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SUICIDE IN ADOLESCENCE: ATTEMPT TO CURE A CRISIS, BUT ALSO THE FATAL OUTCOME OF CERTAIN PATHOLOGIES

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SUMMARY

Background: *Teen suicide is an alarming public health issue. The purpose of this paper is to better understand the reasons behind attempting/committing suicide. Our research focuses on adolescent psychopathology and on pathologies that are considered as adolescent suicide risk factors.*

Subjects and methods*: We conducted literature-based research. The first part of this research was based on adolescent psychopathological traits, whilst the second concentrated on the most frequently made diagnoses in the case of adolescents who had attempted suicide.*

Results*: Adolescence is a period of life characterized by great instability, where everything is called into question. We can observe a high propensity towards taking action, which allows the adolescent to bypass certain questions that they cannot answer. This takes place against a background where the body, which is undergoing change, becomes the scene, the means and the purpose to answer these questions, once and for all, through suicide. Notwithstanding, the studies also show that, setting aside these psychopathological considerations that characterize every adolescent, certain diagnoses are commonly related to adolescent suicide and, as such, constitute risk factors. These pathologies are as follows: depression, adjustment disorder and personality disorder. We can, however, include some precisions as regards the frequency of these diagnoses, given that adolescence is inherently a period of life characterized by depression and that the future adult is obliged to adjust.*

Conclusions: *Teen suicide is, therefore, conditioned by pathological behaviour, which is part of a necessary and normal transition, but one which is occasionally stimulated by certain pathological instabilities.*

Key words: *suicide - depression - adolescence*

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INTRODUCTION

There is a degree of consensus on several aspects of adolescent suicide (Pommereau 2013). First of all, any suicide attempt is pathological behaviour as it always corresponds to psychological distress that cannot be denied and it is not a natural or commonplace response to a crisis situation. Secondly, an adolescent suicide attempt may be the starting point of a progressive psychiatric condition; it is, therefore, primordial to identify it so that the patient may benefit from appropriate treatment. Finally, adolescence is a transitional period when certain disorders may come to light, although they may not necessarily be considered as established psychiatric disorders.

Literature-based research was, therefore, undertaken to substantiate the argument that adolescence is a critical time that can lead to suicidal gestures and also to certain pathologies that can be deemed as risk factors for adolescent suicide.

SUBJECT AND METHODS

Literature-based research (pubmed, psychinfo, psycharticle) using the following keywords: suicide and adolescence, risk factors.

Several reference text books were consulted.

RESULTS

Epidemiology

Suicide is a common issue in adolescence. Furthermore, the WHO sets out the following figures: 1.3 million adolescents died in 2012 across the world. In order of frequency, the causes of death are: traffic accidents, AIDS and suicide. It should also be noted that the causes of illness and disability in adolescents between the ages of 10 and 19 are: depression, traffic accidents and anaemia (WHO 2014). Suicide is rare in children, but this changes from the age of 10 onwards. Every year, one out of five young people in the United States seriously considers suicide and 5 to 8% attempt suicide (Grunbaum 2002). As regards characteristics, girls attempt suicide more frequently, and attempts decrease with age. On the other hand, there are more "actual" suicides in boys and this increases with age (Braun-Scharm 1996). Even if the actual suicide rate is globally low (1.5/100,000 in the 10-14 year old group, 8.2/100,000 in the 15-19 year old group), it is a concern that continues to be troubling (Gould 2003).

Adolescence: a time of crisis

Adolescence is a period of instability, characterized by immense psychological and physical changes. This stage exacerbates resorting to the act of suicide and

leads adolescents to becoming extremely sensitive to the issue of loss, and hyper-dependent on parental objects (De Kernier 2005). Adolescents, who do not, a priori, suffer from any psychiatric pathology may contemplate suicide as an escape route during this delicate period. It should be pointed out, from the very beginning, that suicide attempts are a key characteristic of adolescence. These attempts mean that the line of thinking is by-passed by the act, which discharges energy, but cancels out any possibility of naming this line of thinking. This propensity towards taking action illustrates adolescent fragility. It is directly related to the pubertal process, where representations, perceived as uncontrollable, appear, in the same way as physical changes can be perceived. Attempting suicide could be considered as a way to regain control over external reality, in particular via the body, and also a way to ease tension. Winnicott said, moreover: "Growing up is inherently an aggressive act" (Winnicott 1980). Suicide is one of these ways of taking action, but with the particular characteristic that the body is the action medium and, concurrently, the target.

