Teaching Children the Facts of Life and Death: Suicide Prevention in the Schools

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From Michael L. Peck, Norman L. Farberow, and Robert E. Litman, *Youth Suicide*, pp. 147-169.

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The facts of death are as essential to the education of the young—and as intently sought—as the facts of life. In both instances, adolescents want to know about life and death because these subjects touch their deepest and most private feelings, because their present and future actions will be affected by both their knowledge and lack of knowledge, and because societal taboos have made the information difficult to obtain.

In too many instances, however, there is an additional motivation to learn about suicide. What the increasing rate of youth suicide means to many adolescents is that they know or know of someone their age who has died by his own hand.

For a growing number of adolescents, there is an even more compelling motivation. These are the youngsters who have been deeply hurt in their short lives. They are suffering, and it seems to them that the pain will never end. They want desperately to know about suicide because they are both terribly attracted to and terribly repelled by the idea of it.

When youngsters who want to learn about suicide are not provided with reliable information, they often seek out what they can as best they can. Often, their sources are rumor and speculation,

and their experts are other teenagers. With a subject as fraught with dangerous myths, half-truths, and misconceptions as suicide, the results of inquiry can be tragic. For example, the belief that suicidal impulses indicate self-pity, inadequacy, or "insanity" may further damage a youth's already fragile self-esteem and add a secondary panic reaction to an existing depression.

The ability to understand and cope with depression appears to be a learned faculty, and, in most instances, experience is the teacher. A suicidal youth, however, may not wait for life to teach him that his feelings are normal and understandable, or that there are ways of dealing with them. It is my contention that if he is to learn this in time, a part of his education must be directed toward that goal.

The program which I shall describe here is one approach to providing this education. We sought to replace the cloak of mystery which surrounds the subject of suicide with information that offers ways for adolescents to help both themselves and each other to survive the lonely, bewildering, and frightening experience of suicidal depression.

At the same time, we sought to assist those who provide adolescents' formal education—their teachers—and those who provide much of their informal education—their friends—to better understand, recognize, and respond to depressive and suicidal feelings.

The Need for Educational Intervention

Suicide intrudes upon the lives of not some but most teenagers. It is the third leading cause of death among adolescents in the United States, exceeded only by accidents and homicides.[1] Every year, it is estimated that about 400,000 young people between the ages of 15 and 24 attempt suicide (Cantor, 1975).

An indication of the extent of adolescent suicidality is provided by a number of studies. In a retrospective, self-report study of the prevalence of suicidal behavior during adolescence, Mishara, Baker, and Mishara (1976) reported that 15% of the 293 college students they studied cited at least one past suicide attempt and 65% reported having thought about suicide to the extent that they could describe the specific means they had contemplated. Klagsbrun's (1976) survey of 113 students from two high schools found more

[1]U.S. Department of Health, Education, and Welfare, National Center for Health Statistics, Mortality Statistics Branch, 1979.

than 10% reporting that they had attempted suicide. Our own survey of 120 San Mateo County (California) high-school students found 13% reporting prior attempt and 53% having seriously considered suicide.

The Suicidal Adolescent

It would seem that adolescence, which has been described as "Synonymous with energy, enrichment, joy, promised satisfactions, invincible hope—that is, with everything one associates with life" (Haim, 1974), has its dark side. The statistics indicate that, for more than half our adolescents, hope is not invincible and the promise is not always kept.

Adolescence is also a period of transition between childhood and adulthood. To become an adult, the child must "put away childish things." He must give up his dependence and become an autonomously functioning individual; he must understand and establish his sexual being; he must search for his identity and also for the path that will allow him to express that identity through relationships and career. These are the historical tasks for adolescence, but today's teenagers must accomplish this while their world is shaken by social tremors which seriously strain their traditional support systems. The families of these teenagers are likely to be extended, not by grandparents or aunts and uncles, but by divorce and remarriage. Those who traditionally offered him support, guidance, and experience are likely—in these "reconstituted" families—to be distracted from his needs by the dilemmas arising from their own changing roles and relationships.

The path to adulthood is a rocky one to climb unaided. It can be frustrating, disppointing—and depressing. Indeed, for adolescents, depression seems to go with the territory. In a study of 5,600 high-school youngsters, depression was shown to be second only to colds, sore throats, and coughs in frequency (Freese, 1979).

It is perhaps the very commonness of teenage depression that clouds its inherent danger. Maggie Scarf, noting that depression has been referred to as the common cold of psychiatric disorders, adds, "But it is also the only one with a significant mortality rate. It has been said that 95% of people come out of depression unless suicide intervenes. That's one hell of an intervention" (*San Francisco Chronicle*, 1980).

