

YOUNGSTERS AND THEIR INCLINATION SUICIDE ATTEMPTS

Rekha Sinha

Department of Humanities

Jain (Deemed-to-be University), Ramnagar District, Karnataka - 562112

Email Id-rekha.sinha@jainuniversity.ac.in.

Abstract

To determine reasons for suicide attempts in adolescents and to examine the relationship between these reasons and psychological functioning. More manipulative reasons for overdose (such as making people sorry) were endorsed less frequently. Adolescents who cited death as a reason for their suicide attempt reported more hopelessness, socially prescribed perfectionism, depression, and anger expression. Discriminant function analyses indicated that high levels of depression and anger expression predicted a self-reported wish to die, and high levels of depression and socially prescribed perfectionism predicted death as the primary reason reported for the suicide attempt. Systematic assessment of the reasons for a suicide attempt is a useful tool for clinicians in determining recommendations for follow-up treatment.

Keywords: *Attempts, Inclination, Suicide, Suicide Contagious, Youngsters.*

I. INTRODUCTION

Relatively little is known approximately how youth give an explanation for their own suicidal behaviour. but, the incentive for self-damage has essential implications for each treatment and prevention of next attempts. Bancroft and colleagues (1979) systematically examined how adults provide an explanation for their personal suicide attempts. When requested to choose from a list of viable reasons for his or her suicide try, adult's maximum typically encouraged a want to die, to break out, or to gain remedy from a tough scenario[1]. While a few theorists have posited that suicide attempts are a way of communicating anger or affirming that one is loved, fantastically few people characterize their very own tries in this kind of manner. Despite the fact that the prevalence of adolescent suicide within the united states has gradually elevated over the last several decades, American youngsters' motivation for suicide tries has now not yet been systematically investigated[2]. However, Bancroft's self-record method has been used to study motives for self-harm in youngsters in amazing Britain and the Netherlands. In a sample of 50 British young people, the most frequently

endorsed motives for the suicide attempt were relief, get away, or death; however, clinicians tended to characteristic youth' attempts to more manipulative reasons, consisting of figuring out whether they're cherished or drawing attention to themselves[3].

More currently, Kienhorst and associates (1995) mentioned comparable results with a pattern of 48 Dutch kids. They located that teens maximum regularly indicated that they attempted suicide to get away an unbearable situation or to forestall feeling pain. constant, those adolescents did not describe their attempts as prompted by way of an appeal to others[4]. It must be referred to that young people the observe turned into interviewed retrospectively, and the time elapsed seeing that their suicide tries varied extensively, from 1 week to at least one year. it's far feasible that non-public motives for one's suicide try should range with time. For instance, some adolescents may additionally gain greater insight into them strive with time and treatment. Conversely, as time passes, other teens may not bear in mind the cognitions that preceded their try, or these cognitions can be distorted. extra proximal information concerning kids' cognitions about a try could be beneficial to clinicians making inclinations with this populace. Except, clinicians might benefit from a higher know-how of the relationship between the adolescent's said purpose for the attempt and his or her psychological functioning[5].

In a sample of adult suicide attempters, investigated the connection among hopelessness and motives for the suicide try and discovered that high tiers of hopelessness have been associated with motivations "to die" and "to get relief from a horrible kingdom of mind." but, institutions among psychological adjustment and reasons for suicide tries have not but been investigated among youngsters. it's far viable that the psychological profile of adolescents who attempt suicide to die is very different from the profile of youth whose strive is an endeavor to attraction to others, for example[6]. This examine examines self-reported motives for suicide attempts in an incredibly massive pattern of yankee young people (N= a hundred and twenty). We record explanations teenagers to offer for his or her suicide tries and study whether those reasons are just like the ones encouraged by way of samples of young people. Besides, we look at the connection between motivation for self-damage, hopelessness, melancholy, perfectionism, anger, loneliness, and our own family functioning. It changed into hypothesized that youngsters who stated that they attempted suicide to die might be more hopeless, depressed, irritated, lonely, and perfectionistic than people who defined their suicide attempt in other terms. except, it become hypothesized that youngsters whose suicide attempt turned into inspired with the aid of a want to die would have poorer family functioning.

II. DISCUSSION

Talking About Reasons Why & Teen Suicide:

When the Netflix series "13 Reasons Why" premiered in 2017, it quickly became one of the most watched—and most controversial—shows aimed at teen viewers. With its third season expected to release in 2019, the series continues to spark debate over how the show portrays teen suicide and its possible effect on viewers[7].

Raising Awareness and Risk

The drama centers on a high school student who died by suicide and leaves behind 13 audiotapes for people she blames for her action.