Contemplating death during adolescence is vital and developmental. Adolescence is actually a transition: the individual is no longer a child but not yet an adult. It is, therefore, a period of mourning and of renouncing childhood and certain parental images, of seeking out an adult status that is stable and of questioning once again one's origins and what is to come. Suicide ideation is, however, different from this questioning about purpose, meaning and death: ideation does not think. It is a concentration of dark thoughts that express themselves when thinking is no longer coherent. These dark thoughts appear and disappear with emotional frustrations and tentative expiation, but can occasionally set in (Pommereau 2013). In all human beings, the desire for life and the desire for death are connected in such a way that they regulate life processes. During adolescence, we can see a disconnection of these desires, which is more intense in suicidal individuals. Suicidal adolescents express the desire for life somewhat less than others (Diwo 2004). A suicide attempt falls within a context where resorting to taking action is extremely frequent, and where the reason for living has not yet been established. This gesture is linked to suffering and seems to be the only way possible to alleviate it.

Suicide is, therefore, an attack of the body. The very fact that this body is undergoing a profound transformation also leads to psychological redevelopments (Marcelli 2008). These are manifold. Access to the sexed body induces changes in narcissism and also as regards object relationship. This gives rise to a myriad of questions, in particular as regards finitude, accepting a body that has become "alien", breaking away from parents, using sexual potentialities, accepting gender, generational differences, incestuous risk, etc. A suicide attempt is a way of addressing these questions... or rather, of eluding them. "I cannot think of that".

It should be noted that a suicide attempt frequently seems to be addressed to a specific person. This aggressiveness towards oneself is also an attack directed to the other, emphasizing a lack of love. We can, as such, also discern this act as a means of communication, an ultimate action and occasionally a desperate move to maintain or re-establish relationships with the others. This change, moreover, evolves with time (Van Meerbeeck 1998). Certain adolescents would sacrifice their life for a humanistic cause, a king, a god, but it is no longer the dominating stance in Europe. Nonetheless, we can see this phenomenon reappearing, for example, when certain young people leave for Syria in particular, to join the "holy wars". Today, certain adolescents embrace a mindset where they love so much that they are ready to give up their life for another. As such, this gesture, once again, takes on a highly-specific sense as regards the other. Moreover, the assumption is made that if questions about sense and non-sense are very much to the fore, if the emotional or family bond does not suffice, if there is a feeling of derision, humiliation or failure, then suicide appears to be a solution to an unbearable and inconceivable experience. This offers the individual the opportunity to no longer think about or feel something that seems irresolvable, and even more so when the bond with the other is not important enough to give meaning to life. According to a study (Laederach 1999), in nine adolescents out of ten, we can see a fairly low real investment in educational and professional activities. Close family ties are, moreover, acknowledged as a protective factor (Gould 2003).

Pathologies considered as risk factors in suicide attempts

Certain pathologies have been identified as provoking suicide attempts in adolescents. Psychiatric diagnosis was made for over 90% of young suicidal individuals (Gould 2003). It is worth mentioning that we, more frequently, come across co-morbid psychiatric pathologies rather than one on its own (Goldston 2009). This high percentage of psychiatric diagnosis sparks interest and could, as such, challenge what we have developed above. Diagnosing a psychiatric condition in an adolescent must, however, be carried out with due caution (Zdanowicz 2013). Adult classification is used for making these diagnoses, which suggests that the syndrome must have a relatively permanent structure. We generally consider, however, that syndromes during adolescence do not have the same impact or need the same treatment as similar problems in adults. During adolescence, we will thenceforth speak about a condition rather than a disorder. Certain authors even mention a normal dysthymic condition during adolescence (Zdanowicz 2013). Furthermore, different authors give different figures in the percentage of pathologies (Pommereau 2013).

Psychotic disorders are identified in only 10% of suicidal adolescents (Pommereau 2013). A suicide attempt in an unconventional depressive or delirious