Clearly, the danger is present, it is extensive, and it is lethal.

Adolescence is, in reality, one of the more perilous parts of life's journey; there is a critical need to prepare youngsters to survive its major hazards.

The Adolescent Rescuer

In addition to the need for adolescents to gain an understanding and a means of coping with their depressive or suicidal feelings, there is another compelling need to provide them with such an education. The persons most frequently contacted by adolescents contemplating or planning suicide, and who therefore would be their most likely rescuers, are their friends. As potential rescuers, they need to respond effectively to their suicidal friends.

In order to determine how frequently a teenager might be the recipient of a suicidal message, we surveyed 120 high-school students and asked them whom they would tell should they ever consider suicide. Our questionnaire offered the following choices: parent, other adult, teacher, school counselor, school nurse, doctor, friend, minister, or "other." "Friend" was selected as first choice in 91% of the responses.

It appeared that the teenagers' choice of confidants was influenced to some degree by the struggle with dependency conflicts which are an integral part of this stage of development. Often, adults were apprehensively viewed—from the far side of the generation gap—as being unable to understand but quite able to interfere. Peers, however, allied in a common bond of shared needs, were viewed as offering the greater possibility of empathy, the greater assurance of noninterference, and, of extreme importance, the greater respect for maintaining a confidence.

However, some of the very qualities that make peers the confidants of choice also make them dangerously inadequate as counselors and rescuers. Adolescents' sacred commitment to keep a confidence, their disinclination — or inability — to actively intervene, and their lack of knowledge regarding what could or should be done makes the awesome responsibility that may be imposed upon them an uncertain undertaking at best.

For example, Robinson's review of psychological autopsies conducted at the San Mateo County Suicide Prevention and Crisis Center revealed that, in many cases, a friend of the suicidal adolescent knew of his intent but refused to betray the confidence. In addition, in a study conducted at the Center in 1977, Robinson found that when

teenagers contacted the Center on behalf of a friend, the contact was dangerously delayed in the majority of cases because of their ambivalence about revealing confidential information and their inability to perceive or to assess the actual risk (Robinson, 1979).

Yet, while adolescents may be woefully unprepared for the rescuer role, they are nonetheless likely to fall heir to it. It would seem that since adolescents determine whom their helpers are to be (and although we can strive to increase the choices acceptable to them, their peers are and will likely continue to be, a major resource), every effort should be extended to help them deal more effectively with such critical encounters.

We have found adolescents both highly motivated to help and eager for guidance as to how to go about it. A similar finding was reported in a study that dealt with peers as recipients of a suicidal communication. Mishara's (1979) study of college students found that "Many peers want to help, but do not know what constitutes an appropriate response." Further, he recommended focusing "more on education of peers to respond appropriately to suicidal verbalizations."

I believe that the prevalence of teenage depression, the suicidal impulses that often accompany it, and the teenager's preference for peer confidants indicate a need for prevention programs which educate adolescents both as potential victims and potential rescuers. Most communities, however, have not developed such programs because of resistances I shall discuss.

The Rationale for Educational Intervention

The use of educational programs as an effective approach to the reduction of suicidal deaths is well established in the field of suicidology. In 1966, Shneidman urged "special programs for 'gatekeepers' . . . to help people likely to hear the presuicidal clues to learn to recognize them." He also advocated programs for the general public, designed to address the taboos on the subject of suicide so as to give "a greater permissiveness to citizens in distress to make their plight legitimate reason for treatment and assistance" (Shneidman, 1970).

These concepts—that the primary function of programs for gatekeepers (potential rescuers) is to mobilize them as key identifiers of high-risk members of a target population, and that the primary function of programs for the general public (potential victims) is to

reduce the degree of fear and anxiety aroused by the subject so that they will seek and utilize help—suggest two separate, appropriate functions for two separate, necessary tasks. However, it has been our experience that all programs, in order to be maximally effective, should incorporate both functions since, in essence, we are all potential victims and potential rescuers.

Programs for Gatekeepers of the Young

The literature offers abundant recommendations for educational programs aimed at preventing adolescent suicide. These recommendations, almost without exception, urge that we educate the gatekeepers of the young—usually identified as their teachers. Schuyler (1973), noting that teachers often ignore important distress signals from suicidal children, suggested that better informed, more responsive teachers could avert suicidal tragedies. Allen (1973) recommended "training of faculty and physicians in student health services to recognize prodromal signs, particularly of depression," and Smith (1976), in an article which inquires in its title "Adolescent Suicide: A Problem for Teachers?", concludes that teachers should be given special training more effectively to assume the role of gatekeeper toward potential adolescent suicides.

