



PSYCHODYNAMICS OF
DEPRESSION AND SUICIDE IN
CHILDREN AND ADOLESCENTS

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Severe and Mild Depression

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can occur against a background of a lack of compassion and care. As to why very young children do not appear to kill themselves since they deny the permanence of death and are impulsive, a logical possibility is Shaffer's suggestion (1974) that they lack the cognitive maturity to carefully plan suicide or even the knowledge of how to carry out the act.

In rare instances in which a childhood death by suicide can be substantiated, researchers have found a few predominant themes which seem to underlie most of these acts. As early as 1855, Durand-Fardel reviewed all suicides by persons under sixteen years of age in France between 1835 and 1844. Of the 192 childhood suicides reported, he was able to study 22 such incidents in detail. Of these, ten children drowned themselves, ten hanged themselves, and two burned themselves. There is no mention of death by ingestion of toxic substances or by overdose of drugs, which today is the most prevalent form of self-destruction. However, the motives behind childhood suicide have remained essentially the same over a century. Durand-Fardel mentions fear of impending punishment, reproach for a misdeed, an attempt to punish the parents, or the wish to join a dead loved one as reasons for suicide. Overall, he makes an impassioned plea for better treatment of children. He also observes that it is the deprivation of love rather than material goods that predisposes childhood suicide: "In the poorhouse of farmers as well as in the houses of workers and educated people, one finds children that cannot take the absence of tenderness. They cannot cope with

brutality and injustice.”

Later studies have echoed these themes. Bender and Schilder in 1937 studied eighteen children under thirteen years of age who were admitted to the Bellevue psychiatric ward with manifested suicidal preoccupations. They found that these children came from backgrounds of emotional deprivation in which they did not receive the amount of love they desired or needed. This deprivation was said to arouse feelings of aggression against the parents but, because of concomitant guilt, the aggression was allegedly turned against the self, resulting in suicidal wishes. Bender and Schilder also noted other suicidal motives in their sample such as the children’s wish to punish those around them, to attain the desired love by coercion, and to be reunited with a departed love object. Despert (1952) came to similar conclusions fifteen years later, in studying a group of children who had unsuccessfully attempted suicide.

Shaffer (1974) recently investigated contemporaneous data on children who actually committed suicide. He reports detailed information on thirty-one children under the age of fifteen who killed themselves in England and Wales between the years 1962 and 1968. In over one-third of the cases, the precipitating event was a disciplinary crisis of some sort— usually the anticipation of punishment. Other precipitants in order of frequency were problems with peers, disputes with parents, being dropped from a school

team, interaction with a psychotic parent, and imitation of a “fantasy model,” meaning that the child was copying the act of a well-publicized suicide. The personality descriptions of these children were: (1) children who felt that others didn’t like them, (2) children who were quiet and uncommunicative, and (3) children who were perfectionist and self-critical. The first of these descriptions overlapped with the others, and a fourth type of personality found in six cases, that of being impulsive and erratic, did not coincide at all. Shaffer concludes that suicidal children may conform to two stereotypes: children of superior intellect who were isolated from peers and possibly became depressed; and children who were impetuous, prone to aggressive outbursts, and overly sensitive to criticism. While such stereotypes may be familiar to psychiatric profiles, the propensity to suicide is believed to reside in their familiarity with the phenomenon of suicide itself. Shaffer backs up this supposition with the finding that the families of these children showed a high incidence of attempted suicide and depression (with possible talk of suicide).

Shaffer concludes that childhood suicide is the end result of many factors, not the least of which is a certain cognitive maturity both in terms of what death actually means and in terms of being able to plan and execute a suicidal plan. Other significant variables were a disturbed family background, a depressed mental state, a precipitating incident (often of a humiliating kind), access to a means of suicide, and close experience with suicidal

behavior. Out of respect for the family's sensibilities, Shaffer did not directly interview the surviving family members and thus does not stress the emotional deprivation so strongly emphasized by other investigators.

