INFORMATION TO USERS

This reproduction was made from a copy of a document sent to us for microfilming. While the most advanced technology has been used to photograph and reproduce this document, the quality of the reproduction is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help clarify markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure complete continuity.

2. When an image on the film is obliterated with a round black mark, it is an indication of either blurred copy because of movement during exposure, duplicate copy, or copyrighted materials that should not have been filmed. For blurred pages, a good image of the page can be found in the adjacent frame. If copyrighted materials were deleted, a target note will appear listing the pages in the adjacent frame.

3. When a map, drawing or chart, etc., is part of the material being photographed, a definite method of "sectioning" the material has been followed. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.

4. For illustrations that cannot be satisfactorily reproduced by xerographic means, photographic prints can be purchased at additional cost and inserted into your xerographic copy. These prints are available upon request from the Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases the best available copy has been filmed.

1327643

Ross, Patricia Anne

THE EARLY ADOLESCENT'S EYE VIEW OF YOUTH SUICIDE

The University of Arizona   M.S.   1986

University
Microfilms
International 300 N. Zeeb Road, Ann Arbor, MI 48106

PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark __√__ .

1. Glossy photographs or pages _____

2. Colored illustrations, paper or print _____

3. Photographs with dark background _____

4. Illustrations are poor copy _____

5. Pages with black marks, not original copy _____

6. Print shows through as there is text on both sides of page _____

7. Indistinct, broken or small print on several pages __√__

8. Print exceeds margin requirements _____

9. Tightly bound copy with print lost in spine _____

10. Computer printout pages with indistinct print _____

11. Page(s) _____ lacking when material received, and not available from school or author.

12. Page(s) _____ seem to be missing in numbering only as text follows.

13. Two pages numbered _____. Text follows.

14. Curling and wrinkled pages _____

15. Dissertation contains pages with print at a slant, filmed as received _____

16. Other_____

_____

_____

University
Microfilms
International

THE EARLY ADOLESCENT'S EYE VIEW OF

YOUTH SUICIDE

by

Patricia Wilson Ross

_____

A Thesis Submitted to the Faculty of the

COLLEGE OF NURSING

In Partial Fulfillment of the Requirements
For the Degree of

MASTER OF SCIENCE

In the Graduate College

THE UNIVERSITY OF ARIZONA

1 9 8 6

STATEMENT BY AUTHOR

This thesis has been submitted in partial fulfillment of re-
quirements for an advanced degree at The University of Arizona and
is deposited in the University Library to be made available to borrowers
under rules of the Library.

Brief quotations from this thesis are allowable without special
permission, provided that accurate acknowledgment of source is made.
Requests for permission for extended quotation from or reproduction
of this manuscript in whole or in part may be granted by the head of
the major department or the Dean of the Graduate College when in his/her
judgment the proposed use of the material is in the interests of schol-
arship. In all other instances, however, permission must be obtained
from the author.

SIGNED: *Patricia H. Bh Ross*

APPROVAL BY THESIS DIRECTOR

This thesis has been approved on the date shown below:

_____   _____
AGNES M. AAMODT   Date
Professor of Nursing

DEDICATION

To my husband and my son,

who gave me their undivided attention throughout;

and to my Mom and Dad

who always encouraged me.

ACKNOWLEDGMENTS

TABLE OF CONTENTS

TABLE OF CONTENTS--<u>Continued</u>

LIST OF ILLUSTRATIONS

LIST OF TABLES

ABSTRACT

The research to answer the question: "What is the early adolescent's eye view of youth suicide" was conducted using ethnographic methodology with six informants, 12 to 14 years of age. The recordings of the ethnographic interviews were transcribed and analyzed between sessions.

Nine domains of meaning were identified. Examples of domains include: "Ways in which growing up is harder and faster"; "Kinds of things that are hard and hurt"; "Ways of dealing with problems"; and "Kinds of things kids need for survival."

Five cultural themes emerged from further analysis of the data: "How I feel about myself has a lot to do with how others feel about me"; "I need people to validate my worth"; "Juggling values is easy, if it means being accepted"; "In peer-friend relationships, loving and hating are a lot alike"; and "You have to let it out, or it will break out".

Recommendations for care and guidance of young persons in this age group were suggested.

CHAPTER I

INTRODUCTION

> I have what you'd call a bad obsession
> And it's thought of as depression.
> When I feel this very way
> People look at me and say
> "What the hell is wrong with you?"
> Life isn't lived just to be blue.
> So then I think Oh, what a lie
> Because I know I want to die
> Then I put a gun to my head.
> I pull the trigger and I am.
> —Mark Preininger
> (17 years old-committed suicide 9 April 1985)

Today, the problem of suicide among the young is triggering
societal alarm across America. The number of deaths due to youth suicide
has been rising steadily over the last several decades. Significant
problems are encountered as one begins to review suicidal behavior
among children and adolescents. The identification of cases and subse-
quent classifications according to age, make it difficult to make
comparisons. Frequently, suicide rates are reported in 10-year aggre-
gates (e.g. 15-24 years). This grouping of adolescents with young
adults presents a particular obstacle to the study of youth suicides.
How much of a problem is suicide among adolescents, and how is the
problem viewed by the early adolescent?

On 27 August 1984, 13 year old Danny Holley ended his life
by hanging himself near Fort Ord, California. Some time before his
death, he allegedly told his mother, "If you didn't have me to feed,

things would be better". What were the circumstances that led Danny to take his own life? At this point, we can do little more than speculate.

Soul Yim Richardson, a 15 year old Army dependent was found hanged at her family's quarters in Hawaii on 3 September 1984. Before her death, her stepfather had expressed concerns to his co-workers that Soul Yim was starting to isolate herself from everyone. There was evidence that Soul Yim had experienced difficulty speaking English and had been unable to make friends. Beyond this, the specific circumstances leading to her self-destruction are also merely speculative.

In both these incidents, two adolescents planned and implemented acts of suicide. They both chose hanging as the method of execution. With such a lethal choice, one must assume that Danny and Soul Yim really intended to die. And die they did, leaving in the wakes of their deaths the unnecessary loss of precious young lives. The effects of such loss are unequaled grief and emotional devastation by those who loved them. Could these deaths have been prevented? It is this question that provided the impetus for this inquiry.

Suicide is a complex behavioral phenomenon that has been known throughout the history of mankind. In all time and in all places, there have been certain persons who have found the suicidal act to be a means to escape or avoid circumstances which they cannot change and desire not to live. Suicidal behavior includes any self-destructive behavior in which the primary motive is to die. This motive has varying levels of lethality. The suicide attempt and the suicide gesture are indicative of a less significant intent to die. There are many

difficulties associated with determining the extent of suicidal behavior among children and adolescents. Case identification problems and the underreporting of cases yield grossly underestimated statistics (Douglas, 1967). Last year more than 5,000 young persons between the ages of 15 and 24 years committed suicide. This number is relatively small when compared with adults; nonetheless, suicide has emerged as the second leading cause of death among adolescents (Maris, 1985).

Suicide statistics are less clear in children. National vital statistics do not record suicides before age 10, and ages 10 to 14 years are considered together. The 1955 suicide rate of 10 to 14 year olds, though a low one, had tripled by 1981 (Pfeffer & Frederick, 1978, cited in Hatton & Valente, 1984). There is growing concern that the rate in children will follow the escalating rate of adolescents. Case identification is made extremely difficult by the taboos and myths concerning childhood suicides and the host of methodologic problems arising from "inconclusive and contradictory" research (Hatton & Valente 1984). It is thought that as many as 50% of all children suicides are disguised as accidents (Toolan, 1975). Suicide attempts have been found to increase steadily after the age of 12. There are an estimated 50 to 150 non-fatal attempts for every completed suicide (McIntyre, 1977; Jacobziner, 1960) among youth. An estimated one quarter to one half million attempts a year raises suicidal potential among children and adolescents to epidemic proportions. Youth suicide remains a social health problem shrouded in mystery.

It is the premise of this researcher that much can be learned about youth suicide by exploring the phenomenon as it is seen through the eyes of the early adolescent. From a pilot study involving a small sample of latency-age children, this researcher learned that the children were able to define and describe those factors they believed contributed to thoughts of suicide among their peers. Interestingly enough, the ideas communicated by the informants were very similar to etiological factors cited in much of the suicide literature. The earlier pilot study demonstrated that older children are aware of such issues as youth suicide, and are able to express definite feelings and thoughts about the phenomenon. Discovering their view may aid us in our understanding of the suicide puzzle.

Statement of the Problem

The question to be addressed in this study is: What is the early adolescent's eye view of youth suicide? Ethnographic strategies were employed to discover what early adolescents think, feel, and say about youth suicide. Their views on the subject should contribute to our own insights.

Significance of the Problem

There are many sociological and socio-psychological approaches to suicide in the literature. The demographic features of suicide are also in abundance, but there are fewer studies specific to the young. The psychodynamics of suicide in the context of adolescents are only recently starting to surface.

The incidence of suicide as a measurement of social stress is not uncommon. The concern is becoming more intense with the increase in the number of completed suicides among adolescents and young adults in the United States. Recent statistics seem to indicate that psychosocial changes found in the western world have served as emotional burdens for young people.

Nursing responsibility in the issues of youth suicide is vague and ambiguous at this point. Given a clearer description of the nature of the suicide phenomenon through inquiries of this nature, nursing intervention will undoubtedly be geared toward primary prevention.

Statement of the Purpose

The purpose of this study is to gain information concerning the early adolescent's view of prevalent factors involved in the youth's decision to consider suicide or not. Exploring the viewpoints of this pre-high risk group may aid us in understanding the nature of suicide in the young. It is only when we can understand how a child concludes that he is worthless to the extent that he is unlovable and not fit to live, and then decides to end his own life, can we hope to intervene effectively.

The knowledge acquired from this investigation shall enable health care professionals, child educators, counselors and parents to assist children in coping with the growing up experience as successfully as possible. Professional nurses are in an ideal position to make a difference in the incidence of youth suicide.

Definitions

Adolescence -- The period marking the end of childhood, characterized by the onset of puberty and the assumption of adult responsibilities. (Age range - 12 through 19 years.)

Early Adolescent -- For the purpose of this study, a child between the ages of 12 and 14 years as defined by Mercer (1979).

Eye View -- The early adolescent's thoughts and feelings about youth suicide as expressed through their language. (The linguistic pictures they draw of the phenomenon.)

Youth Suicide -- Self-imposed deaths occurring in children and adolescents.

Conceptual Orientation

The conceptual orientation establishes a perspective to examine and describe the concepts of a phenomenon in the real world (Hinshaw, 1977). These properties may be of a constructural nature characterized by an abstract manifestation, or they may be of a defined, less ambiguous conceptual nature.

The focus of this study is the early adolescent's perceptions of youth suicide. The conceptual orientation (see Figure 1) is composed of three major concepts: 1) Culture (Culture of childhood); 2) Human Response (Stress Response); and 3) Development (Cognitive Development).

These elements are interrelated and provide a useful framework for the study of this problem. The concepts and their relationships are outlined below.

CULTURE ———————————— DEVELOPMENT _____ HUMAN
                                                   RESPONSE

CULTURE OF _____ COGNITIVE _____ STRESS
CHILDHOOD   DEVELOPMENT   RESPONSE

EARLY ADOLESC. _____ PIAGETIAN _____ SUICIDE
EYE VIEW   FORMAL OPERATIONS
                                STAGE
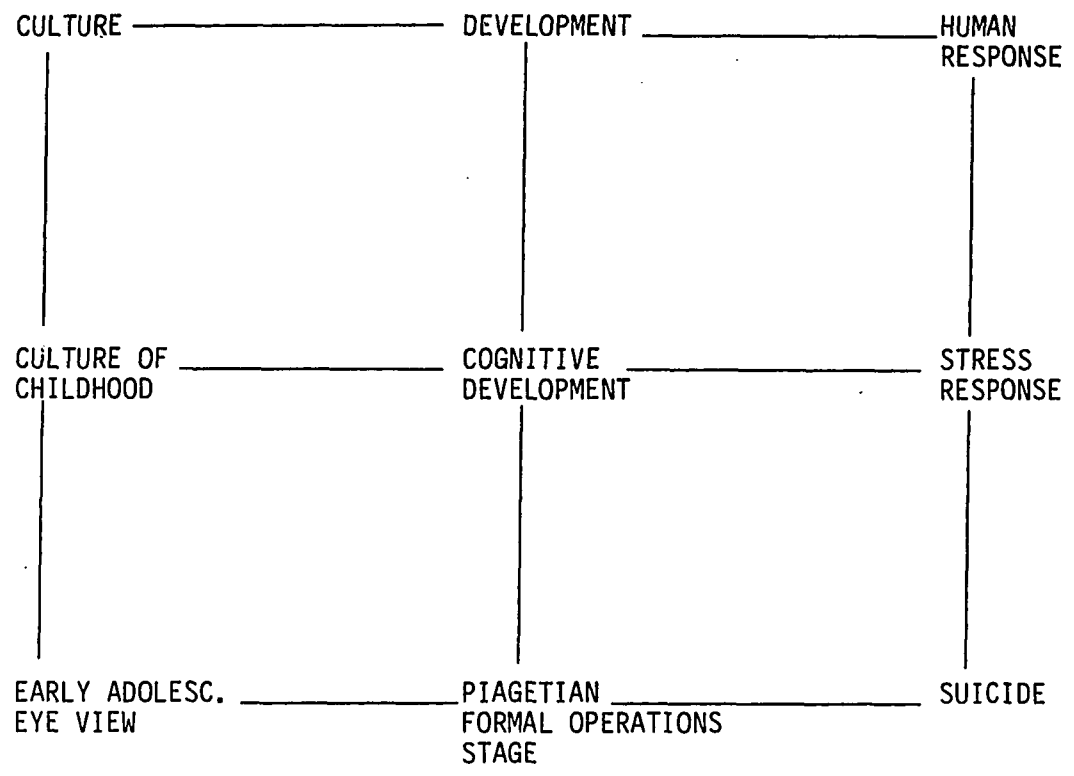
Figure 1:   Model for the Early Adolescent's Eye View of Youth Suicide

Culture

Culture may be defined as "the acquired knowledge that people use to interpret experience and generate social behavior" (Spradley, 1979, p. 5). The concept of culture also includes what meanings people assign to the experienced events.

Children have been recognized as a unique cultural group (Goodman, 1970; Aamodt, 1972). They have continuous access to commonly shared experiences unique to specific developmental stages of childhood. Children derive particular knowledge from these experiences, and are able to generate specific principles of action.

The culture of childhood is described by Goodman (1970). She believes that children have the discernible ability to perceive their world and cope with it. The culture of childhood as outlined by Goodman (1970) includes the values and attitudes that children get from others or identify for themselves. Understanding interpersonal relations is another factor involved in Goodman's definition of the culture of childhood. Aamodt (1972) recognizes the importance and the uniqueness of the culture of childhood. She stipulates that the child, as a social being, is able to view the social arena and select and reject, consciously and unconsciously, from alternatives encountered in the environment.

Early adolescents, as members of a specific cultural group, possess traits particular to that group. These traits provide them with cultural knowledge different from children in other developmental stages (Piaget & Inhelder, 1969). Adolescence is a distinct developmental stage that may be further divided into sub-stages: early

adolescence, middle adolescence, and late adolescence. Much can be learned about the concept of youth suicide by exploring the early adolescent's view of the phenomenon.

Development

Development refers to a progressive change in function, resulting in more complex skills (Ramsey, 1982). Each stage is defined as a complex pattern of interrelated characteristics that occur together. From each stage, new abilities, new logic, and new responses are generated (Mussen, 1963). Development occurs slowly in humans. This is evidenced by the long period of infancy and childhood. Children pass through a series of developmental stages as they move toward adulthood. Nearly one-third of our life span is spent preparing for the remaining two-thirds. Human beings are thinking beings, possessing cognitive abilities that enable utilization of the processes of perception, memory, generation of ideas, evaluation, and logic. Cognition is a product of ongoing development. The individual's cognitive state, greatly influences the perceptions of life experiences. Children's perceptions of events are often apparent in their behavior. Perception is a cognitive process, and it depends upon a multiplicity of factors including "genetic equipment, basic individual needs and longings, earlier conditioning influences, and a host of life experiences and cultural pressures" (Wolff, 1957, p. 39).

The child's concept of death is largely affected by his cognitive functioning. Based on her developmental study of several hundred Hungarian children, Nagy (1948) described three main stages of death

interpretation. Nagy's Stage 3 is appropriate for the purposes of this study. This stage occurs after nine or ten years. Children in this stage begin to perceive death as final, universal and inevitable.

Piaget was a pioneer in the study of the normal development of thinking and intelligence. In an effort to explain how children view and make sense of their world, he developed a theory of cognitive development characterized by a series of stages culminating in adolescence. He believed that experiences are the roots of all later, more complex thoughts. In other words, perceptions of early experiences in childhood affect the thought processes in later life.

The fourth stage of Piagetian cognitive development, that of formal operations, is pertinent for the purposes of this study. Formal operations is the level of cognitive functioning for the early adolescent. The adolescent can think beyond the present, and he has the powers of reflection. He is able to analyze his own thinking and build theories (Piaget & Inhelder, 1958). There is the new capacity to orient himself toward the abstract. The formal thinking level equips him to deal with propositional logic and the reversal of relations between what is real and what is possible. The adolescent uses these characteristics to build ideals for adapting to society (Piaget & Inhelder, 1958). The early adolescent's interpretation of the world is a significant component in understanding the growing up experience, and it may prove helpful in understanding suicide among the young.

Human Response

Human response may be defined as the individual's response or reaction to stressors. Selye (1950) describes stressors as tension-producing stimuli that can cause disequilibrium, crises, or the experience of stress within an individual's life. The individual's response to the stressor is strongly influenced by his age, cognitive maturation, life experiences, and his perceptions of the meaning of the event or experience. The occurrence of stressors is inherent in growing up.