Indeed, in 1976, when we sought to develop a program for suicidal adolescents at the San Mateo County Suicide Prevention and Crisis Center, we began by formulating an educational program for school personnel. This program grew out of our experience in providing consultation and survivor counseling to schools after a student suicide. On several occasions we were struck by how often teachers recounted information that could have provided clues to the suicidal act, if they had been aware of its significance. Consequently, we, like the others cited, reasoned that within the adolescent's world, key potential identifiers of high-risk adolescents were teachers, counselors, or school nurses, and it was this group that we first sought to mobilize as the most likely potential rescuers.

Programs for the Young

The development of an educational program for students, however, is a more complex matter; although the concept of educating potential victims and gatekeepers is established, it appears that, generally, an exception is made in the case of the young. In Seiden's (1969)

extensive review of the literature on suicide among youth, the author listed the varied recommendations for the prevention of adolescent suicide offered by authorities in the field. These range from the suggestion that students be "encouraged to participate in extracurricular activities," to increasing "the relevance of education to the modern world," as well as several recommendations for educating gatekeepers. The suggestion that education programs about suicide be offered directly to youth is significant by its omission. Although Seiden included Cohen's recommendation that students be given "proper education about drug use (make accurate information available; make sure the sources are credible; and provide information about alternatives)" and reported Cohen's (1967) conclusion that "only in this way can attitudes about drugs be changed," he did not allude to any application of this recommendation to the subject under discussion—suicide.

This notable lack of advocacy for including the young in our education efforts appears to stem principally from certain fears concerning the uses they may make of the information (for example, contagion and manipulation), compounded by various forms of denial and highly charged, ambivalent feelings toward "children who choose to die."

Contagion. The idea that suicide may be a suggested or imitative act is a venerable one. References to the contagion theory appear frequently in the literature on suicide and particularly often in regard to youth suicide. Motto (1967) reminds us that Aramiah Vrigham, founder of the *American Journal of Insanity*, stated in 1845, "No fact is better established in science than that suicide is often committed from imitation." Oppenheim (cited in Friedman, 1967), in 1910, commented, "A child is more open to suggestion than an adult, in suicide as in all matters. In fact, the power of suggestion shows itself with horrifying clarity in many youthful suicides." And, in 1979, Rabkin, referring to a psychiatrist's refusal to furnish information for her book on adolescent suicide for fear of the suggestibility of the young, wrote, "As if to give authority to his argument, he assured me that the contagion theory to suicide was widely accepted" (Rabkin, 1979).

As we search for ways to stem the growing tide of self-destruction among our young, it becomes imperative to examine the notion of contagion. As Haim observes;

> People speak of contagion (which has never been proved) as if the appeal to death might find an accomplice within others. The rule of

> silence . . . is justified by the fear of seeing the number of suicides increase. Such an argument is highly ambiguous; if there really is a risk that suicide might increase by contagion, it is a quantitatively permanent, latent danger, like other contagious disorders, and therefore, research should be carried out on it. . . . . If, on the other hand, it is not contagious, then the rule of silence has no point. (Haim, 1974)

Research has been carried out on the contagion theory in suicide, and the findings do not appear to warrant its ready acceptance. Lester's (1972) review of the literature reveals that no researcher could conclusively determine that the likelihood of a suicide occurring increased because mention had been made of a suicide. In our own review of the studies on contagion from 1971 to 1980, we were unable to find any evidence to substantiate the theory conclusively. Indeed, it is my feeling that the "rule of silence" should be relegated to the list of dangerous myths about suicide because, more than having "no point," it even deters any discussion which could be ameliorative.

Klagsbrun (1976) addressed this issue quite simply: "I do not believe that young people will be incited to suicidal behavior by hearing about it, but I do firmly believe that they will continue to be prevented from helping themselves and others by being falsely 'protected' from the subject."

Manipulation. It is also sometimes feared that if we teach youngsters that suicidal messages are to be taken seriously, they will consciously decide to use such messages as threats or emotional blackmail in order to gain attention or to obtain a desired goal. There is concern that as we teach them about suicide, we may inadvertently instruct them in manipulative techniques which could result in their using adult concern for their lives as a means to their own ends.

