

The knowledge of pedagogic students on suicidal behaviors in adolescents

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Abstract

Suicide, taking one's own life, seems to be in contradiction with the will to live. However, it is not so obvious, as there is not the same patterns of behavior for all people. People differ from one another as far as reactions, behavior, and actions are concerned. Some are mobilized, others are discouraged by failures. It is often thought that suicidal behavior occurs due to a mental disorder. The purpose of the study was to check the knowledge of IV-year-students of Pedagogy and Psychology of The University in Białystok concerning suicidal behavior. Danger of suicidal phenomenon among young people was also to be noticed and discussed. The examination was conducted in the group of 50 students of the IV year of Pedagogy and Psychology of The University in Białystok in 2002. Students, 21-25 years of age, comprised the most numerous group. Women were the majority (84%) while men were 16%. The examination tool was the questionnaire of 29 open and closed questions. The analysis of the results points to the fact that making a decision of suicide is a result of long reflections expanded in time. Personal and family problems are most common causes of suicidal behavior given by the responders. Social isolation and bad mental condition were behaviors indicating the will to commit suicide. Lonely people, chronically ill, emotionally immature and the young people were those of the high risk groups. According to the examined students, pain connected with physical suffering may influence suicidal behavior.

Key words: suicide, adolescent.

Introduction

Human life is the value in itself. However, a man is capable of choosing between life and death as he possesses the free will. The choice is controversial for some people because decisions and responsibilities of existence depend on them no matter how great their failures are.

Suicide is one of the most frequent causes of youths deaths [1]. Young people are specifically exposed to suicide due to a difficult puberty and emotional instability [2]. The risk of committing suicide by a child under 10 years old is slight although the age limit as far as destructive behavior is concerned is lowered [3,4]. The number of suicides, however, is increased among young people at the age of 20 [5]. Suicide is connected, according to the youths, with freedom and is, in a way, an attempt to attract other's attention in view of accumulated problems [2]. It is sometimes a conscious act of aggression directed towards real people in the closest environment. The act which has serious consequences and gives strong feeling of guilt. Suicide is one of most drastic ways of influencing other people [4,6].

In the prophylaxis of suicidal behavior, a detailed analysis of mental condition before a suicidal attempt (a prodromal phase, noticed as the state of psychic crisis) is of great importance [5]. The prodromal phase shows the symptoms which denote suicide. These are: dyssomia, anxiety, psychosomatic complaints, and such behavior as rebelliousness, drinking alcohol, bad school marks [7]. Prodromal period may last for several months and its dynamics is differentiated individually. Therefore there is a real possibility of preventing suicide [5,7].

Suicidal behaviors will not be a problem only when specialists and the society enter the fight against them. Each man who can recognize signals of danger can save a youngster who lost his sense of life. It is particularly important in work with young people who are immature emotionally and seek for the place in

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the world. Thus, listening and observation are crucial in coping with a man in a critical situation.

The aim of the study was to check the knowledge of the IV-year-students of Pedagogy and Psychology of The University in Białystok concerning suicidal behavior in young people.

Material and method

The examination was conducted among the students of the IV year of Pedagogy and Psychology in 2002. Questionnaire was filled by 50 people (42 women – 84% and 8 men – 6%). The most numerous group comprised of students, aged 21-25 years (62%) while 24% were 26-30 years of age, and 12% – 31-35 years. There were no people below 20 and above 40 years of age. The examination was based on the author's questionnaire including 29 open and open questions. The analysis concerned the knowledge of the students on suicidal behavior with particular stress put on youths behavior.

Study problems were concentrated on the following points:

- what are the most common causes of suicidal behavior?
- what symptoms can reveal the will to commit suicide?
- what is the duration of decision making by an endangered person?
- are there groups of increased risk of suicide?
- is there any relationship between the suicide and aggression or autoaggression?
- what are the diseases that can induce the suicidal behavior?

The students were informed about the aim of the study and consented to the examination, which was anonymous. The surveys were filled in the presence of the examiner and every ambiguity was cleared while writing. Data were collected and presented in tables and diagrams, the graphic analysis was performed in Excel and Word.

Results and discussion

According to responders, among the causes of suicidal attempts, there are unhappy love, inability to cope with problems, family problems, misunderstandings, school problems, rejection by environment, loss of a close person or a life goal, incurable diseases. Loneliness, lack of hope and self-acceptance happen to be in the background. The responders also connected suicidal behavior with depression and mental disorders or an attempt to attract other's attention and "crying for help". Physical or psychic harassing may also be a factor leading to an attempted suicide (*Tab. 1*).