Konopka (1971, p. 553) describes adolescence as a distinct developmental stage with its particular forms and stresses being culturally determined. Ausubel (1977) outlines adolescence as a distinctive period of personality development with "certain unique and universal developmental changes requiring extensive reorganization of personality structure" (p. 35). A conceptualization of adolescence as a transitional stage between childhood and adulthood indicates a period characterized by disruption and change (Offer & Offer, 1972). According to psychoanalytic theory, adolescence is a time of psychologic imbalance with severe tension imposed on the functioning of ego and superego (Offer & Offer, 1972, p. 59).

The adolescent's challenge of "childhood truths" produces threats to his self-esteem, rendering him more vulnerable to stressors. Each individual possesses a normal range of responses called the normal line of defense. Physiologic, psychologic, sociocultural, and developmental variables can affect the extent to which the individual is able to use his flexible line of defense (Neuman, 1980, p. 121).

Stressors generate varying degrees of response in the individual. In incidences of suicide, the flexible line of defense is penetrated and the human response is toward death rather than reconstitution (Venabel, 1980).

A structural model (Figure 1) was designed to demonstrate the hierarchy of concepts and their proposed relationships. The intermediate level connects the concepts of culture of childhood, cognitive development, and stress response. Cognitive maturation progresses throughout childhood. The level of cognitive functioning is one factor that affects stress response. The most concrete level of abstraction on the model (empirical level) links the concepts of: the early adolescent's eye view, the formal operations stage of Piagetian cognitive development, and suicide. Very little knowledge exists concerning how the early adolescent, with his particular cognitive abilities, views and interprets the concept of youth suicide.

Summary

Early adolescent youth are a unique cultural assembly with a cultural knowledge exclusive to their developmental stage. The changes associated with the growing up experience may be stress-evoking. Reactions to this stress is dependent upon the early adolescent's perception of the meaning of the stressful event. Perception is influenced by cognitive development and life experiences. Early adolescents, who are in the cognitive stage of formal operations, are better equipped to process and interpret information from the world around them. The

major focus of this study was to discover the early adolescent's eye view of youth suicide through the use of ethnographic interviews.

CHAPTER II

REVIEW OF THE LITERATURE

The review of the literature for this study included four major areas: the child's eye view, developmental considerations of adolescence, historical perspectives of suicide, and youth suicide-theories and studies.

Child's Eye View

The child's eye view has been investigated by Goodman (1970), Aamodt (1972), McKain (1983), Kaliban (1983), and others in an effort to learn how children interpret their world. Goodman (1970) studied the specific content learned by children, rather than the mechanism by which they learn. She studied this content by obtaining the child's view of his world as he sees it and experiences it.

Aamodt (1972) studied how the Papago Indian children viewed health and healing in their unique cultural environment. The world of children with alopecia was explored through the use of ethnographic interviews of Aamodt and associates (1984). The themes that emerged reflected the linguistic expressions used by the children in making sense of their world.

The child's eye view of having a sibling undergoing treatment for cancer was described by McKain (1983) in her study of eight school-age children. The child's view of this experience was accessed through ethnographic interviews and children's drawings. Two major themes

14

discovered in this study were "It's really tough" and "It does get better."

Kaliban (1983) used the same ethnographic strategies to describe the world of hyperactive children on stimulant therapy. The views of four school age boys were presented. Examples of cultural themes that arose from this group of informants include: "Forgetting means trouble" and "Some days it's hard, some days it's not."

Others have studied the child's intellect as a means to understand the child's view of the world. Piaget (1969) described the cognitive style of the adolescent as formal operations. The adolescent moves from the concrete and egocentric thinking of childhood to abstract conceptualization and the ability to view the world from another's point of view (Peel, 1971). The body image assists the adolescent in defining the reality of the world by defining the relationship of the body to its environment (Mercer, 1979, p. 10). It is important to note that perceptions of body image may not reflect actuality. One study of early adolescents (Simmons et al., 1973) revealed that children from 12 to 13 years of age had lower self-esteem, more self-consciousness, less stability of self-image, and the perception that others held less favorable views of them that any other age group from the third to the 12th grade.

Much can be learned by communicating with the adolescent and exploring the world as he sees it. The adolescent's view of the world is unique and separate from that of an adult. It is crucial that the adolescent's view be given special attention when providing guidance and support during this important developmental stage.

Developmental Considerations
of Adolescence

The adolescent is a person in the process of becoming an adult. He is "an individual who is distinguished from others by his unique and characteristic style of interacting with others and with the environment" (Mercer, 1979, p. 4). There is much uncertainty and ambivalence within the adult frame of reference concerning the adolescent. He is sometimes viewed as a child, and at other times he is viewed as an adult. This ambiguity is communicated to the adolescent, adding to his confusion.

It is helpful to divide adolescence into sub-periods, thus adding dimensions to the process of becoming an adult. Early adolescence is thought to be the most crucial phase of adolescence, as it sets the stage for progress within middle and late adolescence (Blos, 1962). Adolescence is a period that is frequently associated with "storm and stress". This is especially true in more technologically advanced societies such as the United States (Mussen, 1963, p. 542). Biologically oriented researchers have emphasized that the adjustment required by the physiologic changes of puberty are responsible for many of the difficulties faced by the adolescent. Others believe that the culture is responsible, with the intense demands made upon the adolescent. Adolescence is not perceived as such a tumultuous period of adjustment in cultures where demands are not so complex or as restricted to one age period (Mussen, 1963). According to Mead (1928), adolescence is a unique period in a human life which is not found in all cultures.

Erikson (1968) stipulated that the basic developmental task of the adolescent is to develop his own identity as a person. This requires a perception of the self that is separate from others, yet with a feeling of "wholeness" or self-consistency. The young adolescent is faced with rapid physical changes that threaten this feeling of self-consistency. The adolescent needs time to habituate into a positive, self-confident ego identity. Such a dilemma in the life of the adolescent may produce varying degrees of stress.

The dependency that is characteristic of childhood is relinquished during adolescence. This means separating from parents emotionally and intellectually. Separation, achieved with minimum devaluation and alienation of parents is ideal. Ironically the individual who has had the most problematic relationships with his family will often have the most difficulty in separating from them. Personal and family disruption has been named the new morbidity for pediatrics. The majority of cases of suicidal behavior fit into this category (Sudak, 1984). Chronic inner tension, rage, frustration, repeated losses, and escalating stresses have been found to correlate most closely with suicidal behavior (Sudak, 1984).

As the adolescent moves from childhood to adulthood, much of his time and energies are expended reacting to his changing body and his changing needs. Adolescents share common experiences and developmental problems, but adolescents are not all alike. They do not all face the same environmental demands. Without some sense of their own identity, and where they are going, adolescents face odds that may appear insurmountable as they attempt to cope with the demands imposed

by their culture. Failing to cope, they may resort to suicide as an option. Case histories of attempted suicides and psychological autopsy reports by Shaffer (1974), Shaffii et al. (1980), McIntire et al. (1982) and others confirm this speculation.

Historical Perspectives of Suicide

Death by one's own hand has been practised for thousands of years. There has been a wide diversity of attitudes and feelings concerning this type of human behavior. Societal responses have ranged from outright condemnation and disapproval on the one hand, to acceptance and "incorporation into the socio-cultural system" on the other (Rosen, 1971, p. 267). Throughout history, self-imposed deaths have been classified into two groups: personal suicides and institutional suicides.

Personal suicide was defined as "an individual act of protest or declaration against either interpersonal hurts or transgressions against society" (Farberow, 1975, p. 2). Motives behind such deaths were the preservation of honor and dignity, the avoidance of pain and degradation from old age and/or disease, the preservation of chastity, and escape from the hurt of separation and loss of love.

Institutional suicides are seen in many forms in history. These deaths served the purposes and ideals of society. The circumstances and manner in which they occurred were set by the particular society. Generally an attitude of social approval was apparent for institutional suicides (Farberow, 1975). In certain settings, where there were food shortages, the old and sick were expected to sacrifice themselves,

leaving more food available for the other members of the group. This was a common form of institutional suicide, and is still found in some cultures.

Historically, the incidence of suicide has been affected by the amount of social control found in the period, and the emphases on the value of the individual compared to the state. The rate was lowest where social control was greatest.

Suicide in Biblical times was rare. The Jews valued life, and self-murder was wrong according to Jewish law. Nonetheless, there were certain conditions under which killing oneself was acceptable. Examples of such deaths include the deaths of Samson (Judges 16: 28-31) and Saul (Samuel 31: 1-6). Saul killed himself to avoid the disgrace of capture, and Samson's death by his own hands was an act of vengeance and aggression against his enemies. The hanging death of Judas Iscariot was believed to be an act of atonement for his betrayal of Jesus. The Masada incident is a significant event in Jewish history involving the mass suicide of more than 900 Jews. They chose to end their own lives rather than surrender to the Romans. Each of these incidents of suicide are recorded briefly, factually, and without criticism in the Bible.

In the 17th and 18th centuries, suicide was considered high treason and heresy. Poverty and the hopelessness associated with it remained a significant cause of suicide during this period. The 19th century reflected the effects of capitalism on society. "...cities grew larger and individuals grew more solitary" (Farberow, 1975, p. 11). "Disgrace" appeared as a cultural value. It was a term applied

to the survivors of the suicide. More and more suicide was being cate-
gorized with insanity. The subject became very "hush-hush", especially
as it occurred among the upper classes.

Toward the middle of the 19th century, scientific theories
were presented to explain the suicide phenomenon. Durkheim's <u>Le Suicide</u>
(1897) remains a classic work in suicidology. His viewpoint reflected
that suicide is influenced by particular societal factors. He proposed
that if social solidarity was strong, the rate of suicide would be
low. He felt that suicide was the result of the society's control
or lack of control over the individual. Durkheim (1951) defined suicide
in the following manner: "The term suicide is applied to all causes
of death resulting directly or indirectly from a positive or negative
act of the individual himself which he knows will produce this result"
(p. 43).

The attitudes and feelings about suicide are a direct reflection
of the cultural background of the country in which it occurs. Culture
establishes the context in which suicide is defined, reacted to, and
reported. True suicide is endemic to civilized people (Porterfield,
1965, p. 156).

<u>Youth Suicide -
Theories and Studies</u>

In an effort to explain, understand, anticipate, and prevent
suicide, the phenomenon has been examined from a variety of perspec-
tives. Most of the theories of suicide were formulated to explain
suicide in general, without specific reference to the young. Theoretical
approaches to suicide include: the traditional psychological framework

in which the suicide occurs as the result of some form of unconscious, irrational, or impulsive act; the sociological framework in which the suicide is viewed as logical behavior stemming from a particular individual's position in society and life situations; and the disease framework in which the suicide occurs with psychiatric illness.

The psychological model explains suicide as the result of intrapsychic dynamics based on the need to identify with a love object, the internalization of anger, or interpersonal goals to gain love or to inflict punishment (Fisher & Shaffer, 1984). Freud (1957) and Toolan (1962) believed in this framework and have presented descriptions of such. Many psychologists and psychiatrists still adhere to the psychologic assumptions of suicide. Most of the psychologically based theories were formulated from sound clinical observations; however the causal relationship to suicide is not as solid (Fisher & Shaffer, 1984).

The sociological explanations for suicide originated with Durkheim (1951). He proposed that social ties are vital, and that the severe stressors created as one moves from one life style or social status to another could lead to suicide. The suicidal individual is reacting to social forces that he cannot control. Malinowski (1926) found in his studies of primitive cultures that the presence or absence of "institutions" affected the incidence of suicide. He defined an "institution" as a group of people linked together by common goals and purposes. Malinowski (1926) posited that suicide did not exist in those settings with strong institutions. Frederick (1984, p. 33)

suggests that both social ties and institutions play a part in the increase in suicide rates among young people of all races in the United States.

In support of the disease framework, Fisher & Shaffer (1984) maintain that suicide is the consequence of perceptual and judgmental distortion. It is this type of distortion that is manifested in individuals who are psychiatrically ill.

Prior to the 1960's, it was believed that children lacked the cognitive abilities to manifest depression. Presently, the existence of major depressive illness is children has been proved (Welner et al., 1977; Kovacs & Beck, 1977; Rutter, 1970). Carlson and associates (1982) contend that a great majority of suicidal youth suffer from a major depressive disorder (MDD). Suicidal ideation and suicidal behavior are symptoms of MDD. From their study of outpatient children and adolescents, Carlson & Cantwell (1982) found that children and adolescents suffering from MDD are the group most likely to demonstrate suicidal behavior.

A recent focus on the causes of suicide deals with the presence of certain biological factors in vulnerable individuals. Studies by Ambrosini et al. (1984) point to objective biological markers in depression and suicide. They have described abnormalities of certain neuroendocrine parameters that may prove useful in the identification of certain high-risk persons. Clearly more research is needed in this area.

Jacobs (1971), a well-known youth suicidologist, criticizes both the psychological and sociological explanations of suicide. He

maintains that neither framework adequately accounts for the multiple contradictory findings; nor do they explain why one person resorts to suicide while another does not. He suggests a morphological approach to suicide, using the chronological ordering of social-structural events in the life of the individual and/or the individual's conscious verbalizations. From his extensive study of suicide attempters, he defined the following antecedents to adolescent suicidal behavior:

1. A long-standing history of problems (from early childhood to the onset of adolescence).

2. The escalation of problems (since the onset of adolescence) above and beyond those usually associated with adolescence.

3. The progressive failure of available adaptive techniques for coping with the old and new increasing problems which leads to the adolescent's progressive isolation from meaningful social relationships.

4. A chain reaction dissolution of any remaining social relationships in the days and weeks preceding the attempt which leads to the adolescent's feelings that he has reached "the end of hope."

5. The internal process by which he justifies suicide to himself, and thus manages to bridge the gap between thought and action (p. 27-28).

Clearly, there is not a single theory that explains suicide sufficiently and completely. It is more likely that the theoretical perspectives overlap. Frederick (1984) describes suicide as a function of multiple factors. These factors include: "socioeconomic conditions, social forces and structures, intrapersonal and interpersonal stress,

cultural mores, physical and mental health" (p. 33). The influence exerted by each of these factors varies with time, thus causing suicide rates to change with national conditions.

Zilboorg (1937) suggested that the age of puberty marks the crucial period for the onset of self-destructive behaviors. Other early literature identifies a sharp rise in suicide rates around the age of 15 or 16 years (Zilboorg, 1937; Bakwin, 1960). More recent studies have examined suicide rates at five year intervals and have reported sharp increases of suicide from 15 to 19 years (Holinger, 1978). Another study by Holinger & Luke (1978) investigated patterns of suicide and other violent deaths among the young in one-year inter-vals. They hypothesized that youth suicides might be related to puberty, to socialization, to developing cognition, and to the individual's conceptualization of death. These hypotheses were tested by comparing the ages at which each of the developmental changes take place most abruptly with changes in suicide rates over a period of eight years. Their findings indicated an increase in self-destructive behaviors occurring in early and middle adolescence, with the age of onset being about the same for boys and girls. They attributed these results to be more in accord with cognition and conceptualization of death than theories of socialization and puberty.

Research on youth suicides has been limited up until very recently and the findings colored by controversy. How has the incidence of youth suicide changed in the last 20 to 30 years? And why?

There have been multiple studies of the epidemiologic patterns of suicidal behavior among the young (Holinger, 1978, 1981; Shaffer,

1974; Faigel, 1966; Jacobziner, 1960). Profile analysis has been a primary means of studying the relationship between suicide and age. Using this method, a particular year is selected, and age-specific suicide rates for that year are examined. These rates are then expressed as numbers of suicides per 100,000 population for each age group. Recent research reveals an increase in the rates of suicide among adolescents over the last 20 to 30 years (Waldron, 1975). Prior to this, suicide had been relatively rare in young individuals (Solomon & Murphy, 1984). With this dramatic increase in the suicide deaths of children and adolescents, the accuracy of official rates is questioned. Official statistics have been studied, and it has been found that errors in reporting are randomized over the years. Therefore official statistics validly describe trends, and can be of value in studying suicide (Brugha & Walsh, 1978). Other studies of cross-jurisdictional comparisons support increasing suicide rates among young persons in North American (Sainsburg & Jenkins, 1982). Suicide deaths may be underreported, but the problem of youth suicide is real.

Cohort analysis is a method used to determine if a person's suicide risk increases as he gets older. Results most recently from the United States and Canada reflect that suicide risk is cohort-specific once a cohort enters the 15-to-19 year age group. The suicide risk increases as the cohort ages (Solomon & Murphy, 1984).

Studies conducted in the early 1960's showed correlations between higher rates of suicide and rapidly growing communities (Wechsler, 1961; Gordon & Gordon, 1960, cited in Holinger, 1984). Similar studies by Levy and associates (1974, 1978) indicated negative or insignificant

correlations between population density, crowding, and suicide rates. Holinger & Offer (1982) examined the relationship between suicide rates and population changes among adolescents. They found significant positive correlations between adolescent suicides, changes in adolescent population, and changes in the proportion of adolescents in the population, and changes in the proportion of adolescents in the population of the United States from 1933 through 1975. Rushforth and his colleagues (1984) found data that offered partial support to the hypothesis offered by Holinger & Offer (1982).

The cases of suicide among minority young people has been studied (Frederick, 1978, 1984; Peck & Litman, 1973). Current trends of suicidal behavior among youth in the United States point to greater relative increases in the suicide rate of young blacks than for their white counterparts (Peck & Litman, 1973; Frederick, 1984). Frederick (1984) cited increased alcohol and substance abuse among blacks and Indians as possibly influencing the suicide rates in these groups.