There is ample evidence that teenagers may, indeed, use suicidal threats as a way of affecting their environment or of expressing their anger, frustration, or loneliness. Such threats may, however, be an expression of the adolescent's feeling that his power is so eroded, his means of gaining attention or serious consideration of his plight are so depleted, that all he has left to bargain with is his life. Although there is a difference between the threatening message, "You'd be sorry if I died," and the last-resort message, "No one really cares; I might as well die," the youngster who chooses to express his unhappiness by threatening to kill himself merits serious concern and consideration—whether he is motivated by a deep hope-

lessness or by the conviction that it is the only communication that adults will take seriously.

In any event, to allow the fear of manipulative teenagers, who are the exception, to deter us from offering help to all seems somewhat like failing to install fire alarms for fear some children might be tempted to ring them falsely.

Ambivalence. There are other factors involved in our reluctance to speak directly to the young about suicide. The self-destructive adolescent elicits ambivalent feelings of extraordinary intensity. Haim notes

> The voluntary death of the young person is the locus of the most acute causes of human anxiety. All the projections, defences, and rejections that operate in relation to adolescence on the one hand, and to death in general and voluntary death in particular, on the other, converge in the suicidal adolescent. (Haim, 1974)

It is not uncommon for those confronted with an act so seemingly irrational, so contrary to treasured beliefs and values as to be almost incomprehensible, to react in ways nearly as contrary and irrational as the act itself. They may feel compassion for the adolescent's plight, then suddenly be overwhelmed with anger at his disdain for that which they hold dear. Adults, for whom youth is a lost time, can be reluctant to believe that the joys of youth are not sufficient, and they may flee from confrontation with the possibility of youth suicide as irrevocable evidence of that unwelcome fact. Even as their sympathy is aroused, so is their wrath at seeing a youth throw away what they would so gladly possess.

It is not my purpose here to discuss the many ways in which conflicting emotional responses to the suicidal adolescent find expression in action but only to note that they generally serve to immobilize those persons closest to him. His potential rescuers become like the defending warriors of the Sabine maidens, who took one step forward for determination and two steps backward for caution.

Yet, each defensive backward step increases their distance from the adolescent whom they find as difficult to confront as their own feelings. Often, refuge is sought in denial, avoidance, or repression. The wishful belief that the adolescent is too young to understand the implications—the finality—of suicide, and that therefore he cannot seriously entertain the notion, is summoned forth to allay their intense anxiety. All evidence to the contrary must

be refuted, dismissed, or avoided. And if these defenses should ever be penetrated, blame must be laid at a distant door.

Denial. The need to deny is a powerful force. As an illustration, a 13-year-old girl, who had swallowed 30 aspirin, was brought to the San Mateo Suicide Prevention and Crisis Center the following day by her parents. The girl's mother explained that her daughter had not "really" attempted suicide but must have been confused or unaware of the possible effects of so many aspirin. When the girl was asked what happened, she replied, "I tried to kill myself," and again, when asked why she had taken the aspirin, she answered, "I wanted to die." However, within a short time, the mother again proceeded to explain that it could not have been a suicide attempt because her daughter did not even know of such things until others reacted to her "accident" as a suicide attempt and labeled it as such.

Denial that suicide is relevant to youth—that adolescents have an interest in or knowledge of the subject—often takes the form of such "protective" actions as avoiding the subject in the presence of children. Reminiscent of the earlier need to deny teenage sexuality, this denial seems to be based upon a beief in "natural innocence" and presupposes that interest is dependent upon information supplied by adults, and, therefore, that it is possible to allow the young to mature before burdening them with such knowledge.

Even the most cursory observation of teenage life, however, refutes the notion that the young are innocent of knowledge about suicide and reveals the futility of attempts to protect them from the subject. They learn about it from newspapers, novels, and from the music they regard as "theirs." Consider, for example, the lyrics of this popular song:

> People rushing everywhere,
> Swarming around like flies,
> Think I'll buy a forty-four,
> Give'em all a surprise.
> Think I'm gonna kill myself,
> Cause a little suicide,
> Stick around for a couple of days,
> What a scandal if I died.
> Yeah, I'm gonna kill myself,
> Get a little headline news,
> I'd like to see what the papers say,
> On the state of teenage blues. . . .*

*Elton John and Bernie Taupin, "I Think I'm Going to Kill Myself." Copyright © 1972 by Dick James Music Limited. Used by Permission. All Rights Reserved.

Here is easily accessible information on the subject, which discusses (1) method, (2) the act of suicide, (3) the anticipation of immortality, (4) the anticipated grief reaction of survivors, and (5) the expression of a "cry for help." Such information is, however, often incomplete, distorted, or misleading.

