category contained some students who had reacted to romantic rejections, but for the most part, comprised of the emotionally withdrawn and socially isolated student.
 5. A future increase of student suicides was predicted on the basis of changes taking place in the age structure of college populations and in the competitive pressures of student life (38:399).
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the real pressure did not come from the school but from extraordinarily high standards the youngster had internalized in order to satisfy parental expectation. Often a successful, rigid father presses the impression of "be a man" on the boy. This often leads to the opposite and weakens the boy's sense of identity (31:114).

[Yet another factor is introduced by information gathered at the Los Angeles Cuicide Prevention Center that indicated that the major factor in suicides is not pressure to obtain grades and succeed. The major factor involved, as in all age groups, appears to be the loss or separation from a loved one (31:113). Again research points to the family unit rather than schools and school pressures.

[The research on educational pressures seems to indicate that the pressure put on the student is not usually from the educational institution, but rather from internalized family and social pressures.)

Summary

To summarize the scope of the problem of adolescent suicide, the number of these suicides seem to be increasing and it is also a problem that increases with age. The number of suicides among children is relatively nil, and increases toward adolescence. The rate of suicide for boys is three times greater numbers than boys. Tenagers have a greater number of attempts than adults. Because of the taboo held against suicide, many of the suicides and suicide attempts are reported

as most often accidents. Because of this problem of untruthfulness in reporting, the statistics are not fully accurate.

The major environmental influence that affects these troubled youths, the most, is the family situation. This research has seemed to point out that a disruptive, rejecting family is a major contributing factor of many juvenile suicides. A child from this type of family background may perceive himself as a burden to his parents, and thus be very depressed or lonely, and may reach for negative reinforcement, and thus may end in a self-destructive act. The loss of a parent or sibling often stimulates suicidal behavior because of loss of a close relationship and increased loneliness. These family situations seem to be the major ones that influence juvenile suicidal behavior.

From the research findings presented here, the pressure put on the students to achieve may actually come from the parents or the student himself, rather than the educational institution. The goal set by the parents (or expectation) and later by the student may be too high for the student's actual ability. Social and interpersonal relationships which are a part of school are very important. The loss of a relationship or the lack of a relationship may contribute to suicidal behavior. These findings seem to reveal that the actual academic pressure from the school is not the major causative force in suicidal behavior, although the family and social pressures concerning educational expectations are the causative elements.]

This review of the environmental aspects of adolescent suicides suggests that the most significant influence to be the family. This seems to play as a causitive agent in all the other environmental situations.

CHAPTER III

SOME PERTINENT INFORMATION

Introduction

The concern of Chapter III is, first, the physiological variables, which may have some relationship with juvenile, suicidal behavior. A section describing personality dynamics, which seem to lend insight into juvenile, suicidal behavior, is also included. The knowledge of these personality dynamics is a result of the writer's training and experience as a counselor.

Physiological Variables

Possible physiological correlations to juvenile suicide include tenetic factors, menstruation, and pregnancy (13:35). Kallmann performed an important investigation based upon seventeen twin suicides. The author concluded that suicide was not genetically determined in his study (18). Perhaps, the small number of cases utilized, may have deterred from the significance of the results. One might consider the separation of genetics from emotions and environment as a necessary control. The relationship between genetics and suicidal behavior has not been extensively studied, therefore this matter appears unclear.

The experiences of puberty, where there are many glandular and secondary changes, may be a time of great worry and anxiety for some

females (4:252). These female pubertal changes, such as the development of the reproductive organs and the onset of the menstrual cycle, may have a causative role in suicidal behavior, as cited by Mandell and Mandell, in the article, "Suicide and the Menstrual Cycle". They concluded that there is an association between suicide and menstruation. This was shown by statistics which indicated a large number of suicide attempts during the pre-menstrual or menstrual period (25). While this is the most common pattern, occasionally some women have a marked mid-menstrual cycle fluctuation, indicated by a number of suicide attempts at mid-cycle. The increased number of suicide attempts during pre-menstrual and menstrual cycles may suggest that a physiological condition may be at the least, a contributing factor of suicide attempts. Finch (13:35) stated that the relationship between suicide and menstruation is only one of many associations. Although, he does state that the premenstrual suicide attempts are more prone to be precipitated by some type of quarrel; therefore, he concluded that emotional stress escalated premenstrual tension or, perhaps, vice versa. This researcher recognizes the need for greater study in the area of interrelationships between endocrines and the psyche.