One source of confusion in the suicide literature stems in part from the fact that completed suicides are frequently studied with suicide attempters. In an effort to understand completed suicides, some investigators have studied attempters and generalized from them to suicide victims (Fisher & Shaffer, 1984). Segal & Humphrey (1970) completed a study of adult victims and attempters. They concluded that the two groups are different and should not be grouped together. They described most of their victims as older males, who utilized highly lethal methods. The attempters were younger and female; they utilized less lethal methods. Shneidman & Farberow (1965) made similar

observations in their study. "Differences between those who attempted suicide and those who ultimately become suicide victims are such that it is not reasonable to draw inferences about one from the other" (Fisher & Shaffer, 1984, p. 149).

Studies of suicidal children have revealed feelings of depression, hopelessness, worthlessness, and loneliness (Glaser, 1965; Connel, 1972; Pfeffer, Conte, Plutchik, & Jerrett, 1979; Carlson & Cantwell, 1982). Shaw & Schelkun (1965) concluded, after an extensive review of the literature, that young suicide attempters are intense reactors with a low tolerance for frustration. More often than not, these individuals have been subjected to continuing and overwhelming stressful situations. Haldane & Haider (1967) reported similar findings.

Others have dealt with the events that precipitated suicide attempts in children (Jacobziner, 1960) and in adolescents (Hawton et al., 1982; Bergstrand & Otto, 1962; Garfinkel et al., 1979; Margolin & Teicher, 1968). Typical precipitating
factors in both groups included: home and parental problems, emotional upsets and depression, reaction to loss, fear of punishment, and acute conflicts/quarrels with parents or boy(girl) friend.

Much of the recent focus of suicide research has shifted to include the role played by the family in the suicide drama. In a study of 108 adolescents, Tishler et al. (1981) found long-term family dysfunction to be a significant component in the suicidal behavior of the adolescent. Other studies have revealed similar findings (Corder, Sherr & Corder, 1974; Tuckman & Connon, 1962). Teicher & Jacobs (1971) concluded that it is not the specific instance of a broken home that

precipitates the adolescent's suicide attempt, but the continuing process of loss in his life. A study by Stanley & Barter (1970) indicated that a significant number of the suicide attempters had suffered the early loss of one or both parents. They suggested that suicide attempters might be distinguished by this characteristic. Lukianowicz (1968) completed a study of ten suicidal children, and learned that disturbed relations with their parents was the most important factor in the emotional state of the children. There was a similar finding by McIntire & Angle (1973), who reported that the children in their sample experienced hostility, indifference, and overt rejection by their parents or substitute parents.

The conceptualization of death has been examined in the research of youth suicidal behavior. Orbach & Glaubman (1979) learned that suicidal children distorted the death concept as a defensive process. This in turn may serve as a new motivation for suicide. McIntire & Angle (1970) reported that the child who attempts suicide does not seek to end his life completely, but he merely wants to escape certain aspects of it.

Few studies have been aimed at the study of completed suicides. It is impossible to study suicide victims directly. However, the psychological autopsy technique (diagnostic study) is viewed as a valuable method to circumvent many of the problems faced in the study of suicide (Robins et al., 1959). Using this method, Fisher & Shaffer (1984) contend that one is able to identify the following elements: 1) the number of suicides that show clinical evidence of psychiatric disturbance prior to death; 2) suicide predictive factors; and 3) the

frequency of which the presuicidal person was perceived to have a clinical problem.

Another value of the psychological autopsy technique is that this method allows survivors of the suicide to receive psychological support during their bereavement. The value of diagnostic studies in adult suicides has been demonstrated (Robins et al., 1959; Barraclough et al., 1974). Very few diagnostic studies have been performed on youth suicides. The most comprehensive of these was done by Shaffer (1974). He studied a consecutive series of child suicides over a seven-year period (N=30). He determined that all but four of his sample had evidence of psychiatric symptoms in their records. Other uniquely significant findings in Shaffer's study included the following:

1. Suicide had been threatened or attempted previously by 46% of his sample;

2. A disciplinary crisis was the most frequent precipitant (36% of sample);

3. More than half of the male victims were not in school the day before their deaths;

4. All but two of the children were above the 50th% for height, with a disproportionate number being tall or very tall for their age; and

5. There was a prevalence of antisocial and emotional symptoms among them.

Sanborn et al. (1974) conducted a similar study. They described and evaluated the lives of ten youth suicide victims (aged ten through 19 years). The data revealed that all of the victims had intact families

at the time of their deaths, but 80% of the families reportedly experienced significant family disruption/marital discord prior to the deaths of the suicides. Four of the victims had threatened suicide before, and a third of those with complete family history information had a history of suicide. Most of the suicides in this sample appeared to be impulsive.

Dizmang and his colleagues (1974) concluded from their study of adolescent suicides on an Indian reservation that a chaotic and unstable childhood was more reflective of the suicide group. They felt this was due to the intrusion of the white man in Indian culture causing family and cultural breakdown.

In a study by Jan-Tausch (1964) of all New Jersey public school suicides, the data revealed that none of the victims was known to have a close friend. The subjects were classified according to their personality types; and about 75% of them were considered either withdrawn or aggressive.

Summary

The preceding review of literature has focused on the child's eye view, developmental considerations of adolescence, historical perspectives of suicide, and theories and studies of youth suicide. Reactions to suicide have varied throughout history. Suicide is a complex behavioral phenomenon, that is multiply determined. No single mechanism or theory can explain its occurrence. Theoretical frameworks for conceptualizing causes of suicide include: a psychological, a sociological, and a disease model. The increase in the suicide rates of

children and adolescents over the last few decades, has recently prompted an explosion of suicide research focused on the young. Much of this new research has added the examination of the family. Considerable research information is available on the suicide attempter, but there is only a limited amount of research data available on completed suicides. The use of the psychological autopsy technique offers promise for the study of youth suicides. One study was found that examined the perceptions of suicide in an elderly population (Thach, 1983). No prior research was found to explore the suicide phenomena through the eyes of the early adolescent in the general population. There is still much to be learned about the nature of youth suicide, and much of it can be learned from the young.

CHAPTER III

METHODOLOGY

This chapter presents information on the research design, the setting and sample, human subjects, and the data collection and analysis.

Research Design

An exploratory design was selected to answer the question: What is the early adolescent's eye view of youth suicide? The methodology for this investigation has its foundation in the concept of culture (Spradley, 1979). Spradley (1979) defines culture as "the acquired knowledge that people use to interpret experience and generate social behavior" (p. 5). Following Spradley's protocol (1979), the ethnographic interview was used to learn the culturally relevant domains of meaning that inform the behavior of early adolescents during their growing up experience? What is growing up today like? What makes it easy? What makes it hard?

Ethnography allows an observer access to the mechanisms learned and subsequently used by others to make sense of the world. In this instance, the researcher is the learner and the informants are the teachers (Spradley, 1979). What is learned reflects the native's view or the insider's view of their world.

Language is the communicative link used to bridge the understanding between the researcher and the informant. In the ethnographic

interview, there are at least two languages conveyed, the one that characterizes the investigator and the one that characterizes the informant.

"Children are an excellent and under utilized source of ethnographic information" (Goodman, 1968, p. 85). Listening to what children have to say can offer a wellspring of rich data. It is important to ask children questions that are clear and specific enough to get to the body of knowledge desired. Spradley (1979) describes three types of questions to be included in the ethnographic interview: descriptive, structural, and contrast questions.

In summary, this exploratory study focused on the culture of the early adolescent as he views youth suicide. The ethnographic interview was the primary strategy used to collect data. The goal of the study was to allow the early adolescent to teach the researcher about the growing up experience and youth suicide.

Setting

Informants in the study were recruited from a private Catholic elementary and secondary school located in a large southwestern Arizona city. This particular site was chosen because of its accessibility and the type of alternative learning environment. Parents of the children who attend this school have chosen this school over the public school system. The school is child-centered. The students are frequently the focus of research and are accustomed to the presence of outsiders. The language sample of the students is thought to be more advanced, increasing the probability that the early informants would

be more able to verbalize their cultural views. The socioeconomic status of the students is varied, but frequently middle-class. A large number of the children have parents with professional occupations. The racial mixture of the school is consistent with that of the large southwestern city in which it is located.

Sample

The informants for the study were six early adolescents between the ages of 12 and 14 years. The criteria for selection of this purposive sample were: 1) the informant was between the ages of 12 and 14 years; 2) the informant's grade in school was equivalent to junior high or high school; 3) the informant spoke and understood English; 4) the informant was willing to participate in the study; and 5) the informant was willing to talk about his/her feelings concerning the issue of youth suicide in the context of growing up today.

The 12 to 14 year age range was chosen by the researcher for several reasons:

1. This age span represents the period of early adolescence. Early adolescence is considered the most crucial phase of adolescence since it sets the pace for progression through the remaining adolescent years (Blos, 1962). There are perils to later development when the phase-specific psychological tasks of early adolescence are not given enough time to develop or are avoided altogether (Blos, 1972).

2.	According to socialization theory, the 12 to 14 year age range is the most disruptive period between childhood and adolescence. In view of this, Holinger & Luke (1978) produced data that suggested the prediction of an increased suicide rate in this age range.

3.	According to a study by Fisher & Shaffer (1984), there is an increase in suicidal behavior in both early and middle adolescence.

4.	The 12 to 14 year old age range is usually the period of the most rapid physical changes that make a difference in how early adolescents see themselves. Poor self-esteem and negative self-concept have been identified as factors in suicide (McIntire & Angle, 1980; Pfeffer et al., 1980; Green, 1978).

5.	The occurrence of suicide of children in the ten to 14 year old range has tripled in the last several decades (Pfeffer & Frederick, 1978). Danny Holley was 13 years old when he hanged himself.

6.	A 1974-75 study by Iga (N=1126) demonstrated that 40 per cent of female junior high school students had indicated a wish to die with an additional 24 per cent and 23 per cent respectively, having entertained the idea of death occasionally. The Iga study suggested very strongly that youngsters in the 12 to 14 year old age group do think about their own deaths.

The researcher visited the study setting on three occasions as an observer prior to approaching potential informants. This facilitated the development of early rapport with the students. From these sessions, the researcher was able to identify potential informants. The prospective informants were assembled and given an explanation of the study and what their participation necessitated. The students who volunteered to participate were given parental information letters (Appendix B) which explained the study, and parental consent forms (Appendix C). The subjects were requested to return the signed consent forms to their homeroom teachers the next day.

Human Subjects Consent

The procedure for the protection of human rights for this study was followed in accordance with mandates by the Human Subjects Committee (Appendix E). A careful explanation of the purpose of the study, the method of data collection, and time requirements was given to the informants orally and in writing (Appendix D). Potential subjects were assured of the confidentiality of information and advised of their right to withdraw from the study at any time. Future use of the data was outlined. Permission to conduct the study was granted by the Human Subjects Committee prior to the recruitment of participants. The parents of the informants signed the consent form (Appendix C). To indicate their understanding of the study and their participation, the informants signed the assent form (Appendix D) at the first scheduled interview session.

Data Collection and Analysis

The methodology for data collection and analysis were in accordance with guidelines prescribed by Spradley (1979) for the ethnographic interview.

The most important components of the ethnographic interview are its "explicit purpose, ethnographic explanations, and ethnographic questions" (Spradley, 1979, p. 59). Interviewing was the primary tool used to elicit the early adolescent's thoughts and feelings about youth suicide through the linguistic pictures they draw of the phenomenon.

The formal interview process began with all subjects signing the informed assent to participate in the study. Once this task was completed, another few minutes was spent engaging in easy-going dialogue in an effort to re-establish rapport. The topics of these friendly exchanges dealt with recent events in the informants' lives or remarks relative to some superficial aspect of the informants (e. g. particular hairstyle, an article of clothing, or jewelry). This approach was effective in putting the subjects at ease and drawing their attention away from the tape recorder.

Once the "ice was broken" the researcher asked global type questions. "Tell me about growing up today", "Tell me what it is like to be in junior high school", or "Tell me what it is like to be (the early adolescents age) today" are examples of the questions used. The rationale for assuming that questions like these would lead to the desired information is based on prior use of such questions in the informal pilot work cited earlier. These descriptive questions were expanded, thus allowing the informants more time to gather their

thoughts. Extending the length of the questions allows expansion of the length of the responses (Spradley, 1979). Responses to these grand tour questions provided a focus for subsequent questions. Four interviews were conducted with each informant over a four week period. Questions were developed from each interview for use in subsequent interviews.

A portable microcassette tape recorder was used to record the interviews while written field notes were used to capture the informants' non-verbal responses. The interviews were transcribed from the tapes, and both the field notes and the transcriptions were analyzed between sessions. The initial analysis concentrated on the identification of domains as the first unit of analysis. Spradley (1979) defines domain as "any symbolic category that includes other categories". A domain is made up of three parts: a cover term, included term, and semantic relationship (Spradley, 1979). From the domains, came other descriptive questions and a new type of question, the structural question.

Structural questions aid the ethnographer in exploring how the informant organizes his cultural knowledge. Sometimes structural questions may catch the informants off guard, and limit their response (Spradley, 1979). Therefore it was important to preface these particular questions with explanatory statements (e.g. "Earlier you mentioned that growing up today is faster for you than for your parents, tell me about some of the things that make growing up faster for you"). "Tell me the ways you grow up faster" is an example of a structural

question. The semantic relationship here is: x is a kind of y, or x is a way to do y.

Domains were further elaborated in the second and third interviews with the use of contrast questions. "You've said that ways of growing up faster are: 1) early exposure to drugs and alcohol; 2) the types of movies and television programs out there; and 3) parents are working, leaving kids to take care of themselves. Please tell me which two of these are most alike" is an example of a contrast question. If the subject's response was "exposure to drug-alcohol and television and movies", the next question became "Why?". A likely answer to the question was, "Because other kids do them".

Responses to the contrast questions led to the search for more inclusive domains and the identification and analysis of taxonomies. A taxonomy is "a set of categories organized on the basis of a single semantic relationship" (Spradley, 1979, p. 137). A taxonomy reveals relationships among all the folk terms in a domain (see Table 1).

The taxonomy delineates subsets of the folk terms and demonstrates the way the subsets are related to the domain as a whole (Spradley, 1979). The next step was to return to the informants with structural questions to verify relationships outlined in the tentative taxonomy. Once the taxonomy was completed, the next focus was to discover meaning by delineating differences among the subsets and folk terms. This was achieved by returning to the informants with more contrast questions. The meaning of a symbol can be learned by finding out what it does not mean. This task was part of componential analysis,

Table 1.   Example of a Taxonomy in the Domain "Things That Hurt"

    I. Parents getting divorced

   II. Parents taking sides

       A. Never listening to my side

       B. Liking my sister better than me

       C. Liking my brother more than me

  III. Not having any real friends

   IV. Parents fighting

       A. About money

       B. About me

    V. Having no one to talk to

       A. Not talking to my Mom and Dad

       B. Having no close friends to talk to

       C. Having no one to trust

---

in which the aim is to identify all of the attributes or components of meaning of the cultural symbols.

The identification of cultural themes was the last step in data analysis. A cultural theme is a cognitive principle with a high degree of generality within a culture. These themes are assertions that recur in two or more domains (Spradley, 1979). Examples of cultural themes might be: "Kids need the support of their parents" and "Everyone needs friends they can trust".

Data collection and analysis was accomplished concurrently. The final process of analysis was in the selection of the domains of meaning, the taxonomies, and cultural themes that in the researcher's judgment portrayed the world of the early adolescents and their views of youth suicide.

Summary

The interviews with the early adolescents were structured to elicit their thoughts and feelings about youth suicide. Tape recordings and field notes were analyzed according to guidelines by Spradley (1979). Categories of meaning relative to youth suicide as interpreted by the early adolescent were discovered. Cultural themes that emerged from the domains provided a holistic view of the early adolescents' world.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This chapter provides a discussion of the selection of the
sample and the researcher-informant experience. The interview procedure,
problems in the field, and a description of each informant is included
in the researcher-informant experience. The remainder of the chapter
presents the research findings, domains of analysis, and the cultural
themes. These are outlined and discussed in terms of the taped inter-
views from the early adolescent informants.

Selection of the Sample

The informants for this study were recruited in the following
manner. The researcher visited the school on three occasions as a
participant observer. An impromptu conversation with a prospective
informant led to a gradual introduction to five other children in the
12 to 14 year age group. Following approval by the Human Subjects
Committee, the young people were assembled in small groups, and the
study was explained to them. All of the children expressed interest
in being a part of the research. Parent Information Letters (Appendix
B), Parent Consent Forms (Appendix C), and Children's Assent Forms
(Appendix D) were distributed to each of the prospective informants.
Only one parent refused to give consent. No explanation was given,
but the name of another prospective informant, same age and sex was
provided. Six adolescents returned the signed parental consent forms

as directed. A seventh informant expressed interest in the research project and was added.

A 13 year old boy dropped out halfway through the project. He was concerned about anonymity and the "unscientific" approach. The resultant sample consisted of a total of six early adolescents, five girls and one boy. A total of 23 interviews were completed, four for each of the girls and three for the boy. The final session with each informant was a card sorting exercise. All of the interviews were tape recorded.

The Researcher-Informant Experience

The characteristics of the researcher-informant relationship has a direct bearing on the quality of the data collected and on the interpretation of the data. Rapport between the researcher and the informants was established very quickly. Most of the informants readily accepted their role as teacher and seemed to enjoy this time with the researcher. They were eager to talk to the researcher and readily explained the nature of the study to other schoolmates.

Interviewing Procedures

All of the interviews were conducted within the school setting. The day, the time, and the specific location on the campus were usually chosen by the informants. Some basic demographic information was obtained during the initial interview.

The assent forms were signed by each informant at the first scheduled interview. The adolescents were reminded at each session of the purpose of the study and their role as "teacher" to the researcher. The confidentiality of the interviews was reinforced throughout the interviewing process. One of the six informants was particularly concerned about this. She inquired on more than one occasion during the early interviews, "You won't use my name, will you?" She was assured that her name would not be used in any way.

The early adolescents were interviewed during a four week data collection period in October and November 1985. With this scheduling arrangement, each informant was interviewed at least once a week. In some instances, a single informant was interviewed twice in one week.