context requires in-depth psychiatric assessment and monitoring. In such cases, vigilance is called for as to the possible evolution towards a chronic disorder. Consideration needs to be given, as such, to personal and family history, to the age of onset of the initial disorders, to semiology and to the evolution. The risk of death from suicide in patients who have been diagnosed as schizophrenic tends to increase with age. Certain pictures may be atypical, in particular when cannabis consumption is involved. It should also be mentioned that the use of drugs may cause acute decompensation in predisposed subjects. Depression is the most frequently established diagnosis. 40 to 60% of suicidal adolescents manifest the criteria of a major depressive episode. It is found associated with an anxiety disorder in 70% of cases. Bipolarity rarely exists, however, (10 to 15% of cases) (Pommereau 2013). The depressive picture during adolescence comprises specific characteristics: melancholic forms are extremely rare, however, mixed forms, which include a wide range of physical complaints, and forms marked by antisocial-type behavioural disorders, are extremely frequent. 40% of patients who attempt suicide present at least 3 somatic complaints (Laederach 1999). Yet again, it is occasionally difficult to recognize this picture when it is related to the consumption of psycho-stimulating substances. It is quite rare to encounter a suicide that has not been diagnosed with depression. Depression is professedly present in 90% of cases, even if it is frequently co-morbidity (Goldston 2009). Furthermore, the existence of a second pathology would seem to significantly increase the risk of a suicide attempt in comparison with patients who only suffer from depression (Lewinsohn 1995). Adjustment disorders are also very frequently invoked. Notwithstanding, from a theoretical point of view, this is of no great significance, given that the period of adolescence is, inherently, an event where adjustment is a real issue. Moreover, triggering factors that patients refer to, which could lead to the diagnosis of an adjustment disorder, are frequently the tip of the iceberg, which conceals many other things. Finally, there is the issue of pathological personality disorders, which we also find in numerous studies. Certain authors have noticed a personality disorder prevalence that is higher in suicidal hospitalized patients than in non-suicidal hospitalized patients (Braun-Scharm 1996). They mention, in particular, borderline-type and, also emotionally-unstable personality disorders. This diagnosis is paradoxical as adolescence is characterized by limited control over emotions, intolerance to frustration and even high impulsiveness, criteria used for diagnosing these personality disorders. Several opposing points of view exist as regards establishing a diagnosis of personality disorders in adolescents. Concern is given to stigmatizing patients and to crystallizing them in a diagnosis that connotes a chronic pathology. Yet, advocating that personality disorders only appear after the age of 18 seems to be a difficult stance to take. As such, the idea advocated by certain authors is to leave the possibility open for establishing this diagnosis, but the rest must be excluded (Braun-Scharm 1996). According to a retrospective study, in which the future of suicidal adolescents was studied, 55% of patients were diagnosed with borderline personality disorder (Dumont 2008) when they reached adulthood, thus, at a certain distance from the suicide attempt.

Certain diagnosis combinations present a greater risk (Goldston 2009): behavioural disorder and major depressive episode. It has also been observed that the relationship between a suicide attempt and major depressive episodes, generalized anxiety and/or substance abuse is higher during adolescence. We can also see that repeated suicide attempts are more frequently correlated with patients who have been diagnosed with a psychiatric condition such as major depressive episodes, dysthymia, generalized anxiety and panic disorder (Goldston 2009). The use of alcohol is a significant risk factor (Gould 2003), and even more so in boys. It should also be noted that the existence of psychiatric illness in a relative, in particular depression and substance abuse, is greatly linked to the risk of suicide in adolescents (Gould 2003).

DISCUSSION

In the first part of this paper, adolescence is clearly characterized as a period of change, both physically and psychologically-speaking. The subject has little control over the situation and is obliged to endure this transition. Consequently, the high occurrence of diagnoses such as adjustment disorder and even depression can be questioned. If we refer to the definition of adjustment disorder in the DSM-IV, we can see that: “the development of emotional or behavioural symptoms in response to (an) identifiable stressor(s) occurring within 3 months of the onset of the stressor(s)”. Thenceforth, the high occurrence of the onset of this disorder can be acknowledged, given that adolescence is stress-producing. Comparable reflection can be undertaken for depression and for dysthymia which, in the end, can be considered as a characteristic of adolescence, and even a normal one. As such, these pathologies should not really be deemed as suicide risk factors, but perhaps as signals that the adolescent is living through this period in a more pathological way. The challenge would, therefore, be to be able to establish these diagnoses in an appropriate way where time is, as such, taken, and to subsequently identify the adolescents who are having trouble living through this child-to-adult transition and who may be at risk of attempting suicide.

CONCLUSION

In conclusion, adolescence is a period marked by major issues, in particular as regards death, relationships with parents and the future. It also impacts the body,

which changes and becomes sexed. Consequently, every single adolescent has to deal with this, and has to respond. Certain adolescents will attempt suicide in this situation, to elude these issues to some extent, or to send out a powerful signal to their entourage. Certain pathologies appear to embrace certain risk factors as regards adolescent suicide, such as depression, adjustment disorder and alcohol and/or psychoactive substances. Vigilance is, therefore, required vis-à-vis these diagnosed adolescents, who are more likely to attempt suicide. Notwithstanding, it is important to keep in mind that adolescence is a high-stress time, that requires adjustment, and is characterized by dysthymia. As such, the challenge probably lies in spotting the adolescents who are more at risk and not diagnosing a normal process too quickly.

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