Blame. The recurrent theme of suicide found in such popular rock and folk music, or in literature, has been noted both as a source of information and a reflection of the times and issues confronting young people (Nigro, 1975). Its unwelcome message, however, can be avoided by rejecting it as a random communication and assigning it blame as a motivating force. Extreme examples of this reaction have been the banning from college campuses of the Javor and Seress song "Gloomy Sunday" and the banning in some cities of Goethe's novel *The Sorrows of Young Werther* because they were thought to cause youth suicide.

Such attempts to prohibit information seldom result in its suppression, for added to the allure of the forbidden is the presumption that if the information were not important, it would not be withheld. These attempts may, in fact, give rise to a covert network of information, and the blame, originally placed on the offending information itself, can then be extended to include those who would obtain or provide it.

The Role and Reaction of Educators

The obvious need to provide youngsters with a yardstick of facts by which to measure the reliability of fragmentary street knowledge, not only regarding suicide but in the areas of sex and drug education as well, has historically led us to turn to the traditional educational institutions. Cognizant of the many factors which influence parental and public opinion, these institutions can be less than enthusiastic in accepting this responsibility. Educators themselves are not immune to feelings of ambivalence and denial nor to the argument of contagion and manipulation. In addition, the resistance of some schools to becoming involved in sensitive areas of education is particularly concerned with the fear of blame. Educators have been blamed in the past for almost every foolish or destructive act of their students, and they are wary of being blamed again.

A dramatic example of this attitude toward the schools—and the response of educators—was reported by Friedman who de-

scribed the public's reaction to a wave of adolescent suicide in Europe in the early 1900s:

> The schools became the most vulnerable target for public attack and pedagogy was made the scapegoat for the self-destructive acts of young people. Challenged by such accusations, the educational world began a vigorous fight to defend its dignity. The teachers turned to science and to the social behaviorists for rescue. (Friedman, 1967)

The social behaviorists of the time, however, did not exonerate the schools unconditionally. At the Vienna Psychoanalytic Society's 1910 Symposium on Suicide, Stekel discussed the many factors involved in child suicides and assured educators that he did not find the schools responsible for these tragedies. Yet, when he addressed the issue of intervention, he stated, "the school is not responsible for the suicide of its pupils, but it also does not prevent these suicides. This is its only, but perhaps the greatest, sin" (quoted in Friedman, 1967). Freud, at the same meeting, commented in a similar vein: "A secondary school should achieve more than not driving its students to suicide. It should give them a desire to live and should offer them support and backing. . . ." (quoted in Friedman, 1967).

Stekel and Freud appeared to be telling educators that they were not guilty of sins of commission, but neither were they innocent of sins of omission—a view expressed in modern parlance as "If you're not part of the solution, you're part of the problem."

Most educators, like most other potential rescuers, would indeed prefer to be a part of the solution. But, as numerous studies of responses to suicide have shown, it is fear, not lack of concern, that turns them away from the problem, and it is an ignorance of what to do, not an indifference toward doing something, that renders them unwilling or unable to act effectively.

Educators, too, need information, guidance, and support; just as we look to them to take an active role in the prevention of adolescent suicide, they in turn look to us for the help that can enable them to act knowledgeably and with confidence in that role. Just as we feel it is important and necessary for us to respond to the needs of suicidal youth, I feel it is equally important to respond to the needs of the educators we seek to mobilize for help in this task.

Program Development

Although the development of the first component of our program—the training of school personnel—has been described elsewhere (Ross, 1980), I will briefly recount it here, summarizing how its evolution led to the development of the second component: the training program for students.

Program for School Personnel

The training program for school personnel began in 1976, when our project staff met with our county superintendent of schools to present evidence of the need for such training and to explain its rationale. We expressed concern for the distress to both students and faculty caused by suicidal incidents and also outlined the services and technical assistance we could provide to the schools to help them deal with the situation. Finally, a proposal for a pilot program for secondary school personnel was presented, and the cooperation and participation of the county school system in implementing the program was requested.

Viewing our proposal as both a source of help and a way of sharing the burden of responsibility placed on the schools by the increasing incidence of adolescent suicide, the superintendent was receptive to our offer.

Meetings were arranged with representatives of school faculties, counseling services, nursing, and administration. They were asked to participate with the project staff in such functions as (1) planning the training program, (2) reviewing the materials to be used, (3) cosponsoring training workshops within their institutions, and (4) providing opportunity for personnel to attend the workshops. We agreed to (1) provide the training staff, (2) provide the training materials, (3) develop and conduct a series of training programs throughout the following school year (1977), and (4) provide ongoing consultation and follow-up support.

