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The Teen Suicide Research Project

In recent years there has been growing recognition of the incidence of adolescent suicide and suicidal behavior and its impact on our youth. Not only have suicide rates in Canadian adolescents quadrupled in the past three decades (Health and Welfare Canada, 1994), but suicide is now the second leading cause of death in people aged 15-24 (Mazza & Reynolds, 1994). Although recent statistics on suicide attempts are unavailable in Canada, Safer (1997) concluded that 10% of youth across nine countries have attempted suicide. Because high-risk populations (e.g., institutionalized youth) are not included in these estimates, it is likely that 10% is an underestimate of actual suicide attempts. An implication of these research findings is that educators will continue to face an ever-increasing number of teenagers in classrooms who are contemplating suicide. Despite an alarming increase in suicide, investigations into effective prevention and treatment of suicidal youth have been neglected (Everall, 2000; Leenaars, 1997). To address this deficit the overall goal of our research is to develop a theoretical and clinical understanding of the suicidal process in adolescents to enable us to develop more comprehensive models of intervention.

Historically, suicide researchers have emphasized gathering demographic data and developing crisis intervention strategies; thus little attention has been given to understanding suicidal individuals in a meaningful way (Everall, 2000; Hoover & Paulson, 1999; Shneidman, 1996). Compounding the difficulty of developing a comprehensive understanding of adolescent suicide treatment is the scarcity of research pertaining to therapeutic interventions with adolescents (DiGiuseppe, Linscott, & Jilton, 1996). Increasingly, researchers and clinicians agree that successful counseling tends to be more difficult with adolescents than with any other age group (Kolko & Brent, 1988). Despite this, few investigators have attempted to understand what is necessary to develop and maintain a satisfactory therapeutic outcome (Shirk, 1999) or consider age-related issues in the adolescent, making it difficult to discern the processes that may differ as a result of a given developmental stage (Eyberg, Schuhmann, & Rey, 1998). In addition, current theoretical and clinical knowledge for dealing with suicidal thoughts, feelings, and behaviors may have only marginal implications for adolescents as our understanding is based on findings obtained from adult populations.

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Until recently the research literature on counseling has been based primarily on therapists' or researchers' perceptions (Elliott & James, 1989), so it follows that an accurate understanding of counseling must also incorporate clients' perceptions. Although several researchers (Eddins & Jobes, 1994; Lietaer, 1992; Paulson, Truscott, & Stuart, 1999) have identified clients' perceptions to be an important though neglected component in our understanding, no literature has been identified that addresses this deficit in the adolescent population. Because clients hold access to their inner experience, they are an essential source of information regarding the process of becoming suicidal and overcoming suicidal thoughts, feelings, and behaviors. A comprehensive understanding of adolescents' perceptions of being suicidal may ultimately lead to more effective treatment.

Purpose of the Study

The objective of the Teen Suicide Research Project is to investigate the processes related to becoming suicidal and overcoming suicide in adolescents. Our current question is: What was helpful for adolescents between the ages of 12 and 19 in overcoming suicidal thoughts, feelings, and behaviors? One unique aspect of this research program is that it investigates the perceptions of youth about their experiences of suicidal thoughts, feelings, and actions, as well as counseling interventions that are found to be effective. Anticipated outcomes of this study are to enhance our understanding of the suicidal process in youth and to improve the knowledge base of counselors who work with suicidal youth.

Research Methods

To date 10 participants who reported having been suicidal between the ages of 12 and 19 were interviewed. All were required to have been free of suicidal thoughts, feelings, and behaviors for a minimum of six months before the interview. Informed consent was obtained from participants over the age of 18 or from parents or legal guardians for those under 18. In-depth individual interviews were conducted in which participants were asked to discuss how they became suicidal and overcame their suicidal thoughts, feelings, and behaviors.

Participants were interviewed individually for approximately one to two hours. The interviews were audiotaped and transcribed verbatim. A within-person analysis intended to identify themes that capture the essential qualities of the participant's experience is currently being completed. The context and content of participants' interviews will be analyzed (a) to obtain their perceptions of what contributed to their becoming suicidal, (b) to understand how they overcame feeling or acting suicidal, and (c) to articulate and identify interventions from a client perspective that help to resolve suicidal behaviors. Once all interviews have been analyzed individually, a between-person analysis will be completed (Colaizzi, 1978). This will result in group thematic analysis and comprehensive case studies.

Preliminary Findings

Consistent with Reynolds and Waltz (1986), participants in our study appeared to be at greatest risk for suicidal behavior when experiencing: (a) major nega-

tive life events such as divorce, death, or extreme difficulty in school; (b) many daily stresses that contributed to feeling overwhelmed; and (c) few or no social supports. Participants reported that teachers' negative reactions often made it more difficult to cope with suicidal thoughts and feelings and that, conversely, supportive teachers' reactions eased the pain of their distress. Thus far participants have indicated that educators appear to have a huge impact on their psychological functioning regardless of their source of difficulty.

What appeared to contribute to overcoming being suicidal included (a) developing feelings of self-efficacy and personal worth through increased coping and problem-solving skills, (b) increased social support including having someone listen to them, and (c) feeling accepted despite their difficulties. Personal connections and realizing that their struggles were normal appeared to be critical components for teens in overcoming suicidality. Due to the preliminary nature of the findings, we will continue to collect data from an additional 15 to 20 interviews in order to broaden our understanding of this significant social concern.

Note

Both authors contributed equally to this article despite the order of authorship.

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