The following case example may help in giving an idea of the familial atmosphere so often found in the evaluation of suicidal children.

Illustrative Case Study Of Suicidal Child

Donna was an eleven-year-old girl who told her teacher that she was planning to kill herself and had been contemplating suicide for some time. This "confession" did not appear to be a manipulative gesture but was divulged in the context of a personal talk with the teacher whom Donna preferred to her own mother. Donna was the oldest of four children and was expected to be responsible for her younger sibs. They would tease her but she could not retaliate for fear of being punished by her parents. Donna had been raped by a relative when she was six years old, and apparently had borne the brunt of blame for this incident. Her mother continually accused Donna of being promiscuous and of having secret liaisons with boys despite the fact that the girl was only eleven years of age. The mother kept a close watch over Donna and did not allow her any significant extrafamilial relationships. She had to be home directly after school and she frequently was beaten by both parents. One week prior to her "confession" to the teacher, Donna's mother in

a fit of rage said she would kill her and Donna believed her. She decided it would be better to take her own life instead. When the mother was seen, she denied any history of child abuse (despite documented evidence to the contrary). It was learned that the father probably had had a series of affairs which infuriated the mother. Both parents seemed to utilize Donna as a scapegoat for their own frustrations. If she had not found some comforting outsider and revealed her plan, she may well have killed herself.

Suicidal Behavior In Adolescence

A totally different picture emerges when adolescent suicide is considered. Suicide among adolescents is not rare, and gestures or attempts are very frequent. Suicide ranks as a leading cause of death among the fifteen- to nineteen-year age group and 12 percent of all suicide attempts are made by teenagers (of these, 90 percent are female) (Seiden, 1969). The reasons for this high rate of self-destructive behavior are not completely understood. Some authors believe that depression is a significant predisposition and others believe anger toward others is the major determinant. Here again, semantics confuses the issue since some authors will classify depression only when there is clear evidence of anger turned toward the self, ignoring responses to loss or frustration and often labelling these latter states as grief reactions. Therefore the prevalence of depression among teenagers who attempt suicide remains largely a matter of how the particular author defines

depression.

Mattson et al. (1969) distinguished six groups of child and adolescent suicide attempters in their study of seventy-five patients at a psychiatric clinic. The motivations for each group were: (1) Loss of a love object: these patients sustained the death or desertion of a parent or peer of the opposite sex. They were depressed and wished to die in order to join the deceased person. Although lonely and sad, they did not exhibit guilt or self-recriminations (three boys, fourteen girls). (2) “The bad me,” that is, markedly self-depreciating patients: these patients hated themselves and felt they deserved to die. They viewed death as a solution and possible rebirth as a more worthy person (nine boys, eleven girls). (3) The final “cry for help” directed beyond the immediate family: these patients appeared worn out by chronic overwhelming external stress such as physical illness or family disruption (one boy, fourteen girls). (4) The revengeful, angry teenager: these adolescents clearly stated the coercive, manipulative aspects of their suicidal gestures and did not actually intend to kill themselves (three boys, ten girls). (5) The psychotic adolescent: these patients made repeated suicide threats, and suicide seemed to be a desperate solution to inner tension and confusion rather than an acting out of delusional belief (two boys, five girls). (6) “The suicide game”: these patients flirted with death in order to get peer approval and to experience a thrill. They exhibited denial of death and questionable suicidal intent (one boy, two girls).

This breakdown of a large sample of suicidal children, mostly teenagers, demonstrates the variety of motivations for self-destructive behavior. It is significant that girls outnumbered boys over two to one in suicidal threats and gestures, while the actual suicides committed in the same geographic area for the same time period were all committed by adolescent boys using firearms.