Whitlock and Edwards stated that pregnancy is an associated factor in approximately five per cent of all female suicides, and that about seven per cent of women who commit suicide are pregnant. The time of

the suicide attempt is generally during the second and third month of pregnancy (50). Whitlock and Edwards also felt that the pregnancy, itself, is generally not the cause of the suicide attempt, but rather the suicide attempt is the result of violent interpersonal disputes. These disputes could be among the pregnant mother and father, or in the case of the juvenile, between the attempter and her family (28).

Genetic influences, menstruation, and pregnancy represent physiological variables which may have some influence on juvenile suicides. That more research is needed in these areas before concrete conclusions could be drawn, is a logical possibility. The apparent relationship between these physiological factors and the disruptive social relations, is a possible, significant cause of juvenile, suicidal behavior.

Personality Dynamics

Throughout the course of the writer's counseling training and counseling experience at Montana State University, during the 1971-1972 academic year, the following personality dynamics appeared to lend insight into factors dealt with in Chapter II, which were pertinent to juvenile suicides. According to Dr. S. G. Simpson, of Montana State University's counseling staff, these pertinent factors grouped around the following points:

1. Loneliness The feeling state of loneliness can be described as that feeling of being isolated or alienated. Feelings of loneliness

occur when one feels empty, for emptiness and loneliness go together (26:24). Loneliness is the feeling that "no one knows what I am going through; no one feels the hurt I feel (41)." Consequently, while the lonely and alienated person is not able to share his emotional world with another person. He is not able to change his behavior and the feeling state. The "emotional rainbow", is not completed (20). Ernest Kramer describes loneliness as a motivation for suicide:

...the desperate loneliness of feeling that no one cares whether you live or die. In one sense, loneliness is a kind of pain, and to turn from that pain in an attempt to take one's own life is similar to fleeing from intense physical pain. But I think loneliness is also frequently the intensifying factor which adds to the other motives for suicide. It is as if the potential suicide says to himself: "If someone cared about me, I could bear the hate I feel from others. If someone cared about my pain, that caring would help me to tolerate that pain. If there were closeness and companionship in living, I would have something to prefer to the utter loneliness with which one meets his own death (22:102)."

Apparently, most juvenile suicides seem to develop when the child feels severe loneliness and alienation.

2. Affection Affection is, perhaps, the number one basic emotional need for the human organism. When affection has been withheld, serious and often fatal results have occurred, as suggested by Harry Bakwin. The clinical picture, presented by Bakwin, of infants who lacked genuine affection, could be summarized as infants who were listless, quiet, and unresponsive to stimuli such as a smile or a voice. These infants also had indifferent appetites (6:519).

The long-range effect of no genuine affection was adjudged a serious matter by the findings of Beres and Obers. Their study consisted of thirty-eight adolescents who had been institutionalized most of their juvenile lives. Of the thirty-eight, only seven were not suffering from some type of behavior disorder, a direct result of no or little genuine affection (7). These behavior disorders may lead to juvenile suicide.

3. Anxiety. Anxiety is the feeling that one is going to experience that which one fears the most (20). Suicide, a means to death, may have profound influence on human behavior. Feifel suggested that forms of maladjustive behavior are related to a person's view of death (12). Perhaps, juvenile suicide is one means of dealing with the question of death, or non-being. A juvenile may, thus be removed from the state of unbearable as Kierkegaard had suggested (20:29). The combat hero, who acts in a fearless manner under enemy fire, although who is really afraid of death, may be a prime example.