Fans of the series say it increases much-needed awareness about teen suicide, currently the second leading cause of death for children and young people 10 to 24 years old. In addition to graphic portrayal of suicide, the show also focuses on bullying and cyberbullying, underage drinking, sexual assault, guns in the home, school violence, and other discussion-worthy topics[8].

But some experts warn the show may do more harm than good. Although the series is fictional, teens can be impulsive and emotional. Watching a character decide to commit suicide might trigger them to do the same. After the show was released, medical and mental health professionals reported teens listing their own 13 reasons why they wanted to kill themselves. Some families said they believe the show triggered their children to actually take their lives[9].

According to Centers for Disease Control and Prevention 2017 youth survey results:

- **32%** of high school students experienced ongoing feelings of sadness or hopelessness
- **17 %** said they'd seriously considered attempting suicide.
- **14 %** made a suicide plan
- **7%** tried to kill themselves

Is Suicide Contagious:

Research suggests that exposure to a peer's suicide can, in fact, have a "contagious" effect—especially among 12- to 13-year-olds. After reviewing more than 50 international studies, a group of major health and media organizations developed recommendations that advise against "presenting suicide as a tool for accomplishing certain ends, such as revenge or recognition," or "glorifying suicide or persons who commit suicide[10]."

Can exposure to a fictional character's suicide also have a "copycat" effect?

Since the premiere of "13 Reasons Why," researchers have been trying to answer that question. Among the findings:

- In the days following the premier of "13 Reasons Why," researchers found a significant spike in internet searches using terms such as "how to commit suicide" and "how to kill yourself."
- A more recent study funded by the National Institutes of Health found a 29% increase in suicide among U.S. adolescents between ages 10-17 after the release of season 1. In April 2017, the month after Netflix released all 13 episodes for streaming, the teen suicide rate in this age group reached a 19-year high. It remained high the rest of the year, with 195 more suicides reported in this age group than would have been expected.

- Another new study found that students between 18-29 who watched the show's entire second season had fewer thoughts of suicide and greater interest in helping someone feeling suicidal than those who didn't view any episodes; however, the researchers also found students who watched only part of season 2 showed higher suicide risk and less optimism about the future[11].

How to Help Teens Process the Show in a Safe & Healthy Way:

Despite concerns about "13 Reasons Why," the show can serve as a powerful teaching tool with informed, adult guidance from parents, teachers, spiritual leaders, and others who work with teens.

What parents can do:

- Co-view. The AAP media use guidelines encourage parents to co-view programs with their children and discuss what they are seeing. This is especially important for shows such as "13 Reasons Why" with themes difficult to process and easy to misinterpret. Watching the show together lets parents pause and point out instances of cyberbullying, for example. Then parents can ask if their child has seen it happen at school, how he or she reacted, and what to do if it happens again.
- Children in groups at a higher risk for suicidal thoughts and actions should not watch the show alone, said Cora Breuner, MD, MPH, FAAP, chair of the American Academy of Pediatrics (AAP) Committee on Adolescence. This includes kids with a family history of suicide, a history of physical or sexual abuse, mood disorders, and drug and alcohol use, and/or those who identify as lesbian, gay, bisexual, transgender or questioning.
- Discuss reality vs. fiction. Explain that the show gives an unrealistic view of the help available for teens who may feel suicidal. In particular, the lack of effective mental health care provided to the central character, Hannah Baker, is both troubling and unrealistic. Statistics show that a large majority of the time, teens with suicidal thoughts and behaviors are in the grips of treatable mental illnesses, such as depression. In the show, Hannah voices clear suicidal warning signs to her school guidance counselor. Yet, the counselor failed to connect her with other professionals and resources for help and told her simply to "move on." Critics say this sends a dangerous message that adults can't help.
- Play it safe. If your teen does watch the show, make an extra effort to watch him or her a little more closely afterwards—in a mindful, nurturing way. Know the signs of depression, such as withdrawing from friends or family, eating or sleeping less or more, or losing interest in activities. If you have a gun in your home, make sure it is stored unloaded and locked up separately from ammunition. Studies have found the risk of suicide is 4 to 10 times higher in homes with guns than in those without. And although Hannah Baker uses a different method to end her life, suicide by firearms is now the second leading cause of death among teens 15-19. More than 80% of guns used in teen suicide attempts were kept in the home of the victim, a relative, or a friend.
- Don't assume your child isn't watching. "13 Reasons Why" is rated TV-MA (Mature Audience), appropriate for ages 17 and up, for its graphic violence, explicit sexual activity

and crude language. But school officials and pediatricians say they're learning of children as young as elementary-school age who are binge watching the show—sometimes without parents knowing, because it can be streamed privately on their phones, tablets, and computers. Parents are often surprised to find out their child has watched the series.