The initial session lasted at least one hour. Prior to beginning the first interview, the researcher rquested that the informant select a code name. Other questions were asked which elicited background information about the informant, the informant's place in the family constellation, the marital status of parents, and the grade in school. The school used in this study does not employ a numeric grading system, so the informants were asked to describe themselves as students.

The taped interviews were held in various places on the school campus. Locations included the Orchestra room, the Prayer room, a vacant school bus, and the school grounds. The length of the interviews beyond the initial sessions, ranged from 45 minutes to one and a half hours. Rapport increased with time, and interest by the informants varied, but remained high throughout the study.

After the first interview with an early adolescent, the tape recording was transcribed and analysis for domains of meaning began. Areas that needed clarification were identified, and questions were formulated to direct the focus of subsequent interviews. Grand tour questions were used to learn the adolescent's cultural knowledge in all of the interviews. Emphasis was placed on the "tell me about" question format. Examples of grand tour questions include: "Tell me about growing up in the 1980's for you -- what makes it easy, what makes it hard" and "tell me about the things kids need in order to get through the growing up period." Domains that emerged from these questions include: 'Ways in which growing up is harder and faster' and 'Kinds of things kids need for survival.'

During the second interview, the early domains were shared with the informant. Structural questions were used to validate beginning categories and to add further inclusive terms. For example, the structural question, "Tell me about the ways that parents hold kids back" was generated to give further detail to the domain 'Ways in which growing up is harder and faster.' "Tell me about all the things kids need through the growing up period" was devised to add increased detail to the domain, 'Kinds of things kids need for survival.' These type questions served to add new folk terms to the domains, and to place additional emphasis on existing folk terms without domains. All of the informants proclaimed that "having friends" and "someone to talk to" are definite needs of early adolescents. In several instances, these were the first responses to "Tell me about all the things kids need to survive the growing up period."

Problems Encountered
in the Field

A difficulty that persisted throughout the study was the tendency of the researcher to get involved in the problems of the informants The nature of some of these acute crises triggered alarm and anxiety in the researcher. An example was informant 007, who was frequently hesitant and unwilling to share her perceptions with the researcher. She was especially protective of feelings that dealt with problems between her parents. This resulted in the use of extra prodding to encourage 007 to verbalize feelings. The researcher's feelings of uneasiness were shared with the informant, and she was further encouraged to talk to someone else she trusted, beyond the researcher. During the course of the study, the researcher's cloak as investigator was frequently exchanged for that of the nurse listener.

The selection of a quiet, comfortable and traffic-free place proved to be a problem. The school building was relatively small with very few private rooms. Most of these were used for group activities. A vacant school bus was a good choice for a morning interview, but an afternoon interview on the same bus was a poor choice because of heat from the afternoon sun. Such interviews in this location were also subjected to random playground activity which resulted in distracting the informant.

A related problem occurred with interviews conducted in the Prayer room and the Orchestra room. Interruptions were caused by persons entering in spite of signs on the doors displaying: "Interview in Session -- Please do not Disturb". The sign was overlooked and ignored

by some, or it triggered the curiosity of others, prompting an intrusion. These intrusions were especially disturbing if the informant was displaying special emotions or revealing "sensitive" information. After such an interruption, it was impossible to recapture the identical circumstances and effects. Fortunately, as time passed, the students and faculty became more accustomed to the interviews and this resulted in fewer interruptions.

Another problem in the field was that of the researcher coloring the responses of informants. A 13 year old girl with the code name "Clover" was described by herself and others as being shy and introverted. The researcher was concerned that she was influencing the responses of this informant with the use of verbal and non-verbal prompting.

A rapid data collection schedule was an additional difficulty in the field. In order to meet certain limitations imposed by time on the researcher's part, interviews were conducted on an average of two per day, four days a week. There were times, however, with changes in an informant's class schedule, when there were as many as three interviews in one day. Most interviews lasted an hour, and required two and one half to three hours to transcribe. This time expenditure seriously affected the availability of time for analysis between interviews.

The final problem involved the use of contrast questions. According to Spradley (1979), the contrast question is also a part of the ethnographic interview. The descriptive question and the structural question tap the explicit knowledge of the informant, or what

is in the conscious level of awareness as one speaks. The use of the contrast question aids the investigator in learning the cultural knowledge that is at the tacit level of awareness or outside awareness. Further meaning of a folk term may be derived by discovering how it is different from other folk terms in the domain. Dyadic contrast questions enable the researcher to learn contrasts between two folk terms, i.e. "What is the difference between a close friend and a loose friend?" Triadic contrast questions, such as, "Of these three things that kids need: friends, kind and understanding parents, and free space, which two are most alike and why" provide even greater emphasis to the fact that differences imply similarities.

Card sorting was used to ask contrast questions. The researcher regarded this method as a game exercise that would provide an interesting twist to the researcher – informant experience. The informants divided the cards with the folk terms into similar stacks, and they named these stacks without difficulty. However, taking three cards and deciding which two were most alike, and which one was different produced other comments from several of the informants. The age of the informant did not seem to be a factor in the reaction to the card sorting exercise. "This is too hard", "I can't think of anything", or "I don't know" were common remarks. Generally speaking, contrast card sorting did not prove to be the fun-filled exercise anticipated by the researcher. Several informants were observed putting a card in one stack and then looking at the researcher for some indication that the choice was a right one or a good one. Repeated sortings yielded a display of more frustration with a few, and increased ease and

proficiency with others. The researcher felt more comfortable with card sorting in later interview sessions. Since this was the researcher's first efforts with this, type of exercise, it is highly probable that a more experienced ethnographer may have succeeded in obtaining better results and with less hassle to the informants.

Informants

Each of the informants will be presented in this section utilizing interview data and field notes to give greater profundity to the findings that follow. Demographic data of the informants is presented in Table 2.

Informant 007. 007, a seventh-grade girl, was the youngest participant in the study. She was barely 12 years old at the beginning of the project. She chose the name "007" because it was "like that of the spy". She was the participant most concerned with the confidentiality of the interviews. She was assured that her identity would be protected.

007 indicated that the problems between her parents really did not affect her. "It's my parents' problem, let them take care of it." She denied being hurt or angry by the situation. 007 felt that a problem was best dealt with by "talking to yourself", "keeping it in", or "trying to get it out of your mind." Her method of getting it out of her mind involved a vision of a little guy with a broom.

Table 2. Demographic Data of Informants

Code Name	Sex	Age	Grade	Marital Status of Parents	Place in Family Constellation
007	Female	12 yrs.	7th	Married	Only Child
Cobra	Female	12 yrs.	7th	Divorced	Youngest
Clover	Female	13 yrs.	8th	Married	Only Child
Dazzle	Female	13 yrs.	8th	Divorced	Youngest
Dio	Male	14 yrs.	9th	Married	Only Child
Star	Female	14 yrs.	9th	Married	Only Child

> If I have a problem I picture this little
> guy chasing this problem around with the
> broom until he gets it through the door.
> Others try to get out. I keep it (the prob-
> lem) in the door, and after awhile it sort
> of fades away and I forget about it. Some-
> times they get out of the door (007, second
> interview).

She did not like for them to escape from the door, but she did not know how to stop them.

007 was more relaxed and more spontaneous with the second and final interviews. During the other ones, her responses, that were frequently prefaced by a unique chuckle, were slow and deliberate, almost guarded. She did, however, supply very spontaneous comments about why certain kids entertained thoughts of suicide. "That's usually from either being rejected, or your parents just blow you off -- forget about you, basically ignore you." She felt that "killing yourself isn't the solution."

Keeping herself under control was a point she stressed. This meant avoiding excessive anger and defending herself from others. She indicated that she worked to avoid bad feelings. "I just have a good time, I do things, I keep active...I just go on with life." For other times when she experienced emotional pain, it was in the form of a headache, "like a nervous feeling". Further attempts by the researcher to get 007 to talk about these feelings were met by shrugs and sighs. Throughout the interviews, 007 closely guarded that part of herself that dealt with problems from her past. She believed they occupied an area in her head that was "best left unexplored". These were the kinds of things that she chose to keep to herself.

007 believed in the need for friends. "You need somebody to have fun with -- you can't have much fun all alone all the time". She spoke of "bus friends, go places friends, talk friends, and best friends". Most of her friends were associated with an activity, except for her best friends. Those were the ones she could trust.

007 did not feel that she had much reason to worry about her own death yet, but she was pretty sure that drugs and alcohol had a lot to do with youth suicide. "Sort of like the core", she said. She described the scenario of young substance abusers when they are dis-covered by their parents.

> It seems like the world is caving in around them. The pressure just gets so bad -- like balancing the Empire State building on your head, after awhile, it's bye-bye. (She put her hand to her neck at this point.) (007, third interview.)

Throughout the interviewing phase, 007 had difficulty "staying on track". "I'm not getting anyplace, I know what I'm saying but I'm not getting anyplace." She acknowledged that she got lost at other times too, "I picture faces and I just tune out. Usually during normal conversation, I can change the subject, but here I gotta stay on one subject." To aid this situation, it was decided that the researcher would provide the informant with a boost, a verbal prompt.

007 was an interesting informant with an aura of vulnerability and mystery about her. She triggered very uneasy feelings in the researcher. Even though the dialogue with her did not flow as smoothly as with other informants, 007 added a rich quality to the data pool.

Informant: Cobra. Cobra was a 12 year old seventh grade girl. She took her code name from the trademark of a favorite piece of sports equipment. She was a delightful informant who contributed valuable information to this study. Her parents had been divorced since she was very young. She enjoys all kinds of sports and is very athletic. Cobra was concerned about being a girl in a world of sports dominated by boys. "Girls are picked last...it's not very fair" summed up her comments on the subject.

Cobra felt that friends are needed, "I have to have friends". She didn't have a best friend, but she had good friends. Sometimes when she was around them, she felt out of place, "'cause they're so different from me". It was especially hard on her to "see other friends doing stuff like drugs" that "messed up" their lives. She told the researcher of one friend who "didn't have anyone that would listen to her." As far as she was concerned, "letting it out" was really important for survival. She used her sports activities to "work it out". An alternative approach used by Cobra for dealing with her problems involved her imagining two people, "one is someone just like me, same problems -- then another person. The second 'me' will explain to the other person, and the other person will tell me what I want to hear." This method worked well for her.

Cobra exhibited self-confidence throughout the interviews. She pursued her own interests and did her own thing in spite of what others, including her friends said. The thought of suicide was scary to her. She did not remember having ever talked about it to friends,

but she felt that she probably had. "Deep down they don't want to die, but it's the drugs, the alcohol."

Informant: Clover. Clover was a 13 year old eighth-grader. She chose the name "Clover" because of her Irish roots. She was a soft-spoken girl with a big smile, who became increasingly relaxed with each interview.

Clover's dream was to be a famous model-actress one day. A big problem for her was her parents' reluctance to loosen their hold on her. "I like to go out at night, they don't want me to because of all this suicide and rape and stuff. They think I might get some ideas about sex, drugs, and things." For her growing up was too slow, she wanted to do it in a hurry.

"Having her friends" was sometimes a second problem for her. She valued her close friends greatly, and she worked hard to maintain these relationships. Clover related accounts of having "been dropped" by close friends. She was close to tears as she recalled these moments. In each case, friend relations were colored by misunderstandings, jealousy, hypocrisy, and competition. She described one particular instance of having been dropped by a friend.

> She said that she didn't want to hang around
> me anymore, she just immediately dropped
> me. I thought it was a terrible way, she
> wasn't really a friend if that's the way-
> but I just kept holding on to her. I wrote
> her a whole bunch of letters, but she wouldn't
> write back. I still wanted her, I don't
> know why I did. Just because I couldn't
> stand the feeling of her not wanting to be
> with me even though I knew she was doing
> all these terrible things to me. I just
> liked her a lot, I was like stressed out.
> (Clover, second interview)

Her continued "longing" for a friend who badly mistreated her was an enigma that needed further explanation. According to Clover, "friends should be able to talk and share their feelings too. I can trust them." If this is a common and acceptable belief by Clover and other early adolescents, what are the rules of friendship? When is a friend not a friend? Is the emphasis that one places on the value of a friend greater than the emphasis that one places on the value of oneself?

Clover doubted her ability as a teacher for the researcher. She said she felt more comfortable writing things down. It was rewarding to see her relax and talk more freely during the interviews. She surprised herself with her progressive conversational skills. It was evident that she wanted to comply with the wishes of the researcher.

When she was asked a grand tour question, she frequently responded with "Ask me a specific question." She seemed to flounder without more structuring of the questions. It was this behavior that made the researcher wary that this structural and verbal prompting may have compromised the informant's view.

Informant: Dazzle. Dazzle was another 13 year old girl with a remarkable story to tell. She requested that the researcher choose a code name for her. "Dazzle" was chosen because it captured her dazzling smile. Dazzle was the most delightful and fascinating of all the informants. Her responses to the grand tour questions were immediate. The researcher had only to listen and nod occasionally. Dazzle was very alert to the researcher's non-verbal expressions. She

seemed to sense the researcher's silent questions and responded approp-riately either to clarify by example or to give additional explanation.

Dazzle described a very strained relationship with her family. There was a time when she had a deflated image of herself, to the point that she hated herself. She felt her father tried to "handle her" and she did not like to be handled. Now she feels that her father has been wrong about her, and she has grown to like herself a lot better. She still values what others think of her, and has trouble dealing with being ignored by others. She recalled a time when, "my friends, who were supposedly my friends, always would put me down, I figured out they weren't my friends at all." Dazzle had a lot of experience with "supposed friends".

> They affect you a lot. If you look up to them, they make all the difference in the world depending on what they say. You really don't know anything about yourself and you're willing to hear anything. Like I always wondered -- probably still do sometimes -- what I'm like from another person's eye. I would be very willing to hear what they (my friends) had to say so I would know how they say me. I really believed it, I wasn't sure about myself at all, that was the only evidence I had. (Dazzle, third interview)

She described a time when she was desperate to belong:

> I wanted to get certain people's attention very badly. I liked them and they were being very cruel to me or ignoring me. I was spend-ing so much time trying to make friends with these people. I was just trying to do any-thing -- act anyway just to be in the group.

It was during this time that she experienced her lowest moments, moments when she came very close to the "end of hope". Thoughts of suicide had come to her mind, yet somehow she had turned this into an awakening

period for herself. She finally concluded that the "obsession with being in" was not what she wanted. She did not want to be a follower, "I like to be different, I started doing things for myself." For Dazzle, new friends that were "real" friends had been the most important part of her life.

At this point, the researcher was concerned with Dazzle's present thoughts regarding negative feedback from others. Her response was:

> I'll take it seriously a bit, but I won't let it bother me in terms of everybody else I know in the whole world. I have more friends, I motivate myself a lot now. If someone doesn't wanna like me, then that's their problem. (Dazzle, first interview)

The strength and conviction of her words were impressive. Dazzle offered further words of wisdom on how to approach a troubled, potentially suicidal adolescent.

> To approach is not to ignore them and hope they work it out by themselves. Don't exaggerate to try to make 'em feel better, because when you're really upset you can tell. Tell them the truth, but not negatively. I didn't think anyone cared. Say you care.

> Don't go out and find them new friends, you sort of encourage them to go do it themselves. It's not good to be dependent, what you really need is to become independent. (Dazzle, third interview)

Lastly, Dazzle briefed the researcher on recognizing the young person who is having serious problems.

> Someone who is usually trying hard -- trying really hard to be friends with somebody - not in the really friendly sense but in the "buy a friend" or "Gee if I do anything they tell me to, they'll like me" -- doing that sort of thing, then they're really desperate for a friend which means they don't think they have any.
>
> Someone who's always never talking, or pretending to be happy. Other kids can recognize them usually...it depends upon how good of an actor they are, and if they want somebody to know it. Deep down they want somebody to know it, but they're trying to cover it, then it's easy to tell. But if they really don't want anybody to know it, then it's hard. People who are being obnoxious really don't want it to show.
>
> When you're looking depressed, you're trying not to say this to yourself, but you are, "Maybe someone will come along and notice me." When you're being obnoxious, it's like, "I want everybody to think that I'm not upset about anything." (Dazzle, third interview)

Informant: Dio. Fourteen year old Dio was the only male in the group. He borrowed his code name from a favorite rock group. He described his relationship with his parents as being "totally open", one "built on trust". Dio placed great emphasis and value on his parents, himself, and his friends. He felt that love and support from his parents were directly responsible for his positive feelings about himself.

Dio was very knowledgeable about his cultural group, and he imparted this knowledge to the researcher very willingly. He had "been around" and was aware of the various types of people "out there". He also wanted to belong, but if a group's values were contrary to his own, he was not coerced because of peer pressure. If he were not

allowed in a group, he said, "forget this -- fine, I'll find my own group of friends." He described an incident involving a friend who was trying to be accepted by a group. Dio had said "no" (to smoking), his friend had not. "He got in a lot faster than I did, but he didn't like himself very much after that, because he was doing things he didn't wanna do. He did 'em because they did 'em." Dio felt that a lot of kids go against their basic values just to be in a particular group.

Dio participated in a seminar on dealing with death but admitted that he did not talk about it that much. He remembered a girl friend who had been depressed once and had said that she "didn't feel like living anymore." Dio was concerned and he talked with her about it. He asked her questions to elicit the seriousness of her words.

> Death is a serious thing, especially when
> you're going to commit suicide. I liked
> her. I felt responsible 'cause if I didn't
> ask her those questions, I wouldn't know
> why she'd want to do it, and after she did
> it, if she did it, I'd feel guilty, of course
> I'd feel bad, but I'd feel guilty because
> I didn't ask her why and I didn't try to
> stop her. (Dio, second interview)

According to Dio, a lot of angry teenagers say "God, I wish I was just dead." At other times, other people will say "I feel really bad, I wish I was dead." He said this was "just a way of saying you don't feel good, or you're really down. They want pity -- attention. A person needs more than just negative attention."