4. Guilt-punishment. Horney attested that guilt and punishment are interwoven components in a person who feels rejected. Guilt results from the fear of loss of self-regard and from the fear of punishment, based upon what a person has learned while growing up. The abused person may provoke others to treat him badly. In this way, he becomes the noble victim, suffering from a cruel world (15:230-231). These feeling states of guilt and punishment appear to serve as defense mechanisms to maintain the organism. Dr. Karl Menninger's book, Man

Against Himself, (27), concluded that each man's death was his responsibility, because he turned his anger against himself, rather than against those enemies which threatened him. Salter spoke of this guilt-punishment syndrome when discussing the inhibitory personality. The inhibitory personality is a person who does not fight for his emotional rights and hides his true emotional impulses and distrusts his natural abilities (35:48). For the juvenile, guilt and punishment are, perhaps, a means of not feeling rejection and lack of love. Punishment may be drastic and take the form of suicide.

5. Frustration. When the organism feels frustration, he may react in several ways. One reaction may be aggressive behavior, such as acting out and depreciation of others (10:400). The association between suicidal behavior and the frustration-aggression syndrome is suggested by Alexandra Adler, in Guiding Human Misfits. She indicated that overt suicidal acts were forms of frustration and aggression directed at others (1:43). The withdrawn aggressor may see little or no hope and may want to achieve one last act of aggression. The result of this self-directed aggression may be, as Menninger stated earlier, suicide.

Alfred Adler concluded that anger, resulting from frustration, had to be expressed. The organism could not tolerate unexpressed anger. When this anger is not expressed or "symbolized", it turns inward (33). Anger turned inward must find some outlet; it seeks release in forms of ulcers, drugs, or other psychogenetic illnesses (2).

Andrew Salter, also considered the dynamics of unexpressed feelings such as frustration, and anger. Salter felt that depression was the result of excessive inhibition (35:153). Fundamentally, the inhibitory person suffers from constipation of the emotions (35:47).

Inhibitory persons fail to express their true emotions, either positive or negative (35:48). If a juvenile cannot find an outlet for his frustrated emotions, he may destroy himself.

6. Apperceptive Schema. The apperceptive schema is primarily an Alfred Adler concept. Adler saw man as a being striving in a goal-directed manner. The future, or one's view of the future, plays a dynamic role in one's behavior; this view is the apperceptive schema (2). The final goal, according to Adler, which the organism is seeking, may be called "fictional finalism". This occurs when the goal or goals that guide the individual are not accurate perceptions of reality but are distorted beliefs adopted earlier (2). The suicidal juvenile may have a very bleak apperceptive schema and no goal. Suicide may seem to be the only answer for his hopelessness.

Additionally, further Adlerian (Alfred) concepts which may lend insight into juvenile suicidal behavior dynamics were as follows:

1. Protection. Protection involves the total organism, both physically and psychologically, for the purpose of maintaining the organism's safety. When the organism perceives bodily harm, it reacts

by changes. For example, changes in heartbeat, blood sugar level, and muscle tension occur (4:253-255). This maintenance of homeostasis may be seen as a result of a threat on a psychological level, as well. Horney described this protective mechanism as a person who "secures" himself by his movement toward, away or against the threat. This securing entails less expectations from other, while at the same time warrants additional attention. Securing is a means of protection (16:173). The greater the perceived threat, the more the organism calls upon its protective mechanism; mechanisms such as disowning, psychogenetic illness, acting out behavior and even suicide (33).

2. Enhancement. Adler cited enhancement as paths to victory (3:73). These paths come in a variety of forms. The highly competitive athlete, the scholarly professor, or the vivacious model are all examples of peoples' "enhancements". Adler, also, felt that the degree to which we strive to enhance ourselves is determined by our degree of feeling inferior (3:73). All human beings strive for enhancement in some way, by trying to reach their elusive goal (5:73). Perhaps, for some juveniles, suicide may be perceived in a distorted manner as an enhancement. Additionally, juvenile suicide may be the result of enhancement not occurring as it should.