- As a parent, it is your job to counsel your children and teens about smart and safe media use. Dr. Breuner said she also asks her patients (and their parents) how much time they spend on screens and which shows they watch.
- Provide access to help. Give your child suggestions for whom he or she can turn to in times of need—including you, as well as other trusted adults. Your pediatrician can also help. The AAP recommends all children over age 12 be screened for depression at their yearly checkups. For any immediate concerns about your child, call the National Suicide Prevention Lifeline at 1-800-TALK, or text START to 741741.

Even if your child hasn't watched:

Parents should be aware that their children may hear friends talking about the show at school or on social media—even if they haven't seen it themselves. Regardless, Dr. Breuner said the series is "absolutely inappropriate" for children under age 13.

If you haven't watched the show, look up episode summaries and be prepared to talk with your child about the ways fictional shows don't always reflect reality. Use the show as an opportunity to talk with your child about the very real situations teens face—and how your child can come to you with anything he or she may face in the future.

Keep in Mind:

It may feel uncomfortable to talk with your teen about some of the difficult issues raised in "13 Reasons Why," but talking about tough topics with teens is every bit as important as making sure a baby's bath water isn't too hot. Remember to talk with your child's pediatrician if you have additional questions or concerns about your child's media use or mental health.

III. CONCLUSION

In summary, it appears that the psychological profile of adolescents who attempt suicide in order to die is very different from the profile of adolescents whose attempt is motivated by other factors. Clinicians should ask adolescents directly about the cognitions behind their suicide attempt and should focus on thoroughly assessing depression, anger, and perfectionism, particularly when an adolescent attributes his or her suicide attempt to a desire to die.

IV. REFERENCES

- [1] D. Cruz, I. Narciso, C. Pereira, and D. Sampaio, "Self-Destructive Symptomatic Frames in Clinical Adolescents: Is the Same Different?," *J. Res. Adolesc.*, 2015, doi: 10.1111/jora.12152.
- [2] F. Shireen, H. Janapana, S. Rehmatullah, H. Temuri, and F. Azim, "Trauma experience of youngsters and Teens: A key issue in suicidal behavior among victims of bullying?,"

- Pakistan Journal of Medical Sciences. 2014, doi: 10.12669/pjms.301.4072.
- [3] D. S. Lipschitz, R. K. Winegar, A. L. Nicolaou, E. Hartnick, M. Wolfson, and S. M. Southwick, "Perceived abuse and neglect as risk factors for suicidal behavior in adolescent inpatients," *J. Nerv. Ment. Dis.*, 1999, doi: 10.1097/00005053-199901000-00006.
- [4] K. Dodig-ćurković, M. Ćurković, J. Radić, D. Degmečić, and P. Filaković, "Suicidal behavior and suicide among children and adolescents-risk factors and epidemiological characteristics," *Coll. Antropol.*, 2010.
- [5] R. D. Rohn, R. M. Sarles, T. J. Kenny, B. J. Reynolds, and F. P. Heald, "Adolescents who attempt suicide," *J. Pediatr.*, 1977, doi: 10.1016/S0022-3476(77)80389-2.
- [6] C. Van Heeringen, J. Vincke, and C. Van Heeringen, "Suicidal acts and ideation in homosexual and bisexual young people: A study of prevalence and risk factors," *Soc. Psychiatry Psychiatr. Epidemiol.*, 2000, doi: 10.1007/s001270050270.
- [7] H. N. Shilubane, R. A. Ruiter, B. Van Den Borne, R. Sewpaul, S. James, and P. S. Reddy, "Suicide and related health risk behaviours among school learners in South Africa: Results from the 2002 and 2008 national youth risk behaviour surveys," *BMC Public Health*, 2013, doi: 10.1186/1471-2458-13-926.
- [8] N. Garnefski and E. J. De Wilde, "Addiction-risk behaviours and suicide attempts in adolescents," *J. Adolesc.*, 1998, doi: 10.1006/jado.1997.0137.
- [9] G. A. CARLSON and D. P. CANTWELL, "Suicidal Behavior and Depression in Children and Adolescents," *J. Am. Acad. Child Psychiatry*, 1982, doi: 10.1016/S0002-7138(09)60939-0.
- [10] M. I. Cohen, G. Bright, and F. Dudenhoefter, "Teenage suicide," *Pediatrics*, 1980, doi: 10.30965/9783846749265_022.
- [11] N. D. Ryan et al., "The Clinical Picture of Major Depression in Children and Adolescents," *Arch. Gen. Psychiatry*, 1987, doi: 10.1001/archpsyc.1987.01800220016003.