Informant: Star. Star, a 14 year old was the oldest girl in the study. She chose the code name "Star" from her dream of being a star

one day. Of all the informants, she was the most excited and the least anxious. She really seemed to enjoy the interviews.

Star had a very good relationship with her parents. She valued her parents and her friends very highly, "you need both". She spoke of a friend of hers who was not so lucky.

> She doesn't have very much and she gets really upset. She's very lonely. She talks a lot, but every time, instead of bringing up something positive, it's always negative. She thinks she's a terrible person.
>
> Parents are a big influence. If your parents for all your life tell you you're stupid and no good, you start believing it after awhile. (Star, first interview)

Star was very sensitive and conducted her own campaign against the problems of the world. She admitted that sometimes this posed a problem for her because "then I have to outlet for all of them." She described what it was like when she was not able to let everything out. It started to work on her body. It was like:

> Falling off an edge! I'll get really stressed up, and I keep on coming, keep on coming, then I'll just fall off and I'll explode! I usually don't go to killing myself, of course (chuckle), but I just explode and I just get mad at everything. (Star, first interview)

Star described herself as being very nice, happy, and bubbly. She worked at being nice so that people liked her. She hated when people were angry with her or ignored her. She is still in search of her ideal best friend. In the meantime, she has found bits and pieces that characterize this ideal friend in different people around her.

Star stated that a person with little family support and few friends has a terrible self-image. Even a person with a good self-image is threatened by negative statements from other people. "Your image starts getting lower and lower and you find yourself not caring about yourself, and losing yourself, you lose your heart and your dreams. And that's really sad. Most people just end up keeping it inside themselves."

This idea expressed by Star was scary to the researcher. Is a positive self-image rooted so lightly that negative remarks from people in general can cause it to erode into sheer worthlessness?

The idea of suicide had been in Star's thoughts occasionally, but not in the sense of her doing it. She had just wondered what it would be like to die. She shared such thoughts only with a very close friend.

Ethnographic Data

This section will provide a discussion of the domains of meaning discovered during the ethnographic interviews. These domains will be presented in the language of the informants. The categories were corroborated by more than one early adolescent. New categories were added or data were combined within an existing domain in instances where folk terms differed among the informants. Nine domains of meaning were identified. For the purpose of this report, the suicide drama as viewed by the early adolescent in the context of growing up was organized into three different areas: Growing Up - The Experience, Growing Up - The People, and Suicide-ing. The growing up experience

includes the emotional climate and the events that characterize the period of early adolescence. Growing Up - The People comprises the individuals or groups who exert influence during the growing up period. Suicide-ing represents the phase that describes chronic conflict in adolescence leading to self-destruction. It marks the period of "living on the edge."

The nine domains of meaning, organized under the three different areas, are as follows:

Growing Up - The Experience

Ways in Which Growing Up is Harder and Faster
Kinds of Things that are Hard and Hurt
Kinds of Things Kids Need for Survival
Ways of dealing with Problems

Growing Up - The People

Kinds of Peers
Ways to Support Friends

Suicide-ing

Reasons for Doing Drugs
Reasons Behind Suicide
Stages of the Path to the Cliff

The data explaining the early adolescent's eye view of youth suicide in the context of growing up is presented in the following section.

Growing Up -
The Experience

The informants provided numerous descriptions and effects of the growing up period. The informants' view of growing up was directly related to their own life experiences and the knowledge of the experiences of others. Events occurring in their lives at the time of the

interviews also affected their perceptions. Detailed discussions of
each domain involved in the experience of growing up follow.

Ways in Which Growing Up
is Harder and Faster

Wanting a lot of things. 'Ways in which growing up is harder
and faster' (Figure 2) was the first domain uncovered. Clover stated
that "wanting a lot of things" and "not having the money" made it dif-
ficult. Parents have to pay all the bills and they "don't have the
money for all the things I want." Dio felt that in the 1980's, "money
is a bigger situation" with the escalating cost of everything, including
education and social events. Dio enjoys concerts and he complained
that a single admission ticket costs about 15 dollars today.

Parents holding me back. All of the informants discussed how
parents made growing up harder. Dazzle and Clover indicated that parents
"not trusting you" posed a problem. Both girls felt that their parents
do not trust them with older persons. "They think I might get ideas."
Clover's parents were "old-fashioned" and "afraid for her". The "drugs,
alcohol, and stuff" were frightening to most parents, but the informants
did not share their parents' reservations. Clover, who was the meekest
of the group, said she was not that frightened because, "no one can
make me do something I don't wanna do." In this age when it is thought
that our children are being scared to death, the researcher found evi-
dence of feelings of invincibility within this small group.

Star, Clover, and Dio described "good relationships" between
their parents. The remotest possibility of "divorce" or "parents

Wanting A Lot of Things	Not having the money		
	Money is a bigger situation		
	Money is a bigger thing		
Parents Holding Me Back	Not trusting me		
	Being old-fashioned		
	Being harder on you when you get in trouble		
	Being afraid for me	Drugs and stuff	
		Alcohol	
		Kidnapping, rape	
	Getting divorced		
Being Absorbed by TV	Absorbs you or you absorb it		
	Holds you back a lot		
Living With Violence	There's a lot of stuff in the music In rock 'n roll		
	Kids are mad at parents		
	Trying to get back at parents		
Availability Drugs and Alcohol	Can be pushed into doing them		
	Messing up your life		
	Not good		
	Lots of kids do drugs		
	They can make you do almost anything		
	Drugs -- you can do them at school		
	Drugs -- you can do them anywhere		
Heavy Load of Peer Pressure	It's heavy, because of drugs and alcohol		
	It's really bad		
	It's a big thing		
	"Why not? · You chicken?"		
	Doing things you don't wanna do		
Feeling Lots of Pressures	School	From public schools	
		Getting less support	
		Having stacks of homework	
		Putting a lot of stress on you	
	More responsibilities		
	More pressures with parents and friends		

Figure 2. Ways in Which Growing Up is Harder and Faster

breaking up" created fear and apprehension in all of them. They say "divorce" is a serious threat to growing up, yet none of them had experienced it.

Being absorbed by TV. Star does not like TV and does very little television viewing. Dio believes that TV "absorbs you or you absorb it." He knew a guy who viewed TV as "his life". He felt sorry for him. 007 agreed that TV "holds you back", but she didn't feel that TV makes as big an impression on kids who are past the age of six.

Living with violence. Dio and Cobra had the most to say about "living with violence" in the 80's. Dio related an incident involving a freshman who was approached and subsequently beaten up by a group of senior boys. "He asked 'why are you beating me, I didn't do anything.' They said 'just because you are a freshman, this is your initiation." Dio admitted:

> There is more violence. Certain people say
> rock 'n roll is bad. I don't think it's
> bad. There tends to be more violence in
> rock 'n roll cause rock 'n roll gets you
> moving more. It's just the beat. I wouldn't
> say rock 'n roll brings violence with it,
> I would say violence is borne from rock 'n
> roll. The kids are mad at their parents,
> they are trying to get back at their parents.
> (Dio, first interview)

Cobra remarked, "There's a lot of stuff in the music, sort of leads 'em into it (drugs and violence)." She was not able to shed further light on what she meant by "a lot of stuff".

The availability of drugs and alcohol. The "availability of drugs and alcohol" was accused by the informants of having a direct bearing on the growing up period. They "are not good" and "they can mess up your life" were Cobra's comments. Dio felt that "you can be pushed into doing them", whereas Clover felt "no one can make me do something I don't wanna do." The message that echoed throughout the sample group was clear, "lots of kids are doing drugs -- you can do them at school, you can do them anywhere."

Heavy load of peer pressure. Dealing with a "heavy load of peer pressure" was identified by every informant. "It's...bad, it's ...big, it's heavy." They had all been caught up in the power of "peer pressure" in some way, or they had seen friends caught up in it. The subject of "peer pressure" almost always accompanied any discussion of "drugs and alcohol".

Feeling lots of pressures. The final category of this domain was "feeling lots of pressures". Schools were identified as sources of pressure. 007 said that the problem was from "public schools". She described them as "terrible", and her solution was "burn 'em to the ground". They create "an impossible situation" characterized by kids "having stacks and stacks of homework" everyday. Star remarked that public schools provide "less support" to the students. She described her present school as being "easier, I don't mean easier work, but more support." Cobra credited public schools for "putting a lot

of stuff on you". Most of the informants viewed school as a necessary path to some goal. They believed that learning could "still be fun".

Star, Clover, and 007 talked about "having more responsibilities". On the one hand, it was "good for you", but on the other hand, it stressed you sometimes. Clover mentioned having "more pressures with parents and friends". Here the old difficulties of "parents holding you back" and "heavy loads of peer pressure" again surfaced. "I think you're right in the middle of everything at this age." She conceded that parents still have the power, but sometimes "I want to be independent, I want to do what I want to do."

Kinds of Things That are Hard and Hurt

The domain featured in Figure 3, 'Kinds of things that are hard and hurt' demonstrated the early adolescent's appraisal of things that are difficult, and are the source of "bad and sad feelings". The included terms identify the sources of greatest hurts. The hurts are directly related to a lack of "attention". Attention is very important, according to this group. Star defined "attention" as "love and support".

Being the same. "Being the same" was an area described by Dazzle. At one point, she was so desperate to belong that she had been willing to "try to do anything, to act any way to be in the group". Dio expressed that "being yourself" is very important and "doing things you don't wanna do" is hard and becomes hurt that is self-inflicted.

Being the Same	Blending in
	Acting any way to be in the group
	Trying to do anything to be in the group
	Doing things you don't wanna do
	Not being yourself
Being Ignored by People	Not being looked at
	Not even seeing me
	Not knowing I was there
	Not wanting to listen
	Not being noticed by anybody
Parents Blowing You Off	Forgetting about you
	Ignoring you
	Thinking down on me
	Brushing me out of the way
	Not receiving credit
	Not getting noticed
Having Friends and Not Having Them	Fighting
	Being jealous
	Being two-faced
	Being dropped
	Holding on to them

Figure 3. Kinds of Things That are Hard and Hurt

Being ignored by people. Star and Dazzle have difficulty
dealing with "being ignored by other people". Dazzle recalled being
with a group once and feeling that she was "not being looked at" and
"not being noticed by anybody". She told of a time when she was really
depressed and a couple of people "kind of noticed".

> It's weird, they ignore me, but they seemed
> to be worried later on. They think it's
> alright to ignore, but they notice. They
> notice, but they don't say anything. I guess
> in that respect they were paying attention,
> but didn't say anything. (Dazzle, third
> interview)

Dazzle feels that maybe people have their own problems and are "not
wanting to listen" sometimes. She understands this now, but then it
just hurt. Star declared that the worst thing a friend could do to
her is "to ignore me".

Parents blowing you off. "Parents blowing you off" was a cate-
gory first introduced by 007. She felt that this is a major factor
in youth suicide. All of the other informants added to this domain,
and each of them defined "parents blowing you off" as occurring when
parents "forget about you" or "ignore you". According to the infor-
mants, having parents recognize and accept you for what you are and
what you can do is essential. If they do not, it can be especially
hard and damaging to the self-image.

Having friends and not having them. "Having friends and not
having them" carries certain liabilities. Star and Clover did not
like the "fighting" that can occur with friends. Dazzle, Star, and
Clover acknowledged the presence of jealousy in multiple friend

relations, but added that being jealous about friends was probably unavoidable. Being hypocritical and "two-faced" was described and disliked by all of the informants, but Dio claimed that "everybody is two-faced to an extent". Dazzle was especially affected: "I can't stand when people are two-faced -- they say one thing, then turn around and say the other." Not having friends was a problem area recognized by all, and only Dazzle felt that she had ever been totally without friends. Clover worried about "holding on to her friends" moreso than the others. This was probably due to her experiences of "being dropped" by friends.

Kinds of Things Kids Need for Survival

The third domain under this heading was, 'Kinds of things that kids need for survival' (Figure 4). Data for this category were collected by having the informants to assemble a teen survival kit. In the kit, they were to place all of the things teens need to survive the growing up period.

Safety and Security. The first need was to be blanketed in "safety and security". Everyone placed "attention from close people" in the kit almost immediately. These close people were always parents and friends, and not necessarily in that order. The attention they referred to was in the form of "love and support".

Someone to talk to. The second area receiving total consensus was "someone to talk to". The person(s) fulfilling this role most effectively was "someone that would listen", "someone you can trust",

Safety and Security	Attention from close people	Love and support from family and friends
		Kind and understanding parents
		Close friends, good friends
Someone to Talk to	Someone that would listen	
	Someone you can trust	
	Someone who understands	
	Someone who knows how to comfort	
	Someone to lead me to the answers	
	Someone to explain things	
	Someone to talk problems with	
Free Space and Time Out	Time and space to do your own thing	
	Freedom of being able to do something on your own	
	Time for yourself, time by yourself	
Something to Cheer You	Fun activities	Playing games for fun
		Exercising
		Socializing
		Dancing
Towards Independence	Responsibility and Choices	Kids should be able to choose for themselves
		Being independent makes you responsible
Goals-Dreams Things to be Proud of	Something to work toward	
	Something you feel you're good at	
Keeping Yourself Under Control	That's important	
	That's hard	
Rehabilitation	For when you can't control yourself	
	Drugs are the core	

Figure 4. Kinds of Things Kids Need for Survival

"someone who understands", and "someone who knows how to comfort."
007 needed "someone to lead her to the answers", Star added "someone
to explain things", and Cobra and Clover wanted "someone to talk prob-
lems with."

Free space and time out. The greatest input to this domain
came from Cobra. Each informant, in turn, believed that all of the
items are necessary and retained all of them in the kit. "Free space"
and "time out" were popular with everyone. Cobra defined "free space"
as "time and space to do your own thing." Star echoed that it was
the "freedom of being able to do something on your own."

Something to cheer you. "Something to cheer you up" and "fun
activities" were considered important and suggested by all. "A certain
amount of fun" is needed, said Dio. Clover remarked that it wasn't
that important to her, "I think". Further inquiry revealed that she
participated in many activities for fun.

Towards being independent. The category "Towards being indepen-
dent" included "choices and responsibilities". "Choices" were especially
important to Dio. He stated that "kids should be able to choose for
themselves.

> You know you have to be 21 to drink, but
> you can be 16 or 17 when you join the Army
> and possibly die, I don't think that's right.
> So you could die before having your first
> legal drink of alcohol. (Dio, first interview)

Dio was the only informant to make reference to kids having to make
choices in regards to drugs and alcohol. Most of the informants

concluded that suicide is also a choice, but they felt that it was "a bad choice".

Clover enjoyed feeling responsible. "I'm independent", she announced. "Being independent makes you responsible". This was important to her. "I like doing things for myself."

Goals - Dreams, Things to be Proud of. Star and Dio addressed "goals and dreams" more emphatically than the others. It is vital "to have something to work towards, something to do with your life." Dio was certain that it must be really hard "not to have something that you feel you're good at."

Keeping yourself under control. "Keeping yourself under control" was added by 007. Dazzle also felt this was a vital component for the kit. "That's hard. Now it's easier for me, before I couldn't do it at all, because of lots of problems."

Rehabilitation. "Peer pressure" accompanied discussions about "drugs and alcohol". "Drugs and alcohol" were frequently linked to youth suicide by the informants. "Rehabilitation" was thought to be a necessary part of the kit because of this alleged relationship. None of the informants was able to explain a direct association, but Clover suggested that "rehabilitation" was "for when you can't control yourself."

Ways of Dealing With Problems

Letting it out and keeping it in. The last domain for this heading was, 'Ways of dealing with problems' (Figure 5). The adolescents outlined three approaches to dealing with problems. The first one "letting it out" was identified as being the most positive way of dealing with one's problems by all of the informants, except 007. For her, "keeping it in" was the most suitable. Cobra, Star, and Clover had also used the "keeping it in" approach, but found that it worsened the situation. "It started to work on my body", "my stomach gets a spaz", and "I exploded" were common reactions to "keeping it in." Cobra said, "you have to let it out, you'll get an ulcer if you don't tell someone. It's easier to let it pour out."

Getting it out of my mind and not dealing. The next most frequently used approach was, "getting it out of my mind". These were active ways of taking the mind off the problem, by busying it with something else, like "dancing" or "exercising". Saying "it doesn't matter" and "not caring about anything" were associated with "not dealing with one's problems." Only 007 felt that these were positive ways of "dealing with problems".

The domains described in this section deal with events and feelings that characterize the growing up period. The next section explains and describes interactions with individuals who exert influence during adolescence.

Letting it Out	Reacting – first emotions	Get angry, get upset
		Scream and cry
		Punch whatever
	Talking about how I feel	
	Talking it out	
	Going to my mom	
	Writing poems	
	Writing problems down	
Keeping it in	Talking to myself	
	Not sharing them	
	Keeping them inside	
Getting it Out of my Mind	Dancing	
	Using my muscles	
	Exercising	
Not Dealing	Saying "it doesn't matter"	
	Not caring about anything	

Figure 5. Ways of Dealing with Problems

Growing Up —
The People

Kinds of Peers

There were two domains included in this category. The first one, 'Kinds of Peers' (Figure 6) identifies all of the different types of people found in the immediate social world of the early adolescent.

Kinds of Friends. "Best friends and close friends" were affirmed by all. Trust was the qualifying variable between close friends-best friends and other friend relations, like "loose friends". The researcher noted that all of the informants had high regard for the entire category of friends. In general, great value is placed on peer relations. A "supposed friend" is the name given retrospectively to a person who had previously been viewed as a "close friend-best friend". This makes this a particularly noteworthy category. Trust was defined as a basic rule of close friendship. When that trust bond is repeatedly broken, there is a great deal of emotional disruption experienced by the betrayed individual. Once through the web of deceit and turmoil, the person held previously as a "close friend-best friend" becomes a "supposed friend" or an "enemy". Enemies are persons "impossible to get along with" and "not liked at all". A great deal of emotional harm can be done to an adolescent who holds a "supposed friend" as a "best friend-close friend". Dazzle explained it this way, "Friends who aren't really your friends affect you a lot. If they say one kind of cold sentence, even if they don't mean it, it affects you...it sticks."

