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CONCEPT OF DEATH AND SUICIDAL BEHAVIOR IN CHILDREN AND ADOLESCENTS

Pace University PSY.D. 1986

CONCEPT OF DEATH AND SUICIDAL BEHAVIOR IN CHILDREN AND ADOLESCENTS

Robert J. Karpas

A Doctoral Project in

School-Community Psychology

Submitted to the Graduate Faculty of Dyson College of Arts and Sciences of Pace University in Partial Fulfillment of the Requirements for the Degree of Doctor of Psychology

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PSYCHOLOGY DEPARTMENT
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FINAL APPROVAL FORM

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I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Community Psychology.

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Abstract

This research was an investigation of the relationship between children's concepts of death and suicidal behavior. Fifty mostly minority psychiatric inpatient and outpatient children and adolescents, 6 through 16 years old, were evaluated for their personal and impersonal concept of death (independent variables) and level of suicidal ideation and suicidal behavior (dependent variables). Demographic, cognitive, affective, and psychiatric history variables were also considered as independent variables. While simple Pearson product-moment correlations between the concept of death and suicidal ideation and suicidal behavior were not significant, multiple regression analyses resulted in an improvement in predicting the dependent variables. When additional independent variables were entered into the regression equation first, nearly 55% of variance in suicidal ideation and suicidal behavior was predicted. Personal and impersonal concept of death predicted an additional 0.08%, and 0.33%, respectively, for suicidal ideation and 4.16%, and 4.10%, respectively, for suicidal behavior. Results are discussed with respect to diagnosis, treatment, and prevention of suicidal behavior.

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CHAPTER I

Introduction

The major purpose of this study is to investigate the relationship between a child's concept of death and the presence of suicidal ideation and behavior. In the past two decades, suicidal behavior in children and adolescents has shown a dramatic increase (Davis, 1985; Joffe & Offord, 1983; Sudak, Ford, & Rushforth, 1984). Among children in a clinic population the reported rates for suicide attempts range from 10 to 33% (Kosky, 1983; Pfeffer, Conte, Plutchik, & Jerrett, 1980), with other investigators indicating that 10% of all children may be at risk for suicide (Griffin & Felsenthal, 1983). Research into the etiology of suicidal behavior in children and adolescents has been thus far unable to adequately explain or predict this disturbing phenomenon.

Demographic variables, the role of depression, disturbed parent-child interactions, and environmental, school and interpersonal factors, have been posited as etiological factors in child

and adolescent suicidal behavior. In the search to deepen the understanding, diagnosis and treatment of suicidal children, researchers have recently looked toward cognitive factors and their relation to suicidal behavior (Joffe & Offord, 1983).

The child's concept of death as a cognitive function was first studied by Nagy in 1936. Since that time, the link between cognitive development described by Piaget and the child's ability to understand death has been firmly established (Anthony, 1939; Safier, 1964; Kane, 1975. The Kane Death Concept Inquiry (Kane, 1984) represents an attempt to empirically measure the child's death concepts at different stages of cognitive development. The relationship between concept of death and suicidal behavior in children and adolescents has been cited as a significant factor in the diagnosis and prognosis of suicidal behavior (Pfeffer, 1981, 1984; Orbach & Glaubman, 1978, 1979a, 1979b). For the severely stressed or anguished child already at risk for self destructive behavior, a distorted, unrealistic or immature death concept may contribute to the view that suicide offers an acceptable or desirable solution (Orbach &

Glaubman, 1977). The experimental investigation of the link between death concept and suicidal behavior needs further exploration and clarification.

The present research will empirically investigate the relationship between children's concepts of death and suicidal ideation and behavior. It is hoped that the results of this research will contribute to our growing understanding of suicide among children and adolescents and improve our capacity to prevent, diagnose and treat those at risk for suicidal behavior.