3. Equilibrium. Equilibrium is the evolutionary miracle performed by the body; to maintain, complete, and supplement all the parts that are vital (3:72). The organism's durable abilities to fight

injury and disease are examples of this process. Psychological equilibrium must also be maintained if the organism is to survive. Psychological and physical equilibriums are interconnected. They function jointly to maintain the organism (3:180-181). Suicide may be a form of maintaining equilibrium, when the organism has tried all other means of maintaining itself.

4. Goal-directed. Goal-directed behavior evolves out of a person's feeling of inferiority, as learned early in childhood (3:73). This goal-directed behavior becomes one's life style. The organism moves as a whole, both physically and psychologically, toward its goal. The organism's apperceptive schema will be influenced by interpersonal relations and social pressures. These will be viewed in relation to the organism's goal (3:73). The organism may view these influences as a threat; then the organism will "turn on" the protective controls to maintain the organism's former direction.

The point of "turning on" the protective controls is the place where a suicide may occur. The juvenile is not adequately protected. His equilibrium is upset, he is not able to enhance himself in a positive direction. Therefore, suicide becomes the only goal-directed behavior available from his point of view. If the organism's experiences are congruent with its perceived goals, then they are accepted and integrated into the whole (33). When this congruent state is present in a juvenile, self-destruction will probably not occur.

Summary

The researcher has presented two major sections in Chapter III. The first section deals with physiological factors which may have some bearing on juvenile suicidal behavior. These areas include genetic factors, menstruation, and pregnancy. To the writer it seemed that all three of these aspects are not widely researched and are perhaps relatively new areas being considered as causative factors influencing juvenile suicidal behavior. The writer realizes the briefness of his reporting and conceives that no absolute conclusion can be drawn.

The genetic influences on suicide behavior appears to be an unclear matter. From the study reviewed by this researcher, there seemed to be little relationship between suicide and genetic inheritance.

There seems to be some association between menstruation and suicide. A large number of suicides have been committed during the pre-menstrual or menstrual periods. Suicidal tendencies also appear during mid-cycle, which, also, may suggest some type of physiological causation. The role of menstruation in suicidal behavior may be that of a physiological change which causes the female to be overly sensitive and thus may over-react to outside emotional tension. The menstrual suicide is usually precipitated by some type of quarreling, although it may well be that the emotional tension increases the menstrual tension.

Pregnancy is associated with about five per cent of all female

suicides and seven per cent of the women who commit suicide are pregnant. Most of these pregnancy-connected suicides seem to be precipitated by strong emotional conflicts. These conflicts are usually among family members.

Both menstrual and pregnancy suicides are closely associated with emotional tensions caused by conflicts with family members. Greater research seems to be needed before the association can be clearly stated.

The second area discussed in Chapter III deals with the personality dynamics which appear to lend insight into juvenile suicidal behavior. From the researcher's training and experience as a counselor, these insights seem to be significant. The writer views the suicidal juvenile behavior grouping around the following points: (1) loneliness, (2) affection, (3) anxiety, (4) guilt-punishment, (5) frustration, and (6) apperceptive schema.

Further insight into juvenile, suicidal behavior, the writer observes, is projected in the following internal controls: (1) protection, (2) enhancement, (3) equilibrium and (4) goal-directed behavior.

Additionally, Adlerian concepts, those described as "The Four Internal Controls" by Dr. S. G. Simpson, lend further insight into juvenile suicidal behavior. The writer views these four internal controls as natural, positive dynamics. When the hostile environment upsets these controls the organism strives for existence. These controls manifest themselves in abnormal behavior, such as suicide (3:132).

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Suicide was felt to be a pressing, human problem. This study was written for the purpose of lending insight into juvenile suicide.