Best Friends Close Friends	Ones I can trust	Understanding
		Listen to what I say
		Always there
		Tell me what they think
	The best of friends, not my favorite friends	
Loose Friends	Not as close to	
	Can't trust them as much	
Supposed Friends	Aren't really friends with you at all	
	Are two-faced	
	Affect you a lot	
Enemies	Not liked at all	
	Impossible to get along with	
	Can't communicate with them	
The Wrong Kind of Friends	Mixed up in things they shouldn't	
	Into drugs, alcohol	
	When you don't have friends -- they become your friends	
	The wrong move	
The In-Group	Everybody knows you	
	You're better than the people down here	
	Only abide by group rules	
	Seem cool	
	The leader	
	The followers	Acting any way to be in
		Blending in
	The outsiders	Not belonging
		Rejected by everyone
		Depressing
The Loners	Tend to be less liked	
One Doing His Own Thing	Enjoying it	
	Liked a lot for himself	
Nerds	Stuck up	
	Real brain	
	Not feeling that they're liked	
Stoners	Into hard rock and drugs	
	Have problems with their parents	
	Get along with people their age that are like them	
	Can be anybody	

Figure 6.   Kinds of Peers

The following statement made by Star demonstrates another use of the word "friend":

> We used to have another friend, Alice. But we didn't like Alice, she was cruel, really cruel! She used to be really conniving, and she got us to start hating one another. She'd build you all up and get you all happy. And right when she'd get you where she'd want you -- she'd knock you down, knock you right down! "I hate you", she'd say. (Star, second interview)

It was important that the researcher fully understood what each informant meant when they used the word "friend". This was accomplished with repeated examples and explanations from the informants. "I have these two friends that I don't like and they don't like me, so we be friends. We were all two-faced. We all knew we didn't like each other, but we still called ourselves friends." The social structure of the system of friends is complex to an outsider, but the insiders, the early adolescents, know the system and the laws governing the system.

The "wrong kind of friend" was described by most of the informants as "those mixed up in things they shouldn't." 007 stipulated that "when you don't have friends -- they (the wrong kind of friends) become your friends." ·

The in-group. Another important category mentioned by the informants was "the in-group" or the in-crowd, especially as they made references to "peer pressure". This group represented status, "everybody knows you" and "everybody wants to belong". The "in-group" is made up of "the leader and followers". According to Dazzle:

> Fifty per cent of the population are different
> and weird and wild, but they're afraid to
> be -- so only 20% really show it. The rest
> try to blend and they don't like it, but
> they still do. These are the people who
> are depressed. I think these are the follow-
> ers. (Dazzle, first interview)

The individuals. The "loner" and the "one doing his own thing" were identified only by Dio and Dazzle. The "loner tends to be less liked", but Dio pointed out that "a loner can be cool" if he partici- pates in things with other people. Being cool is being known and being liked. "There has to be connections. He has to talk." For Dazzle, the "one who is doing his own thing" is doing it because he enjoys it, and he "is liked for himself."

Nerds and stoners. "Nerds" and "stoners" were spoken of by half of the informants. Cobra felt that "nerds have problems with being liked and accepted by people their age" and "stoners (since they deal in drugs) have problems with their parents. "They get along with people their age that are like them." An important qualifier of "stoners" expressed by Cobra was that "stoners can be anybody". Dio had this to say about "stoners": "I'm not saying they're right or wrong, it's just life." "Nerds" were recognized by the informants as being "off-beat" or "walking to their own rhythm." They ("nerds") were frequently associated with "being brainy", but rarely aligned with "being happy". "Stoners" were likened to "long hairs" by some.

Ways to Support Friends

The final domain in this category was 'Ways to Support Friends' (Figure 7). Since "friends" are considered to be very valuable assets during adolescence, they should be protected and cared for. Each informant spoke of how important it is to receive support and then they described what that support should be. "Being there for them" when they need you is critical. "Talking to them" and "listening to them" were special features of "supporting friends". Dio and Star believed that "pushing them to what they wanna do" is vital. Cobra proposed that "comforting them" is important, but admitted that this is one of the hard things to do for most people.

The two domains in this category described how and by whom early adolescents are influenced. The last section deals with the problems and conflicts that can persist to the point of self-destruction during adolescence.

Suicide-ing

Reasons for Doing Drugs

The first domain to be discussed is 'Reasons for Doing Drugs' (Figure 8). Since each informant mentioned "drugs" as a contributor to difficulties encountered during the growing up experience, it seemed appropriate for inclusion in this category. There were three factors behind "doing drugs" identified. "Looking for acceptance" dealt with "trying to get liked" and "trying to get popular".

All of the informants felt that drugs were something you could get "pushed into". Clover and Cobra described friends who "used"

Being There for Them	Spending time with 'em
Understanding Them	Trying, no matter how hard
	Knocking down the wall
	Listening
Standing By Them	Pushing them to what they wanna do
	Nudgin' 'em
	Holding on to 'em
	Being behind them
Comforting Them	Giving them lots of love and attention
	Talking to them

Figure 7.   Ways of Supporting Friends

Looking for Acceptance	To get liked
	To get popular
	To have more friends
Going With Peer Pressure	Pushed into it
	Why not? You, Chicken?
Getting Away From Problems	Disappointed in themselves
	Taking it out on themselves
	No one there to listen
	"I'll go get high, and I won't feel anything"

Figure 8.   Reasons for Doing Drugs

because they were "disappointed in themselves", they had problems, but "no one there to listen". "Doing drugs" was one way of "getting away from problems". When the feelings get really bad, "I'll go get high and I won't feel anything."

Reasons Behind Suicide

The next domain, 'Reasons Behind Suicide' (Figure 9) was attended to by all of the informants. Responses to "Tell me about the reasons behind suicide" were numerous and very diversified. This sample of early adolescents from the general population cited "reasons behind suicidal behavior" that closely parallel findings in available literature on youth suicide. Most of the adolescents were certain that they "knew" the reasons behind suicide. The informants agreed that "something is missing" in the life of the suicidal individual. They were not always so certain about the identity of the missing element, but they were pretty sure that it had to do with "needing attention". Dio proposed that "relationships" are missing. Another point of greatest agreement was that such an individual must really be "hurting, feeling terrible, and feeling very sad." These feelings give rise to "emptiness" and "isolation" with "no one to turn to". Dazzle added, "That's the worst part, when you have no one to turn to." The informants emphasized that being ignored and rejected by parents is bad enough, but when this is coupled with "being without friends", the person really starts "to feel worthless". Clover and Star were sure that individuals in this state "don't like themselves". Clover added, "If you like yourself,

Needing Something	Something missing, one essential thing	Relationships
		Something you feel you're good at
	It's the one thing they need and want	
	Some do it for attention	
Hurting	Emotional pain	
	Not being liked	
	Feeling sad, very sad	
	Really upset	
	Abused	
Isolated Emptiness	Lonely	
	No one to turn to	
	No one to talk to	
	Being without friends	
	Ignored	Rejected by parents
		Everybody pushing them out of their life
Feeling Worthless	Don't like themselves	
	Disappointed in themselves	
	Always negative	
	Self-hatred	
Nothing But Problems	Lots of problems	Family, friends, school
	Not getting good grades	
	They don't try hard enough	
	They're different	
Reaching Bottom	They're confused	
	Taking the easy way out	
	Thinking they want to die	
	Just wanting to get it (life) over with	
	Losing that something to live for	
	Having nothing to look forward to	

Figure 9. Reasons Behind Suicide

you don't kill yourself." Dazzle affirmed that there are definite feelings of "self-hatred".

The next category outlined was seen as "reaching bottom". "They're confused" when they reach this point, stated Cobra. "They think they want to die, deep down I don't think they do." Dazzle and Star were the only other informants to comment on the thought processes of the young person contemplating suicide.

Dazzle: "I think they're rational at that point because they've made a decision to solve all of the problems. Suicide is a big choice -- not necessarily the right choice, but it's a choice."

Star felt that the individual just needed someone to talk to. She related the following story told to her by her mother:

> This lady was going to commit suicide and she took these pills. She took a whole bunch of pills, and she's writing this note. She's writing, Dear _____ to her husband, 'I'm so upset' and this note just keeps going on and on and on -- it's about four pages long, the whole letter. She keeps on writing but she's going (making long scrawling uncoordinated movements with her hand) because of the pills she had taken. She kept on writing, she's writing the whole thing out, then she gets to the end and says, 'I don't think I want to kill myself anymore' -- 'cause she had talked it all out, but she died anyway, because she took all those pills. She finally figured out a way to actually say something, by writing something and she wrote it out, and then she decided not to kill herself, but it was all over anyway. (Star, third interview)

Clover did not make a definite statement about the mental state of a seriously troubled adolescent, but she did think that going to a psychiatrist was indicated. "Going to a psychiatrist and letting

out your problems would be easier maybe, it depends on what the problems were."

Stages of the Path
to the Cliff

The last domain in this section received input from only one of the informants, Dazzle. Dazzle described a period in her life when she was "getting near the edge". The domain, 'Stages of the Path to the Cliff' (Figure 10) describes the sequence of events that led her "to the cliff". There were four phrases of events that took place within this domain. The first category "hating myself" dealt with indicators of low self-esteem, poor self-image, and little self-invest-ment. She "didn't take care of herself" and she "didn't care about herself".

The second category housed terms that described her feelings of "being hated by others". Her "supposed friends were being two-faced", she was "being put down" on all sides, "it didn't seem that I was impor-tant to anybody. A guy I liked a lot asked another girl to go with him. Nobody cared about me." This category of feelings quickly esca-lated to a time of "fighting and losing". She remembered that "all I cared about was being liked", but she kept fighting, fighting with her father, fighting with her brother. She became increasingly "frustrated", and yet there was "nobody to turn to".

The final category in this domain was identified by Dazzle as "going in circles, not getting anywhere". She "needed somebody's attention" -- and then "the thought came". She emphasized that she did not just wish to be dead, "I would just consider suicide. I was

Really Hating Myself	Positive I was ugly	
	Didn't take care of myself	
	Didn't care about myself	
	Didn't care how I looked	
	Hard to like yourself when there's evidence no one else does	
	Very paranoid	
Being Hated By Others	Supposed friends were being two-faced	
	Being put down	
	It didn't seem that I was important to anybody	
	A guy I liked asked another girl to go with him	
	Nobody cared about me	
	Insulted	
	Rejected	
Fighting and Losing	Got in fights with people	
	No relationship with my dad and my mom	
	Couldn't stand to be with my family	
	Everybody I knew was two-faced	
	All I cared about was being liked	
	Big fight with my Dad	
	Fighting with my brother	
	Frustrated -- nobody to turn to	
Going in Circles Not Getting Anywhere	Needing somebody's attention	
	I just consider suicide	I was not planning anything
		Just having the thought
		What would happen if I did?
		Would anybody care?
	How would I do it?	"I'll go jump off a cliff"
	Walked out into the desert	"What am I doing here?"
		"..don't remember coming here"
	Walked out to the cliff	Stood there
		..wondering how I got there
		I was just blank

Figure 10. Stages of the Path to the Cliff

not planning anything, I was just having the thought." And then, "I'll go jump off a cliff." From there Dazzle found herself out in the desert standing at the edge of a cliff. "What am I doing here?" And so "I sat, trying to figure out what I was doing, then I walked back. I wasn't crying, I was just a blank." What stopped Dazzle from leaping from the cliff to her death that day? What made her move away from the edge that promised sudden death? Dazzle was not really sure. She related accounts of other times when she had reached bottom:

> I'd be sitting in my room crying. I'd just be sitting there and suicide would just flash in my mind, and then I'd say, 'God, what am I thinking', and I'd just try and not think about it. It was like, 'Gee, is my life that bad that I really wanna end it!' Cause the time that my life was really screwy, I'd think, 'Oh, what is wonderful, what advantages do I have?' Gee, I don't have any! Well I had my cat, then there's "Kate and Allie" on Monday night (hearty chuckle). I couldn't laugh about it then. I'd think about it and say 'No, I don't have anything that's really worth sticking around for!' But then I would think of what I would try tomorrow. I would try a different behavior. I'd come home, 'it didn't work!' Then I'd think of another idea, just go through the same thing, cause it was basically the same thing everyday. Once in awhile I'd have a good day. Three or four days out of the week I'd come home, not necessarily so upset that I couldn't handle it, but just unhappy. Then I'd get in a massive fight with my brother -- then my father yells at me...and I'd go through the same thoughts again -- sort of a pattern. 'What the hell is it worth to anyone if I'm not around anymore?' And then I'd think about what I had that I could look forward to, anything to look forward to. And the only thing I had to look forward to was another day at school to try again. (Dazzle, third interview)

The events described by Dazzle are very similar to the antecedents of suicidal behavior hypothesized by Jacobs (1971). The missing component being the absence of the internal process by which she could justify suicide to herself, and hence bridge the gap between thought and action. It has been over a year since Dazzle found herself on that cliff, and today she copes more effectively with her situation. She credits finding "someone to talk to" for helping her to feel better about herself.

> All I needed was someone to talk to for about three hours -- and then a bear hug at least twice a day. You feel better, you're opening up and the more you talk about it, the more you say your problems out loud, the easier they seem to solve. (Dazzle, third interview)

Her rescue came in finding a new friend. "It made us feel better because we basically had the same problems. It was like 'God, I'm not the only one in the world!'"

The events and emotions that can lead to suicide-ing have been reported in this section. Early adolescents have some important things to say about this process. Dazzle's eye-witness account of her experience strengthened the perception of these events by the other early adolescents.

Cultural Themes

The concept of cultural theme was first defined by Opler (1945). He defined a cultural theme as "...a postulate or position, declared or implied, and usually controlling behavior or stimulating activity which is tacitly approved or openly promoted in a society" (p. 198).

According to Spradley (1979), a cultural theme is a cognitive principle. "A cognitive principle is something people believe, accept as true and valid; it is a common assumption about the nature of their experience" (p. 186). In this study, it is the growing up experience as viewed by the early adolescent. The identification of cultural themes enhances the understanding of the general pattern of a culture.

Themes surface recurrently from different parts of the culture and they establish links between these parts. The researcher endeavored to discover and identify linkages between the domains and their inclusive terms. Immersion in the data facilitated this search which resulted in subjective inferences about the implied knowledge used by early adolescents. Five cultural themes were elicited from the domains of the informants:

1. "How I feel about myself has a lot to do with how others feel about me."

2. "I need people to validate my worth."

3. "Juggling values is easy, if it means being accepted."

4. "In peer-friend relationships, loving and hating are a lot alike."

5. "You have to let it out, or it will break out."

Deciding on a dominant theme was thought to be a difficult, if not impossible task. The themes uncovered are all related, and together they serve to broaden the understanding of the cultural knowledge possessed by the early adolescent.

"How I feel about myself has a lot to do with how others feel about me." This theme was a very important one. The early adolescents

in this study were very concerned about how they were perceived by other members of their social group. It is noteworthy that the "others" addressed in the theme does not include "parents". Regardless of how they sized themselves up, they needed the sanction of their peers. This was a critical issue for those early adolescents with poor self-image, low self-esteem, and little self-investment. In the case of Dazzle, it was life-threatening.

"I need people to validate my worth." The measurement or appraisal by the peer group was sometimes the individual's only evidence of worth. Each informant was able to trace the feelings of self-worth back to the home situation. But once they were out into the world as early adolescents, the measure of that worth emanated from the peer group. And so the second theme emerged.

The degree to which each adolescent felt this need followed a continuum. On the one end, the validation by others was just "nice to have", but on the far end, the need for validation became urgent. This need for validation was found to fluctuate with acute life situations. What began as a dire need for validation in at least one informant, diminished to an "oh well, if they don't like me, that's their problem" state. These were always cases in which the individuals had increased their level of self-investment, and had acknowledged and accepted their measure of self-worth.

"Juggling values is easy, if it means being accepted." This was the third theme identified. Beyond the need for peer approval and validation came the need "to belong and to be accepted." The intensity of this need varied among the early adolescents, but they

were all aware of what it is like to "go along with the group" in order to "stay with the group". This abandonment of their beliefs and principles led to feelings of remorse and lost identities. The informants knew well the tragedy of "losing yourself".

The drug culture was frequently named in discussions regarding whether an adolescent says "no" to drugs or whether he "goes along with the group". For some adolescents, being "called 'chicken' because you won't" can be considered the worst fate in the world. And if the need to belong is intense enough, the decision to "go along with the group" is made very quickly. Here again, the need to belong for the early adolescent was greatly affected by the perceived self-worth and the level of self-investment.

"In peer-friend relationships, loving and hating are a lot alike." This cultural theme is pertinent to the understanding of the social mechanisms of the peer-relations network. This theme was inferred by most of the informants, and actually verbalized in these words by another informant. The peer-friend relationships described by the early adolescents closely resemble the dynamics of the corporate and political worlds. They spoke of "ganging up" on each other, "being two-faced", and "being put down" incidents occurring among "friends". Some identified as a friend a person that you just say 'hi' to, whereas others had friends they did not like. To the researcher, these behaviors were incongruous for friends. What happened to the adage "a friend is a person who knows all about you and still likes you"? With more probing, the early adolescents indicated that "having friends" is associated with status. Having a lot of friends equates to greater

status. This status is necessary and recognized by other peers. They further stipulated that having a best friend(s) - close friend(s) is essential for survival. The greatest determinant in such a relation-ship is "trust". It is the bond of trust that makes a best friend-close friend a special asset, and this trust must be mutual. As a rule in friend relations, trust is initially assumed, and then validated or invalidated over time. When trust is not mutual, it may be a situation of an adolescent giving allegiance to a "supposed

friend". A "supposed friend" acts much like an enemy and such betrayal results in very hurtful feelings. "Being dropped" by a friend hurts; irrespective of whether it happens with a best friend-close friend or a "supposed friend".