San Mateo County's population of 580,000 is served by 22 high schools and four continuation schools operating within six high-school districts responsible for 35,077 students and employing 1,795 classroom teachers plus support personnel. Our program was conducted as a pilot project in one district and then made available to schools throughout the other districts.

Development of Methods. Generally, training programs for gatekeepers seek to present facts about suicide in a manner that leads both to an understanding of, and empathy with, the suicidal person and to an improved ability to identify and respond to those who may be in danger of ending their lives. In other words, an effective educational program seeks not only to impart knowledge and to teach specific skills but also to make an impact upon attitudes and behavior—a somewhat more difficult task.

As we proceeded to develop ways to accomplish this goal, we became keenly aware of the absence of methodological guidelines. While many suicidologists advocate the training of school personnel, and others outline what they should learn and how their behavior should change, we found none who either detailed the manner in which such programs had been conducted or measured their effectiveness in achieving these changes.

As one experienced health educator and suicidologist (Allen, 1976) observed, "The problem is that factual information acquired from programs of education somehow is not translated by the individuals into lifesaving behavior. Knowledge can go hand-in-hand with deep-seated fears that influence behavior, even when the conscious mind is well aware of what ought to be done." Indeed, one study (Cowgell, 1977), which noted that "rescuing behavior does not appear to be the normal response," concluded by suggesting that the "question of how a rescuing response might be promoted in suicidal situations deserves more study."

In the absence of guidelines, we drew on our experience in training volunteer crisis intervention workers, adapting those techniques which we had found effective in eliciting empathic rescuing responses. The method we developed was designed to encourage the active involvement of the participants in the learning process by relating the information presented to their own experiences. The object of this approach was to give the teachers a clearer understanding of their own depressive behavior and feelings, thereby helping them to understand and recognize signs of depression in their students. As suicidal behavior and feelings became more understandable and less foreign, deciphering the stages and degrees of intentionality became less difficult. Their increased awareness enabled them to understand the implications of various responses and interventions and to facilitate the thoughtful choice of an appropriate course of action.

Since a certain lack of self-confidence is expected in those attempting to use recently acquired skills, follow-up consultation and

support were provided as a part of the training program. Participants were encouraged to call on the training staff for help or advice regarding students about whom they were concerned.

The Program for Students. The teachers made frequent use of consultation services and often asked us to deal directly with depressed students. It was through these contacts with the youngsters themselves that we first noticed their preference for turning to friends in times of distress. We learned that, many times, a student whose teacher had inferred suicidal intent through observing his actions had previously confided his thoughts of suicide to a classmate.

When our classroom survey regarding choices of confidants confirmed the likelihood of students receiving suicidal communications, we met with representatives of the school district's curriculum planning committee to discuss our concerns regarding the students' lack of preparation for the rescuer role and also our concern for the secondary fear and anxiety the youngsters' own depressive feelings aroused in them. A need existed, we felt, for a program which would better equip students to respond effectively to suicidal communications they might receive and which also would help them deal with their own periods of depression and possible suicidal feelings.

Members of the committee responded by suggesting that, since the faculty program had been of help to them in understanding and dealing with suicidal situations, perhaps a similar program could be developed for the students.

An initial problem was to find adequate time within the school schedule for an effective program. Our Center, like most other suicide prevention agencies, had provided many classroom presentations, in which the time constraints of the usual 50-minute class allowed only a brief discussion of the facts about suicide and the services available for further help and information. However, a program which would comply with the committee's request, and achieve our goals, would require a minimum of three classroom hours. Arrangements were made, therefore, to reserve a segment of the health sciences curriculum in some schools and of safety education in others.

A three-hour course, following the format and containing the basic concepts of our training classes for school personnel, was designed for students and was adapted to the class schedule of each school.

Since other subjects such as history, literature, and social sciences sometimes touch on suicide, and since the teacher's approach in these instances may influence the students' attitude to-

ward both the subject of suicide and the teacher as rescuer, we included techniques to help teachers integrate the information and attitudes acquired during their training program into the various classroom situations.

In order to facilitate an atmosphere of acceptance and support in the community, we scheduled presentations for Parent Teacher Associations, designed to inform parents about the problem of adolescent suicide and the preventative approach of our program.

Program Description

Method

Perhaps the most difficult task facing the suicide prevention educator is that of finding ways to help those seeking to understand the dynamics of depression, which are both cognitive and affective.