In Chapter I, statistics were given as to the enormity of the suicide problem in the United States. The purpose of this paper was, also, to review research and therapeutic findings. General questions to be answered included: (1) Why does a juvenile attempt or commit suicide? (2) What are the characteristics of this behavior? (3) What role does educational pressure play in juvenile suicide behavior? (4) Is the suicidal rate on the increase? (5) Which are more prone to suicidal behavior, males or females? (6) What role does the family setting play in suicidal behavior?

The Montana State University Library was used to locate sources pertinent to juvenile suicidal behavior. The study was limited to surveying available literature. A definition of terms thought appropriate was given.

Chapter II consisted of two main sections, the scope of the problem and the environmental aspects. The scope of the problem included research pertaining to magnitude of suicide cases, sex of suicidal victims, age ranges of suicides and attempted versus successful suicides.

Environmental aspects included family factors, and educational influences pertaining to juvenile suicides.

In Chapter III, attention was given to physiological variables, which may have some relationship to juvenile suicides. Chapter III also included personality dynamics, which seemed to lend insight into factors leading to juvenile suicides. These personality dynamics were: (1) loneliness, (2) affection, (3) anxiety, (4) guilt-punishment, (5) frustration, (6) apperceptive schema; and (1) protection, (2) enhancement, (3) equilibrium, and (4) goal-directed behavior.

Conclusions

Conclusions drawn, by this researcher, from the above research, are as follows:

1. Juvenile suicides are a large and significant problem.
2. Suicide, for children under the age of ten, is rare but increases rapidly with age.
3. Male juvenile suicides out-numbered female juvenile suicides three to one.
4. Female juveniles make three times the number of attempts as their male counterparts.
5. For every successful suicide there are many attempts.
6. Accurate statistics concerning juvenile, suicidal behavior is a difficult matter, due to many reasons.

7. Environmental aspects are important in determining future behavior.

8. The chaotic, rejecting, unstable family unit is a significant variable affecting juvenile, suicidal behavior.

9. The loss of meaningful relationships was an important characteristic for the suicidal juvenile.

10. Imitation of parental suicides may cause the juvenile to attempt suicide.

11. Educational pressure from the institution is not a vital cause of juvenile suicides; but the cause is rather the internalized parental educational demands.

12. For college-age students, suicidal behavior occurred not during final week, but usually at the beginning of the term.

13. Juvenile suicide attempters gave recurrent warnings of their intent.

14. Menstruation and pregnancy seem to present physiological factors, which cause juvenile suicides, although quarrelsome relations seem of greater significance.

15. Most juvenile suicides develop when the child feels severe loneliness and alienation.

16. Lack of genuine affection may lead to juvenile suicides.

17. Juvenile suicide can be an escape from severe anxiety.
18. Guilt-punishment is a means of not feeling rejection and lack of love. Punishment can be drastic and take the form of suicide.
19. Frustration may take several forms. Juvenile suicide can be self-directed or other directed anger and frustration.
20. The suicidal juvenile may have a bleak, apperceptive schema and no goals. Suicide seems to answer his loneliness.
21. The organism may use suicide as a protective mechanism against a perceived threat.
22. For the juvenile, suicide may be perceived in a distorted manner-as enhancement.
23. Juvenile suicide may be the result of enhancement not occurring.
24. Suicide may be a form of maintaining equilibrium, when all other means have failed.
25. Juvenile suicide may be goal-directed behavior when all other behavior fails to move the organism toward a goal.

Recommendations

The following recommendations are made as a result of this study:

1. A more accurate means of recording suicidal behavior is needed.

2. Better education of the general public, regarding the importance of a loving, accepting family setting.

3. Greater emphasis on elementary counseling in public schools, as a preventive measure.

4. Greater training for teachers concerning the dynamics of potential suicide victims.

5. Greater training for teachers, emphasizing the importance of a warm caring relationship.

6. Increased training of persons involved in suicide prevention regarding the personality dynamics and their role in causing juvenile suicide.

7. Greater research into the physiological relationship of juvenile, suicidal behavior

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