"You have to let it out, or it will break out." This last cultural theme spread a message that echoed from all parts of the cul-ture. The adolescents accept the presence of problems as a part of life and growing up. They feel that problems have to be dealt with. The prescribed way of dealing with a problem is getting it out in the open and facing it. Problems may be further managed by sharing them with "someone you can talk to, someone you can trust." The informants acknowledged that sometimes problems are so hard and so scary that there is the tendency to bury them deep inside. This brings on a barrage of physical problems and emotional pain for the individual. "If you like yourself, you take care of yourself."

Problems can make a person or they can break a person. Mis-managed problems or buried problems can smolder inside an individual until they force a person into a situation where it appears that suicide

is the only option. As an option, suicide becomes the "breaking out" behavior that typifies "keeping it in" too long.

In order to destroy oneself, one has to lose all sense of worth. "If you lose yourself, it becomes easier to destroy yourself." The young person who makes a suicide gesture or attempt as a cry for help or attention may be exercising the last measure of self-worth. "Help me, I am worth saving!" The young person who is intent on ending life, and therefore plans and executes a completed suicide has relinquished all measure of self-worth. The suicide is considered a rational choice and the death is justified.

Summary

This chapter provided a discussion of the sample and how it was selected. The interview procedure, problems encountered in the field, and an introduction to each informant was included in the researcher-informant experience. Nine domains of meaning were discovered from analysis of the ethnographic interviews as the yearly adolescents described youth suicide in the context of growing up. Further analysis produced five cultural themes and the chapter concluded with a discussion of these themes.

CHAPTER V

CONCLUSIONS

"A Time of Hurt and Confusion"

In the hand with which I've been writing
I have held two weapons.
One a knife
A knife that I have used to cut myself
Letting my blood flow
Mutilating
Scarring
Letting frustrations and hurts forever go.
The second weapon -- a pen.
I call it a weapon, only because of its power.
The pen, that can hurt only the illness
That won't leave me.
The pen that can forever rid me of hurt
Just as a knife.
I only hope the pen will be successful in this hateful war.
Don't be too late!
Tell someone of this conflict
Before it's too late.
The knife has won too many battles.

Anonymous

(High school girl, Summer 1983 in <u>Suicide and Life-Threatening Behavior</u>,

Winter 1984, p. 284)

The research conclusions are presented in this chapter. The presentation includes the relationships of the findings to the conceptual orientation, the early adolescent's eye view and the review of the literature, recommendations for practice, and suggestions for further research.

Relationship of the Findings
to the Conceptual Orientation

The concepts arranged within the conceptual orientation for this study were culture, development, and human response at the most abstract level, followed by culture of childhood, cognitive development, and stress response at the next level with the early adolescent's eye view, Piagetian formal operations stage, and suicide at the empirical level. This exploratory study undertook the task of examining the early adolescent's eye view of youth suicide in the context of growing up. The cultural themes identified are representative of what factors are important in the cultural system of early adolescents as they are engaged in the process of becoming adults. They were:

1. "How I feel about myself has a lot to do with how others feel about me."

2. "I need people to validate my worth."

3. "Juggling values is easy, if it means being accepted."

4. "In peer-friend relationships, loving and hating are a lot alike."

5. "You have to let it out, or it will break out."

It was proposed that the cognitive style of early adolescents enables them to view their rapidly changing world in a manner that is unique and separate from that of an adult. The findings are discussed to demonstrate the relationship of the cultural themes to the conceptual orientation.

"How I feel about myself has a lot to do with how others feel about me" and "I need people to validate my worth" reflect the early

adolescents' concern with who they are and what they are worth. In order to develop a positive, self-confident ego identity, the early adolescent needs approval from others through ongoing peer review. When feedback from the peer group is negative or indifferent, early adolescents feel less sure of themselves, and self-esteem suffers. Negative responses from peers may be overridden if they are accompanied by parental responses that are supportive and accepting of the individual. If the early adolescent is able to conduct an objective self-evaluation during this time, feelings of self-worth are likely to abound.

The third theme, "Juggling values is easy, if it means being accepted", demonstrates the need of early adolescents to be accepted by the peer group. "Juggling values" may be a stress response to the threat of abandonment by the peer group. Early adolescents routinely "juggle values" displaying a mirror image of the adult world. "Juggling values" among early adolescents parallels the image frequently projected by the corporate structures in our society. The subject of "drugs and alcohol" was one in which choosing to "juggle one's values" was addressed by the informants. The cognition of adolescents allows them to consider the consequences of their actions involving drug usage, but effective cognitive functioning may be hampered by their reaction to the threat of peer alienation.

Apart from these themes, there are domains with certain inclusive terms that add support to the idea that early adolescents are concerned about maintaining their "social market value" among their peers. These include: 'Kinds of things kids need for survival' (Figure

4), 'Kinds of things that are hard and hurt' (Figure 3), and 'Ways in which growing up is harder and faster' (Figure 2).

The fourth theme, "In peer-friend relationships, loving and hating are a lot alike", pertains directly to the early adolescent's eye view. The system of friends is extremely complex with many opposing principles. Repeated failures in such relationships result in a grave emotional toll on the individual. The early adolescent's perceptions of the meaning behind such experiences affect the response to future relationships.

The domain 'Ways to support friends' (Figure 7) illustrates the early adolescent's knowledge of the importance of maintaining friend relationships. Inclusive terms in the domain, 'Kinds of peers' (Figure 6) demonstrated early adolescents' awareness of the existence of many different individuals in the immediate social environment. With this awareness came the development of realistic expectations for the different kinds of peers.

The final theme "You have to let it out, or it will break out" deals directly with the early adolescent's view of suicide in the context of growing up. "Suicide-ing" represents a form of "breaking out" behavior. Problems, changes and other stressors are intrinsic to growing up, and they must be reckoned with. When they are not, "breaking out" behaviors can occur. Suicide was determined by the early adolescents to be the severest form of "breaking out".

The domains which included terms that explained and described the early adolescents' methods of handling stressors associated with growing up included: 'Ways of dealing with problems' (Figure 5),

'Reasons for doing drugs' (Figure 8), 'Reasons for suicide' (Figure 9), and 'Stages of the path to the cliff' (Figure 10).

The Early Adolescent's Eye View
and the Review of the Literature

The research findings of this study add to the knowledge of the growing up process of early adolescents and youth suicide. The early adolescent's eye view was discovered through the use of the ethnographic interview. The ethnographic data support the premise established by Piaget (Piaget & Inhelder, 1958) that the adolescent can think beyond the present and utilize powers of reflection. The formal thinking level equips the adolescent to handle propositional logic and the reversal of relations between what is real and what is possible. Piaget suggested that the presence of these characteristics enable the adolescent to build ideals for adapting to society. The six early adolescents in this study provided evidence for this.

Erikson (1968) theorized that the basic developmental task of adolescents is to develop their own identity as individuals. This involves a perception of the self that is separate from others. Habituation into a positive, self-confident ego identity produces varying levels of stress. The ethnographic data support this idea, as well as Simmons' findings (1973), that children from 12 to 13 years of age had less stability of self-image and the perception that others held less favorable views of them than any other age group from the third to the 12th grade.

A comparison of the review of the literature on youth suicide and the ethnographic data acquired in this study add support to Jacobs'

morphological approach (1971) to suicide behavior. Jacobs, a well-known youth suicidologist, obtained his data from his extensive study of adolescent suicide attempters. He interviewed and compared life history charts of adolescent suicide attempters and control adolescents. From his findings, he identified a process which led to the adolescent suicide attempter's progressive isolation from significant others to the suicide attempt. The adolescent must have experienced:

1. A long-standing history of problems (from childhood to the onset of adolescence).

2. A period of "escalation of problems" (since the onset of adolescence and in excess of those "normally" associated with adolescence).

3. The progressive failure of available adaptive techniques for coping with the old and increasing new problems which leads the adolescent to progressive social isolation from meaningful social relationships.

4. The final phase, characterized by the chain reaction dissolution of ay remaining meaningful relationships in the weeks and days preceding the attempt (p. 64).

The mean age of Jacobs' sample was 16 years old, it is extremely significant that this present sample of early adolescents, only 12 to 14 years of age, also described a similar sequence of events and problems in the life of the adolescent considering suicide. This demonstrates that because of commonly shared experiences, adolescents possess unique knowledge about the needs of their cultural group. It also demonstrates that the times in which we live may accelerate the life experiences

of adolescents, so that an increase in suicidal behavior is more likely and in the younger adolescent population. The history of problems described by the informants included accounts of parental indifference and rejection and the absence of meaningful relationships. These problems yielded feelings of worthlessness and hopelessness, and are expressed in the domains 'Reasons for Suicide' (Figure 9) and 'Stages of the path to the cliff' (Figure 10).

The informants reported that adolescents attempt to deal with situations in a number of ways. They frequently cited the use of drugs and alcohol as a common means sought to escape problems. Other means of managing problems included "letting it out" and "keeping it in". These were defined in the domain 'Ways of dealing with problems' (Figure 5). "Keeping it in" was associated with "not dealing" with one's problems and the chronic use of this approach increased the likelihood of "explosive" behaviors such as rage and hysteria. Suicide-ing was considered the worst display of "breaking out" behavior. The informants also felt that the suicide attempt is a "cry for attention", but admitted that at other times killing oneself was a choice, a bad one, executed to put an end to a long history of problems and pain.

In summary, the early adolescent's eye view of youth suicide, as discovered in this study, adds support to the literature suggesting a morphological approach to suicide. Ethnographic data also demonstrated that much can be learned about the problems facing today's youth by talking to them, and giving special attention to what they say.

Recommendations for Practice

Suicide is a multifactoral phenomenon, and it requires a multi-disciplinary approach. The first task is to increase the level of awareness towards the problem. Youth suicide is a fearful subject for adults. The tendency is to suppress any discussion of the subject, for fear discussion will increase the incidence. This tendency has hampered research for years. Jacobs (1971) found little difficulty in gaining a sample of young suicide attempters for his study, but he was met with great resistance in obtaining a control group of adolescents for the same study. At that time, the interest by the school administrators was there, the problem was there (suicide was the fifth leading cause of death in adolescents), but the courage and insight to allow the research was missing. The school officials were concerned that a child would commit suicide and they would be held liable. It took Jacobs more than a year to obtain access to a school district. The present researcher's study triggered similar reservations with the Human Subjects Committee, and was delayed, for 48 hours. Psychiatric documentation by Dr. Cynthia R. Pfeffer, Assistant Professor of Psychiatry, Cornell University Medical College was submitted to Human Subjects. According to Dr. Pfeffer, there is sufficient clinical evidence to suggest that children are able to discuss the subject of suicide appropriately, and in those cases where children are experiencing difficulty, they are relieved to be able to talk about it. Getting the subject out in the open weakens its power. Increasing awareness to this idea should remain a major task.

This ethnographic study revealed certain cultural themes which early adolescents use to interpret experience and generate behavior during the growing up period. These themes can be used as guidelines in dealing with early adolescents in the schools, the home, and the hospital setting. Health care professionals, educators, and parents alike can play a role in dealing with the problem of youth suicide. The professional nurse is in an excellent position to make a difference.

"How I feel about myself has a lot to do with how others feel about me" and "I need people to validate my worth" are important themes that demonstrate the need for positive feedback and encouragement to early adolescents. Teachers and parents should be especially cognizant of this theme, and therefore provide consistent positive responses to the early adolescent.

"You have to let it out, or it will break out" is a theme that emphasizes the importance of handling stress effectively. Stress relief measures and other outlets for appropriate ventilation should be taught as part of the schools' life skills curricula. Such programs are already in effect in some progressive educational settings, but not in enough of them.

"Juggling values is easy if it means being accepted" and "In friend-peer relationships, loving and hating are a lot alike" are themes that should alert adults to the nature of the social needs of the early adolescent. Observations of peer interactions may give important clues to individuals who are experiencing difficulties. The formation of peer support and peer interaction programs may also provide another avenue for encouraging self-appraisal and enhancing self-esteem and

self-knowledge in early adolescents. School officials should be alert to the need for an adequate allotment of time for peer interaction during the school day. Education and socialization are both vital assets to the developing adolescent.

A final recommendation involves the use of an assessment tool to evaluate the major factors critical for survival, as identified by the informants. These were outlined in the domain, 'Kinds of things kids need for survival' (Figure 4). This tool could be based on Shapiro's Model for the analysis of suicide (1985). He suggested that the individual's life be analyzed from the point of view of four universal principles to determine what is missing. These universal principles include: people, activities, belief system, and self-knowledge. Shapiro proposed that when these four are in proper order and operation, pain reduction is achieved. When they are in disorder and improper operation, pain is likely to increase with the use of destructive pain killing devices, including suicide. Once the missing element is identified, specific interventions may be planned and implemented.

Nurses should cntinue to use ethnographic research to discover other factors affecting the world of early adolescents during the growing up years. Such valuable research would aid in the development of a valid assessment tool.

In summary, the problem of youth suicide is a difficult one, and one that does not have an easy answer. It will take time to reverse

the trend of rising "suicide-ing" behaviors in our society. Nurses can play key roles in advocating primary prevention of youth suicide.

Recommendations for Research

The following recommendations for further research are offered:

1. Study the view of youth suicide in a group of early adolescents in:

    a. an urban public school system

    b. a rural public school system

2. Study the problem with early adolescents who are dependents of active duty military personnel stationed in a non-U.S. location.

3. Study the problem with a high risk older adolescent group in:

    a. an urban public school system

    b. a rural public school system

4. Continue further study using early adolescent children and their parents, and compare the two views.

5. Study the problem in a group of chronically ill early adolescents.

6. Study the problem in a group of chronically ill older adolescents.

7. Study the problem in a group of latency age children identified as having school discipline problems.

8. Study the problem in a group of American Indian adolescents.

Summary

This chapter included a discussion of linkages between cultural themes and the concepts utilized within the conceptual orientation. It also presented the early adolescent's eye view and the review of the literature. The final section contained recommendations for practice and suggestions for further research.

APPENDIX A

PERMISSION TO CONDUCT STUDY

Kino Learning Center. Inc.

16 September 1985

Ms. Patricia A. W. Ross
4357 N. Rio Cancion Apt. 355
Tucson, Arizona 85718

Re: Nursing Research Study — "The Early Adolescent's Eye
     View of Youth Suicide"

Dear Ms. Ross:

I have reviewed the protocol submitted in connection
with the above-named research study and am pleased to grant
approval. You may utilize this facility for your sample
selection and interview setting. Data collection may begin
immediately.

I wish you every success in your research endeavors.

Sincerely,

Mary Jane Cera
Contact Person-Kino Learning
Center

APPENDIX B

PARENT INFORMATION LETTER

PARENT INFORMATION LETTER

Dear Parent:

I am conducting a study to increase our understanding of what children today think about youth suicide. In the last 20 to 30 years, there has been a dramatic increase in the suicide rates of young persons from 15 to 24 years. Many believe that this increase is due in part to the social pressures and demands faced by today's youth. I am interested in learning what early adolescents have to say about the problem. The information from this study will be used to enhance our knowledge of the difficulties encountered by the youths of today, and to help us develop ways to assist them with coping and problem-solving strategies as they grow up.

The study consists of your child's participation for approximately 30-45 minutes on three or four occasions at some time during the school day in school over the next two to four weeks. Your child will be asked questions about the experiences of growing up as well as the issue of suicide in the young.
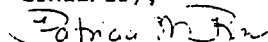
The study is being conducted by a pediatric nurse, who is a graduate student in the College of Nursing at the University of Arizona. The study has been approved by the Human Subjects Committee. Your child's participation is not expected to be harmful in any way. All information will be treated with confidentiality and anonymity.

Your child is being asked to participate. If you are willing to have your child participate, please sign and date the parental consent form. I have requested that the child return the form to the homeroom teacher in one day. No child can participate without parental consent.

If you have questions, comments, or concerns, please call Patricia W. Ross at 577-1956.

Thank you for your willingness to have your child participate. Again, please call if you have questions, comments, or concerns.

Sincerely,

Patricia W. Ross, RN
Graduate Student
College of Nursing
University of Arizona

APPENDIX C

PARENTAL CONSENT FORM

THE UNIVERSITY OF ARIZONA COLLEGE OF NURSING

PARENTAL CONSENT FORM

RESEARCH: The Early Adolescent's Eye View of Youth Suicide

    I understand that I am consenting for my child,_____
_____, to take part in a research project that
is designed to explore what children think and feel about
growing up and suicide in the young. My child is asked to
participate because he/she is between the ages of 12 and 14,
lives in the area, and attends junior high school.

    My child is to be interviewed three to four times, with
a tape recorder for 30 to 45 minutes over the next two to
four weeks, about thoughts and feelings concerning growing up
in the 1980's and the issue of youth suicide. The interviews
will be conducted in the school or in the home.

    I am informed that the identity of my child is not to be
revealed and all materials are to be kept indefinitely for
use at a later time. I am also informed that I am free to
question the interviewer at any time about any aspect of the
study.

    I understand there are no physical discomforts or known
risks to my child. If my child needs to talk more, he/she
will be encouraged to talk to the school counselor. All
information will remain strictly confidential, anonymous, and
there is no cost to us. I understand that my child's
participation will assist parents and others in their
understanding of children's thoughts and feelings. The
information will be used in publications to help parents and
children who want to know more about suicide.

    The research has been explained to me and my child. I
understand that I am free to ask questions and may withdraw
my participation at any point and it will not affect our
relationship with the school. I have been duly informed and
understand what participation involves. I consent to my
child being a participant in the research.