Wordsworth has described poetry as "emotion recollected in tranquility"; these words serve as well as any to describe our approach to this task, which was to lead both students and staff through a recollection of a time when they had experienced a period of depression. This approach contains an implicit suggestion that depressive episodes have endings as well as beginnings and, therefore, serve to remind the participants that they have survived past depressions and learned from them. Also, by demonstrating that many feelings and reactions to depression are similarly experienced, this approach can serve to reduce feelings of fear, shame, or guilt, and help to replace judgmental attitudes with feelings of empathy.

The format of the initial session was question/group response/discussion. Following introductory remarks by the discussion leader, which indicated that we all experience feelings of depression to some degree at one time or another, eight or ten basic questions were presented which were designed to (1) lead the participants sequentially through a memory of a past depressive episode, (2) elicit responses indicating feelings and behaviors typical of the stages of depression, and (3) promote discussion which would clarify (a) the alternatives available at each stage of depression, (b) the coping skills and resources that might be utilized, and (c) the relevance of this information to both potential victim and potential rescuer.

Although participants' comments might—directly or indirectly—introduce additional issues, the use of established questions served to guide the discussion at a pace leisurely enough for reflec-

tion but expeditious enough to complete it in the allotted time. The basic questions generally used were

- If you can remember a time when you felt really "down," and can return in your minds to that time, what words come to mind to describe the way you felt then?
- How would you describe the way your behavior changed at that time?
- What kinds of thoughts occurred to you when you were feeling so "low"?
- Did you ever feel that you would always feel that way—that things would never get better?
- What kinds of things were said to you at that time that were helpful? That weren't helpful?
- Feeling as you did, how did you deal with the situation?
- Considering your feelings at that time, whom would you choose to talk to? Why? Who wouldn't you talk to? Why?

Responses to the first question usually were listed on a chalkboard so that the group might see similarities in their experiences. Not infrequently—especially with adolescents—the depressive episode had been perceived as frighteningly unique and as indicating weakness, "craziness," or a predisposition to suicide. The evidence supplied by the responses of others provided a broader perspective which helped to alleviate some of the fear and anxiety generated by such perceptions.

Responses concerning behavioral changes and some of the coping devices mentioned by the participants were also listed, and the point was made that these are observable to others, thus relating them to appropriate rescuer behavior. Similarly, the reported helpful and unhelpful conversations with others were related to the things they might choose to say or not say to a depressed friend.

The questions concerning choice of confidants and the reasons for those choices served to introduce discussion regarding the real and perceived fears that lie behind such choices, as well as the availability, the functions, and the objectives of helpful resources. The need and value of obtaining help and guidance were generally recognized as the participants recalled the "tunnel vision" they had experienced during depression, and the difficulty of thinking clearly or making considered decisions.

Subsequent sessions focused on practical applications of the information and insights derived from the initial presentation. Al-

though coping strategies for dealing with loss, stress, and depression were discussed as well as techniques for helping others, the concept emphasized was that friendship is not adequate therapy for persons who are suicidal. While it was affirmed that the support, understanding, and compassion offered by a trusted friend are very special gifts and invaluable to a depressed person, it was stressed that they should be regarded as supplements and not replacements for expert professional help.

Materials

Materials developed for the program included two brochures, one for school personnel and one for students, entitled "Suicide In Youth and What You Can Do About It" (Ross & Lee, 1977), training kits, and the film, "Suicide at 17." We found a need, however, for additional educational materials which are not only informative but which reach adolescents on the level of their feelings and give them workable guidelines for helping themselves and each other through suicidal crises. Our Center is presently endeavoring to develop such materials.

Student Concerns

The dilemma posed by students' conflicting loyalties—on the one hand, loyalty to the suicidal friend who had exacted a promise of secrecy, and on the other, to that friend's need for help—constituted one of their major concerns. As an approach to the resolution of this conflict, the concept of "selective communication" was suggested. This concept offered the possibility of understanding and respecting the suicidal friend's need to ask for secrecy, while at the same time exploring alternatives. ("I know that you don't want your mother to know, but how about . . . ?") The risk involved in maintaining absolute secrecy was repeatedly stressed and expressed in many ways but most memorably for the students as, "If you keep a secret, you may lose a friend."

The students' concern with privacy—their fear that their personal problems might become a part of their school record or the school grapevine—and their skepticism about adult sensitivity to these feelings were vividly illustrated when a class was asked to explain why they wouldn't tell their teacher of suicidal intention. "She'd tell," they said. When asked who she would tell, one stu-

dent replied, "My parents." Another said, "Maybe the prinicipal." Still a third volunteered, "She'd probably announce it to the P.T.A."