CHAPTER II

Review of the Literature

The steady increase in both attempted and completed suicides in children and adolescents has lead to the investigation of etiological factors of suicidal behavior (Davis, 1985; Frederick, 1979; Sudak, Ford, & Rushforth, 1984). The suicide rate for adolescents has increased 124% since 1961 (Griffin & Felsenthal, 1983) and in children between the ages of 10 and 14, there has been a 300% increase in the rate of completed suicides in the past three decades (Joffe & Offord, 1983). Suicidal children as young as two and a half years of age have been reported (Rosenthal & Rosenthal, 1984). In a child clinic sample, Kosky (1983) reported a 10% rate of attempted suicide. Pfeffer, Conte, Plutchik and Jerrett (1979, 1980) reported that 72% of an inpatient latency-aged clinic population and 33% of a latency-aged outpatient clinic population showed suicidal behavior. Investigations have suggested that 10% of all children may, in fact, be at risk for suicide (Griffin & Felsenthal, 1983).

However, despite the fact that the rate of increase in this population is the largest of any age group, child and adolescent suicidal behavior has been largely unrecognized or underreported (Griffin & Felsenthal, 1983; Cohen-Sandler, Berman, & King, 1982; Toolan, 1975).

Etiology of Suicidal Behavior

The etiology of adolescent and child suicidal behavior has been found to be complex and multivariate. Corder, Shorr, and Corder (1974) cited the difficulty of identifying significant determinants of suicidal behavior for this population. Family instability, undefined family structure, and socioeconomic and cultural stress interact to make the identification suicidal of risk factors problematic (Adam, Bouckoms, & Streiner, 1982; Corder et al., 1974; McKenry, Tishler, & Kelly, 1982; Tishler & McKenry, 1983). The results of investigations of such demographic variables as age, sex, socioeconomic status, religion and race have been inconsistent and confusing. Furthermore, the scarcity of reliable data, the underreporting of suicidal behavior for this population, and research design problems have contributed to the lack of definitive findings.

Environmental, family, school, and interpersonal variables have all been found to be related to suicidal behavior ("Children and Parasuicide," 1981; Corder et al., 1974; Davis, 1983; Friedman, Corn, Hurt, Fibel, Schulick, & Swirsky, 1984; Hawton, 1982; McKenry et al., 1982; Rohn, Sarles, Kenny, Reynolds, & Heald, 1977; Shaffer and Fisher, 1981; Sudak et al., 1984; Toolan, 1975). The abundance of factors posited in the literature confounds the differential diagnosis and accurate prediction of suicidal behavior. Attempts to describe a premonitory syndrome based on these multiple and complex factors have been unsuccessful. In fact suicidal and nonsuicidal psychiatrically ill children cannot be distinguished by the nature of precipitating factors. Both groups have experienced school failure, interpersonal and family problems, sexual problems, and fear of punishment (Mattsson, Seese, & Hawkins, 1967; Pfeffer et al., 1979; Shaffer & Fisher, 1981). Furthermore, while a disturbed parent-child relationship has been one of the factors frequently identified with suicidal behavior, such studies tend to lack control groups (Adam et al., 1982).

Other studies have examined lethality, finding within group differences (Alessi, McManus, & Brickman, & Grapentine, 1984; Beck, Beck, & Kovacs, 1975; Goldney, 1982; Shaffer & Fisher, 1981). Although such distinctions may be of value clinically, they have not proven to be prognostically useful (Mattsson et al., 1967).

Research that identifies the etiology of adult suicidal behavior does not adequately explain the rationale of child and adolescent suicidal behavior. Recent research has shown that prevailing theories of causation which might be readily applied to the adult population do not result in adequate or consistent determinants of suicidal behavior when used with adolescents and children (Joffe & Offord, 1983). Moreover, despite the concern over the rise in suicidal behavior in children and adolescents, the literature has been unable to establish reliable and clinically useful data. Studies have been impaired by inadequately controlled demographic groups (Boldt, 1982; Cohen-Sandler et al., 1982; Hawton, 1982; Marks & Haller, 1977; Rohn et al., 1977), and recent changes in the conceptualization and classification of childhood psychiatric disorders (Rutter & Shaffer, 1980; Tanguay, 1984).

Although it is possible to identify a cluster of suicidal characteristics for children and adolescents, significant within group variation makes accurate assessment difficult. Most studies report that behavior disorders and neurosis of some type are the most common diagnoses (Mattsson et al., 1967; Toolan, 1975) but because of a lack of standardized diagnostic criteria and inadequate control groups no clear relationship between suicidal behavior and specific psychiatric disorders in children has been established (Crumley, 1979; Pfeffer et al., 1979).