Parent or Guardian_____Date_____

Witness_____Date_____

APPENDIX D

CHILDREN'S ASSENT FORM

THE UNIVERSITY OF ARIZONA

<u>CHILDREN'S ASSENT FORM</u>

RESEARCH: The Early Adolescent's Eye View of Youth Suicide

        I am asking you to help with this research study about
what children think and feel about growing up and the issue
of youth suicide.   I am asking early adolescents between 12
and 14 years, who are in junior high school, to help me with
this study.   I will want to talk to you three or four times
for 30 to 45 minutes in a place at school that is private and
comfortable for you.

        I will ask you to talk directly with me about how you
feel about suicide among the young.   You will also be asked
to tell me your thoughts and feelings about growing up in the
1980's.   I will have a tape recorder so that I will not
forget what you have to say.   I think what you have to say
about all of this may help us to understand each other better
and help others to know some of the things children have to   .
deal with as they grow up.

        Please decide for yourself whether or not you wish to be
involved in this project.   There is no reason I know of that
any of this will hurt you in any way.   I will not pay you any
money to help with the study, nor will it cost you any money.
You may ask me any questions you wish about the study and I
will answer them.   You may stop talking with me anytime you
like.   You will not have to answer any questions you do not
wish and you will not have to explain why.

        When you finish talking I will write about what you have
said, but I will not tell anyone your name.   This means there
will be no way for others to know what you have said.   I will
save what you have told me to write papers and to share with
others what children like you, think and feel about growing
up.   I will keep what you have said in a safe place in the
College of Nursing.

        I want you to remember that anytime you do not want to
answer a question or anytime you do not want to be a part of
the study, all you have to do is tell me.   You will not have
to explain why and it will not affect your relationship with
me or the school.   If you want to talk more about what you
have said, you can talk to your school counselor.

        I want you to keep a copy of this form so you will
remember what I have said to you.   I am asking you to sign
it.   When you sign it, it means that you understand what I
have said.

I understand what has been written in this assent. What it means has been explained to me and my parent(s). I know that I may ask questions and I may stop helping with this project any time I choose, and this will not make a difference in my relationship with the school. I understand that this assent will be kept in a safe place in the College of Nursing and that only the research people can look at it.

_____   _____
Subject's Signature   Date

_____   _____
Witness' Signature.   Date

APPENDIX E

HUMAN SUBJECTS APPROVAL

116

THE UNIVERSITY OF ARIZONA

HEALTH SCIENCES CENTER
TUCSON. ARIZONA 85724

HUMAN SUBJECTS COMMITTEE
1609 N. WARREN (BUILDING 220). ROOM 112

TELEPHONE: (602) 626-6721 or 626-7575

15 October 1985

Patricia W. Ross, R.N.
College of Nursing
Arizona Health Sciences Center

Dear Ms. Ross:

We are in receipt of your project, "The Early Adolescent's Eye View of Youth Suicide", which was submitted to this Committee for review. The procedures to be followed in this study pose no more than minimal risk to the minor subjects participating. Regulations issued by the U.S. Department of Health and Human Services (45 CFR Part 46, Subpart D) authorize approval of this type project, with the condition that adequate provisions are made to secure the consent of the subjects' parents and, where possible, the <u>assent</u> of the subjects themselves. Although full Committee review is not required, a brief summary of the project procedures is submitted to the Committee for their information and comment, if any, after administrative approval is granted. This project is approved effective 15 October 1985.

Approval is granted with the understanding that no changes will be made either in the procedures to be followed or in the consent and/or <u>assent</u> form(s) to be used (copies of which are kept on file) without the knowledge and approval of the Departmental/College Committee and the Human Subjects Committee. Any physical or psychological injury to any subject must also be reported to this Committee.

A university policy requires that all signed subject consent forms be kept in a permanent file in an area designated for that purpose by the Department Head or comparable authority. This will assure their accessibility in the event that university officials require the information and the principal investigator is unavailable for some reason.

Sincerely yours,

Milan Novak, M.D., Ph.D.
Chairman
Human Subjects Committee

MN/jm

cc: Ada Sue Hinshaw, R.N., Ph.D.
College Review Committee

REFERENCES

Aamodt, A. (1972). The child's view of health and healing. In M. Batey (Ed.), Communicating Nursing Research (pp. 38-57). Boulder: Western Interstate Commission for Higher Education.

Aamodt, A., S. E. Grassl-Herewke, F. Farrell & J. Hutter (1984). The child's eye view of chemically induced alopecia. In M. Leiniger (Ed.), Care: The Essence of Nursing and Health. Thorofare, NJ: Charles B. Slack.

Ambrosini, P., H. Rabinovich & J. Puig-Antich (1984). Biological factors and pharmacologic treatment in major depressive disorder in children and adolescents. In H. Sudak, A. Ford & N. Rushforth (Eds.), Suicide in the Young (pp. 81-96). Boston: John Wright PSG, Inc.

Anonymous (1984). A time of hurt and confusion. In Suicide and Life Threatening Behavior, 14(4), 284.

Ausubel, D. R. Montemaya & P. Svajian (1977). Theory and Problems of Adolescent Development. New York: Grune & Stratton.

Bakwin, H. (1957). Suicide in children and adolescents. Journal of Pediatrics, 50, 749-769.

Baraclough, B. M., J. Bunch, J. Nelson et al. (1974). A hundred cases of suicide: Clinical aspects. British Journal of Psychiatry, 125, 355-373.

Bergstrand, C. G. & U. Otto (1962). Suicidal attempts in adolescence and childhood. Acta Paediatrica, 51, 17-26.

Blos, P. (1962). On Adolescence. New York: Free Press.

_____ (1972). The young adolescent. In J. Kagen & R. Coles (Eds.), Twelve to Sixteen: Early Adolescence, (pp. 55-71). New York: W. W. Norton & Company.

Broom, L. & P. Selznick (1973). Sociology. New York: Harper & Row.

Brugha, T. & D. Walsh (1978). Suicide - past and present - the temporal constancy of underreporting. British Journal of Psychiatry, 132, 177-179.

Carlson, G. A. & D. P. Cantwell (1979). A survey of depressive symptoms in a child and adolescent psychiatric population. Journal of the American Academy of Child Psychiatry, 18(4), 587-599.

Carlson, G. A. & D. P. Cantwell (1982). Suicidal behavior and depression in children and adolescents. Journal of American Academy of Child Psychiatry, 21, 361-368.

Clausen, J. A. (1968). Perspectives on childhood socialization. In J. Clausen (Ed.), Socialization and Society. Boston: Little, Brown & Company.

Corder, B., W. Sherr & R. Corder (1974). A study of social and psychological characteristics of adolescent suicide attempters in an urban dis-advantaged area. Adolescence, 9, 1-6.

Dizmang, L. H., J. Watson & P. A. May (1974). Adolescent suicide at an Indian reservation. American Journal of Orthopsychiatry, 44, 43-49.

Douglas, J. D. (1967). The Social Meanings of Suicide. Princeton: Princeton University Press.

Durkheim, E. (1951). Le Suicide. In G. Simpson & J. Spaulding (Eds. and Trans.). New York: The Free Press.

Erikson, E. (1968). Identity: Youth and Crisis. New York: W. W. Norton & Company.

Faigel, H. C. (1966). Suicide among young persons. A review of its incidence and causes and methods for its prevention. Clinical Pediatrics, 5, 187-190.

Farberow, N. (1975). Suicide in Different Cultures. Baltimore: University Park Press.

Fisher, P. & D. Shaffer (1984). Methods for investigating suicide in children and adolescents: An overview. In H. Sudak, A. Ford & N. Rushforth (Eds.), Suicide in the Young, (pp. 139-157). Boston: John Wright PSG, Inc.

Frederick, C. J. (1978). Current trends in suicidal behavior in the United States. American Journal of Psychotherapy, 32, 172-200.

_____ (1984). Suicide in young minority group persons. In H. Sudak, A. Ford & N. Rushforth (Eds.), Suicide in the Young, (pp. 31-44). Boston: John Wright PSG, Inc.

Freud, S. (1957). Mourning and Melancholia. (Ed.) London: Hogarth Press.

Glaser, K. (1965). Suicide in children and adolescents. In Abt & Weismann (Eds.), Acting Out, (pp. 87-99). New York: Grune & Stratton.

120

Goodman, M. E. (1970). Culture of Childhood. Teacher's College: Columbia University.

Gordon, R. E. & K. K. Gordon (1960). Social psychiatry of a mobile suburb. International Journal of Social Psychology, 6, 89-106.

Hawton, K. M. Osborne, D. Cole & J. O'Grady (1982). Motivational aspects of deliberate self-poisoning in adolescents. British Journal of Psychitry, 141, 286-291.

Hawton, K. & M. Osborne (1984). Suicide and attempted suicide in children and adolescents. In B. Lahey & A. Kazdia (Eds.), Advances in Clinical Psychology, (pp. 57-107). New York & London: Plenum Press.

Hinshaw, A. S. (1977). Planning for logical consistency among three research structures. Western Journal of Nursing, 1, 3.

Holinger, P. C. (1978). Adolescent suicide: An epidemiological study of recent trends. American Journal of Psychiatry, 135, 754-756.

_____ (1981). Self-destructiveness among the young: An epidemiological study of violent deaths. Journal of Social Psychiatry, 17, 277-282.

Holinger, P. C. & D. Offer (1982). Prediction of adolescent suicide: A population model. American Journal of Psychiatry, 139, 302-307.

Holinger, P. C. & K. Luke (1984). The epidemiologic patterns of self-destructiveness in childhood, adolescence, and young adulthood. In H. Sudak, A. Ford & N. Rushforth (Eds.), Suicide in the Young, (pp. 97-114). Boston: John Wright PSG, Inc.

Iga, M. (1981, Summer). Suicide of Japanese youth. Suicide and Life-Threatening Behavior, 11(1), 17-30.

Inhelder, B. & J. Piaget (1958). The Growth of Logical Thinking From Childhood to Adolescence. Basic Books.

Jacobs, J. (1971). Adolescent Suicide. New York: Wiley-Interscience.

Jacobziner, H. (1960). Attempted suicides in children. Journal of Pediatrics, 56, 519-525.

Jan-Tausch, J. (1964). Suicide of Children 1960-1963. New Jersey: N.J. Public Schools, Department of Education.

Judges xvi: 28-31.

Kaliban, K. A. (1983). The World of Hyperactive Children on Stimulant Therapy. Unpublished master's thesis, University of Arizona College of Nursing, Tucson, Arizona.

Konopka, G. (1971). Adolescence in the 1970's. Child Welfare, 50(10), 553.

Levy, L. & A. Herzog (1974). Effects of population density and crowding on health and social adaptation in the Netherlands. Journal of Health and Social Behavior, 15, 228-240.

_____ (1978). Effects of crowding on health and social adaptation in the city of Chicago. Urban Ecology, 3, 327-354.

Lukianowicz, N. (1968). Attempted suicide in children. Acta Psychiatric Scandinavia, 44, 415-435.

Malinowski, B. (1926). Crime and Custom in Savage Society. New York: Kegan Paul.

Margolin, N. L. & J. D. Teicher (1968). Thirteen adolescent male suicide attempts. Journal of the American Academy of Child Psychiatry, 7, 296-315.

Maris, R. (1985). The adolescent suicide problem. Suicide and Life Threatening Behavior, 15(2), 91-109.

Mead, M. (1928). Coming of Age in Samoa. New York: William Morrow & Company, Inc.

Mercer, R. (1979). Perspectives on Adolescent Health Care. New York: J. B. Lippincott, p. 8.

Mussen, P., J. Conger & J. Kagan (1963). Child Development and Personality. New York: Harper & Row Publishers.

McKain, O. K. (1983). The Child's View of a Sibling Undergoing Treatment for Cancer. Unpublished master's thesis, University of Arizona College of Nursing, Tucson, Arizona.

McIntire, M. S. & C. R. Angle (1970). The taxonomy of suicide as seen in poison control centers. Pediatric Clinics of North America, 17(3), 697-706.

_____ (1973). Psychological "biopsy" in self-poisoning of children and adolescents. American Journal of Diseases in Children, 126, 42-46.

McIntire, M. S., C. R. Angle & M. L. Schlict (1977). Suicide and self-poisoning in pediatrics. Advances in Pediatrics, 24, 291-309.

Nagy, M. (1948). The child's theories concerning death. The Journal of Genetic Psychology, 73, 3-27.

Neuman, B. (1980). The Betty Neuman Health Care Systems Model: A total person approach to patient problems. In J. Riehl & C. Roy (Eds.), Conceptual Models for Nursing Practice, (pp. 118-134). Norwalk, CT: Appleton-Century Crofts.

Offer, D. & J. Offer (1972). Developmental psychology of youth. In S. Shamsie (Ed.), Youth: Problems and Approaches, (pp. 43-68). Philadelphia: Lea & Febiger.

Opler, M. (1945). Themes as dynamic forces in culture. American Journal of Socioogy, 53, 198.

Orbach, I. & H. Glaubman (1979). The concept of death and suicidal behavior in young children. Journal of the American Academy of Child Psychiatry, 18(4), 668-678.

Peck, M. & R. Litman (1973). Current trends in youthful suicide. Medical Tribune, 14, 11.

Peel, E. A. (1971). The Nature of Adolescent Judgment. New York: Wiley-Interscience.

Piaget, J. & B. Inhelder (1969). The Psychology of the Child. New York: Basic Books.

Porterfield, A. L. (1965). Cultures of Violence. Fort Worth: Leo Potishman Foundation.

Ramsey, N. L. (1982). In M. Smith, J. Goodman, N. Ramsey & S. Pasternak (Eds.), Child and Family Concepts of Nursing Practice, (p. 78). New York: McGraw Hill.

Robins, E., G. Murphy & R. H. Wilkinson (1959). Some clinical considerations in the prevention of suicide based on a study of 134 successful suicides. American Journal of Public Health, 49, 888-899.

Rosen, G. (1971). History in the study of suicide. Psychological Medicine, 1, 267-285.

Rutter, M., J. Tizard & K. Whitmore (1970). Education, Health, and Behavior. London: Longman.

Sainsburg, P. & J. S. Jenkins (1982). The accuracy of officially reported suicide statistics for purposes of epidemiological research. Journal of Epidemiological Community Health, 36, 43-48.

Samuel xxxi: 1-6.

Sanborn, D. E., C. J. Sanborn & P. Cimbolic (1974). Two years of suicide: A study of adolescent suicide in New Hampshire. Child Psychiatry Human Development, 3, 234-242.

Segal, B. E. & J. Humphrey (1970). A comparison of suicide victims and suicidal attempters in New Hampshire. Diseases Nervous System, 31, 830-838.

Selye, H. (1950). The Physiology and Pathology of Exposure to Stress, (pp. 12-13). Montreal: ACTA, Inc.

Shaffer, D. (1974). Suicide in childhood and early adolescence. Journal of Child Psychology Psychiatry, 15, 275-291.

Shapiro, P. (1985). An analysis of suicide. Suicide and Life Threatening Behavior, 15(2), 124-129.

Shaw, C. & R. Schelkun (1965). Suicidal behavior in children. Psychiatry, 28, 157-168.

Shneidman, E. & N. Farberow (1965). Statistical comparisons between attempted and committed suicides. In N. Farberow & E. E. Shneidman (Eds.), The Cry for Help. New York: McGraw Hill.

Simmons, R. G., et al. (1973). Disturbances in the self-image at adolescence. American Sociological Review, 38, 553-568.

Solomon, M. & G. Murphy (1984). Cohort studies on suicide. In H. Sudak, A. Ford & N. Rushforth (Eds.), Suicide in the Young, (pp. 1-14). Bston: John Wright PSG, Inc.

Spradley, J. P. (1979). The Ethnographic Interview. New York: Holt, Rinehart & Winston.

Stanley, E. J. & J. T. Barter (1970). Adolescent suicidal behavior. American Journal of Orthopsychiatry, 40, 87-93.

Sudak, H., A. Ford & N. Rushforth (1984). Suicide in the Young. Boston: John Wright PSG, Inc.

Thach, J. (1983). Perceptions of Suicide in an Elderly Population. Unpublished master's thesis, University of Arizona College of Nursing, Tucson, Arizona.

Tishler, C., W. Lent & P. McKenry (1980). Assessment of suicidal potential in adolescents. JEN, Mar-Apr, 24-26.

Tishler, C., P. McKenry & K. Morgan (1981, Summer). Adolescent suicide attempts: Some significant factors. Suicide and Life Threatening Behavior, 11(2), 86-92.

Tishler, C. & P. McKenry (1982). Parental negative self and adolescent suicide attempts. Journal of American Child Psychiatry, 21, 404-408.

Toolan, J. M. (1975). Suicide in children and adolescents. American Journal of Psychotherapy, 29, 339-344.

Tuckman, J. & H. Connor (1962). Attempted suicide in adolescents. American Journal of Psychiatry, 118, 228-232.

Valente, S. & C. Hatton (1984). Suicide Assessment and Intervention. Norwalk, CT: Appleton-Century-Crofts.

Venable, J. (1980). The Neuman Health Care Systems Model: An analysis. In J. Riehl and C. Roy (Eds.), Conceptual Models for Nursing Practice, (pp. 135-141). Norwalk, CT: Appleton-Century-Crofts.

Waldron, I. (1975). Socioeconomic causes of the recent rise in death rates for 15-24 years old. Social Science Medicine, 167, 256-263.

Wechsler, H. (1961). Community growth, depressive disorders, and suicide. American Journal of Sociology, 67, 9-16.

Welner, Z., A. Welner, M. McCrary, et al. (1977). Psychopathology in children of in-patients with depression: A controlled study. Journal of Nervous Mental Disease, 164, 408-413.

Wolff, H. G. (1957). Changes in the vulnerability of tissues: An aspect of man's response to threat. Annual Lectures, NIH Education and Welfare, Washington, D.C., 39-40.

Zilboorg, G. (1937). Considerations on suicide with particular reference to that of the young. American Journal of Orthopsychiatry 7, 15-31.