Another major concern, which frequently deterred adolescents from seeking adult help, was the fear that if they "told" they might lose the precarious control they possessed over their own destinies or become enmeshed in unmanageable situations. (They might be "locked up" or acquire a "psychiatric record" which would haunt them throughout life. How could they pay for therapy? Would their parents be notified? Must parents give permission?) The implications of entering the mental health system are often frightening to adults and are even more so to disenfranchised teenagers, although they may both need and desire that help.

In attempting to allay such fears, it was found helpful to provide detailed descriptions of the resources available to adolescents, as well as clear explanations of what could be expected of these resources and what services they could provide. An unanticipated result of these discussions with the students was our own greater appreciation of the paucity of services specifically responsive to the needs of suicidal adolescents and the subsequent formation of a support group for such youngsters at our Center.

Teacher Concerns

Confidentiality posed nearly as great a problem for teachers as it did for students. For teachers, however, the issue was complicated by confusion regarding reporting requirements. Although all teachers knew that such a requirement exists, many were unsure of the formal (and informal) reporting procedures preferred in their particular school. Untangling this ball of procedural string—clarifying for both faculty and administration the extent and limits of each individual's responsibility, and offering techniques to help them follow procedures and yet elicit a student's confidence—assisted them in overcoming some of the barriers that had inhibited responses to suicidal students.

Since part of the reporting confusion resulted from uncertainty in determining when a student was at risk, instruction was provided in the fundamentals of lethality assessment. The objective criteria of lethality assessment were helpful also in alleviating another of the teachers' concerns—the fear of either overreacting to a manipulative threat or failing to react appropriately to a suicidal message. As the concept of assessment became more familiar, the teachers' fears that they might be criticized for an unwarranted reaction were reduced.

Some teachers were also troubled by difficulty in conveying their feelings of compassion (a difficulty which seemed to stem from long traditions of maintaining discipline) and by the persistent fear that speaking directly to students about suicidal thoughts or plans might "suggest" suicide. Although these concerns necessitated extensive discussion, the teachers were eager learners and they wanted to help; these two factors were of great assistance in enabling many of them to become more effective, responsive, and empathic rescuers.

Evaluation

Evaluation was limited to an assessment of (1) changes in the number of potentially suicidal students identified through the school system, (2) changes in the number of adolescents calling the Center, (3) frequency and types of requests for consultation by school personnel, (4) requests for the program received from other schools, (5) participants' evaluations, and (6) observable community reaction.

Consultation requests from teachers indicated an increasing ability to assess lethality and to develop appropriate responses. In the year following the program, the number of requests from school personnel for consultation and for assistance with identified suicidal adolescents tripled. These requests from teachers reflected a gradual change from asking what to do, to asking for validation of their actions and for further suggestions.

The number of students who contacted the Center requesting help for themselves or their friends increased from 166 (8% of the Center's clients) to 437 (21%). Requests for the program were subsequently received from all six high-school districts.

The teachers asked that suicide prevention seminars be included as a continuing part of their inservice training and identified lethality assessment and techniques for eliciting information from suicidal students as particularly valuable components of the program. They also reported favorable student response to the suicide prevention classroom instruction and have elected to continue it as a part of the school curriculum.

Overall community response to the program has been positive. Rather than reacting with alarm to teaching the young about suicide, our community welcomed a plan for taking positive action to deal with a frightening problem. The county board of supervisors formally commended the program for its service to our citizens. One

school district presented a description of the program to the California State Parent Teacher Association, and that organization endorsed the materials used in the program and recommended initiation of similar programs in other California communities.

Conclusion

I have discussed a number of factors regarding suicide prevention education programs in the schools which are matters for concern in some communities. It is my conclusion, however, that although such concerns may be advanced as reasons for inaction, they do not constitute adequate grounds for neglecting an approach that can make a significant contribution in our efforts to prevent adolescent suicide.

Our experience indicates that suicide prevention programs for students in the public schools are feasible and that these programs can be supported enthusiastically by students, school personnel, and the community.

Farberow (1978) suggests that until society provides teenagers with adequate emotional security and support through their families and communities, "our primary source of hope seems to lie in increasing our knowledge and skills which can be applied in education and mental health planning, and which will eventually lead to communities filled with concern and caring. Such coordinated intervention is necessary if we are to save our youth." We have endeavored to provide a program which would both help young people to understand depression and mobilize concern and caring into effective action in the school community. Furthermore, we have received requests for consultation from other communities which indicated that they plan to offer similar programs for students in the near future.

To paraphrase Dr. Martin Luther King, Jr., we aren't where we ought to be, and we aren't where we're going to be—but we aren't where we used to be.

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