Recent research has emphasized the relationship between diagnosed affective disorders and suicidal behavior in children and adolescents (Alessi et al., 1984; Carlson & Cantwell, 1982; Sudak et al., 1984; Tishler & McKenry, 1983). Cohen-Sandler and her coworkers (1982) examined a variety of stresses and symptoms and found that depressed children were not necessarily suicidal and that suicidal children did not always meet the criteria for depression. In a study of psychiatrically identified adolescent attempters, Crumley (1979) stated that a diagnosis of depression is infrequent. Although researchers have

demonstrated that depression correlates with suicidal behavior (Friedman et al., 1984; Marks & Haller, 1977) and suicidal ideation (Carlson & Cantwell, 1982), additional nonaffective factors such as family history and life events also correlate with suicidal behavior. In addition, the diagnosis of depression was not a discriminating factor between those who threaten and those who attempt suicide. Although an understanding of contributing factors lends insight into the problem of suicidal behavior, the formulation of a consistent presuicidal syndrome is needed to identify and manage children and adolescents at risk for suicidal behavior (Boldt, 1982).

A series of investigations explored the range of environmental, psychological and demographic variables which have been associated with suicidal behavior of children (Pfeffer, 1981, 1984; Pfeffer et al., 1979, 1980; Pfeffer, Zuckerman, Plutchik, & Mizruchi, 1984). In one study which compared psychiatrically identified suicidal children with those not identified as suicidal, no significant differences between groups were found for seven of eight environmental, familial, and intrapsychic

measures (Pfeffer et al., 1979). These measures included precipitating events, affects and behavior (recent), family background, affects and behavior (past), concept of death, ego functioning, and ego defense mechanisms. Only the measure of the child's concept of death was found to be related to suicidal behavior. These investigators concluded that there is a need to identify the nature of the child's death concepts which are related to suicide potential. Pfeffer (1984) stated that "Death preoccupations may be the first clinical signs of children's suicidal impulses" (p. 57). Her research highlights the need to explore and delineate the child's concept of death as it relates to the diagnosis and treatment of suicide potential. That Pfeffer and her colleagues repeatedly found that the child's death concept was significantly related to suicidal behavior supports the observations that the child's concept of death as a cognitive process may provide a possible link to the identification of suicide potential and the formulation of effective treatment programs (Joffe & Offord, 1983; Kastenbaum & Costa, 1977).

Cognitive Development and the Concept of Death

The theoretical basis for the study of the child's cognitive development has been the lifework of Jean Piaget (Ginsburg & Opper, 1969; Pulaski, 1980). The Piagetian framework describes three levels of cognitive functioning; the preoperational subperiod, the concrete operational subperiod, and the formal operational period. According to Piaget, the child's understanding of death is simply an attempt to " . . . find a reason for everything" (1932, p. 178). The child is confused by the problem of death because death cannot be explained. Piaget theorized:

> . . . Death is the fortuitous and mysterious phenomenon par excellence. And in the questions about plants, and animals, and the human body, it is those which refer to death which will cause the child to leave behind him the stage of pure finalism, and to acquire the notion of statistical causality and chance. (1930, p. 362).

Despite the fact that the child's understanding of death is an important cognitive process, the study of the child's development of the death

concept is seldom undertaken. Nagy (1936) found that although children have an understanding of death which evolves with age, they affectively resist the idea of death and are unable to view death as part of a natural process. Use of children's writing, art, and communications was the basis of Nagy's developmental study (1938) with children ranging in age from three through eleven years. The subjects were children from Budapest who were broadly distributed across socioeconomic class, schooling and religion. Nagy reported that children focused on three issues when confronting the problem of death. The first was what is death; the second problem involved the cause and purpose of death; and the third problem concerned the changes that occurred after death. The results indicated that cognitive development with respect to death concept was age related. While younger children regarded death as temporary and not personal, older children had evolved a personal, biological view of death that acknowledged values and spirituality.

In a later investigation, Nagy (1948) hypothesized a three-stage developmental model of the death concept. In stage one the child views