From these and other data, it may be concluded that although adolescent girls more frequently attempt suicide, more adolescent boys actually kill themselves. The main feature which seems to differentiate true suicidal intent from suicidal gestures is social isolation (Seiden, 1969). As long as there is someone to whom the teenager can turn for help or against whom he can vent his rage, true suicide may be averted. If the youngster believes no one who will care if he lives or dies, then suicide becomes a real possibility. Many of the attempts or gestures may be seen as desperate communications to others, but true suicides are well planned with no chance of survival. Two difficulties that obviously attend gestures are that the attempt may misfire and the individual die unintentionally; or if this desperate gesture is not taken seriously by loved ones, the youngster may be convinced that no one really does care and then attempt a true suicidal act.

A subgroup which has received considerable attention is the suicidal college student. Students attending Harvard or Yale showed twice the suicide

rate as nonstudents of the same age (Seiden, 1969). Similar findings were obtained from studying the suicide rates at Oxford and Cambridge in England (cited in Seiden). Investigations of the differences between suicidal and nonsuicidal classmates revealed that the former group was older, did better academically, and showed more indications of emotional disturbance. There was also a greater number of foreign students among the suicidal group, which may indicate separation from the usual social support systems and a greater sense of isolation. Some authors have mentioned fear of academic failure, extreme scholastic pressure, or shame over feelings of inadequacy and dependency as major suicidal motives in the college student. Again, there is no uniform motivation that can account of all suicidal behavior. On the other hand, Hendin (1975) proposed some common characteristics among students who attempt suicide. He eloquently wrote that some individuals are drawn to death as a way of life: they are so inhibited and tied to a past familial atmosphere of gloom and despair that they cannot tolerate the opportunities for pleasure and involvement which college life offers them.

These students see their relationships with their parents as dependent on their emotional if not physical death and become tied to their parents in a death knot. Coming to college, graduating, becoming seriously involved with another person, and enjoying an independent existence have the power to free them. In fact, the meaning of suicide and depression lies in their encounter with the forces that might unleash their own possibilities for freedom (pp. 238-239).

For such individuals, numbness is a sort of protection and the

possibility of gratifications arouses guilt over betraying a secret bond with the parent. This guilt and the understanding that it blocks pleasure leaves the individual frozen in a state of inhibition; he cannot break through the old sanctions and yet cannot endure living in accordance with them. Suicide becomes a possible solution to this conflict. Death has always held a special fascination for these individuals who, according to Hendin, by their own self-destruction appear to fulfill the parental command not to dare to live.

Hendin's work draws attention to some of the potent forces for suicide in all age groups: a lack of being appreciated for what one is, a failure of parents to instill a sense of joy and approval of life in the child, and finally, a prevailing sense in the individual that his enjoyment of other relationships or other activities is a guilty betrayal. Suicide, like depression, may ultimately result from a self-induced elimination of satisfactory and satisfying life alternatives that are not tied to omnipotent others or dominating goals. This lack of freedom to form new interests or relationships—that is, a lack of freedom to enjoy life—results in depression and ultimately in some suicides. If the adolescent can achieve some wholly personal aspect of life, free from the deadening burden of guilt and parental “shoulds,” he may escape the premature termination of his own potential. Some adolescents find solace in a relationship, a cause, or an academic interest which may lead them to liberation and away from their heritage of obligation and self-denial.

In his autobiography Bertrand Russell recalls the cold and unloving atmosphere in which he grew up. Throughout his teens he often considered doing away with himself, but he survived to live a long and productive life. He wrote, looking back at the time he was fifteen, “There was a footpath leading across fields to New Southgate, and I used to go there alone to watch the sunset and contemplate suicide. I did not, however, commit suicide, because I wished to know more of mathematics” (1967, p. 45).

Notes

- [1] The Freudian concept of the superego does not entirely do justice to the internalized cognitive system. The superego seems to be limited to punishment and idealization while the internalized cognitive system assumes many of the functions normally ascribed to the ego, such as modes of adaptation, self-assessment, and relationships with others.
- [2] Rie’s argument is equally important for showing again how depression is ultimately dependent on the development of the capacities of the ego (especially cognitive abilities) rather than simply on the formation of the superego.
- [3] Adapted from Loevinger, J. 1976. *Ego development*. San Francisco: Jossey-Bass.

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