The causes of suicide attempts given by the students are in accordance with the literature. It is well known that each of them can bring about lack of the will to live, specifically when the problems accumulate. On the other hand, not everyone tries to take his life when he experienced disaster, but there are very sensitive people, weak psychically, who cannot deal with everyday problems. Another issue to study was students' awareness of symptoms that can reveal the will to commit suicide. Most of people's actions is preceded by various signs of the will to fulfill

Table 1. Chosen causes of suicidal behavior according to the students

Causes of suicide determined by students	N	%
1. unhappy love	20	40
2. inability to cope with problems	20	40
3. bad financial situation	17	34
4. family problems, misunderstandings	14	28
5. school problems	13	26
6. rejection by environment	13	26
7. loss of a close person	12	24
8. loss of work	12	24
9. incurable diseases	9	18
10. loss of aim in life	8	16
11. big problems	8	16
12. loneliness	7	14
13. divorce	6	12
14. addictions	5	10
15. work problems	4	8
16. depression	3	6
17. lack of self-acceptance	3	6
18. dismissal	3	6

* data are not summed up due to multiplication of choice

them. The same is attributed to the attempt of life taking: an individual tells the surrounding about the intention. Sometimes the signals are very weak, sometimes they "cry out". However, it is usually difficult to distinguish them and it is still more hard to believe in them and try to prevent.

The symptoms, described by the responders, were different. The majority of answers pointed to "social isolation", "becoming withdrawn"; the other symptoms are presented in *Tab. 2*.

It is disturbing to notice that people attempting a suicide "do not have any symptoms" and "behave normally". Then, a question can be set to what extent the symptoms really do not exist and to what extent they are invisible. It seems that the symptoms concern bad psychic feelings and disturbed perception of oneself in the world outside. The students observed that a person who feels internally unhappy is usually isolated and, mostly, has difficulties in contacts with the closest surrounding which all leads to suicidal thoughts.

Giving away one's belongings, putting one's affairs in order before the final farewell is a very significant and radical symptom according to Anthony et al. [8,9]. Only 4% of the students were aware of the existence of that symptom. The survey clearly showed that the knowledge of suicidal symptoms among the students is not adequate and based on myths.

Suicide is a decisive process expanded in time and therefore the students were asked about the time of making a decision to commit suicide; whether it comes to one's mind suddenly or is a result of long thinking. That question was not answered by 4% of responders, 76% thinks that the decision is made after long thinking, and 20% – that the thought occurs instantly (*Tab. 3*).

The answers can be interpreted differently; e.g. the first thought of committing suicide is realized or maybe the thought occurs in time and the deed is a sudden reaction. On the other

Table 2. Symptoms denoting the will to commit suicide

Somatic diseases *	N	%
Neoplasms	22	44
Incurable diseases	17	34
AIDS	14	28
Cripplehood	10	20
Paralysis	4	8
General suffering	3	6
Sclerosis multiplex (SM)	2	4
Jaundice	2	4
Amputation, Alzheimer Syndrome	1	2
Bone diseases, epilepsy	1	2
Chosen psychic/social diseases	N	%
Mental disorders	18	36
Depression	12	24
Alcoholism	8	16
Drug-addiction	6	12
Anorexia	3	6
Bulimia	2	4

* data are not summed up due to multiplication of choice

hand, a person tries to manage his problems and “suddenly” comes to his mind that he should take his life. The literature on the subject confirms observations of 76% of the responders who noticed that suicide requires long hours of thinking. A man first internalizes the idea of giving up life, thinks it through and then chooses the way and time to do it. These activities are expanded in time; there are people who live thinking about committing suicide for months and even years.

Another analyzed question touched upon risk factor groups. The students pointed out the following groups: lonely, chronically ill, addicted, mentally disordered people, those who do not know how to cope with problems, stress-prone, disappointed in love affairs, psychologically weak, those who do not accept themselves, emotionally immature, young people in puberty, isolated people. Prisoners, sect members, subculture members, policemen, soldiers, and artists are more specific risk factor groups.

As we can see, there are discrepancies in observations. It seems that each field of life, profession, property, life situation are in the group of high suicidal risk. Everyone can actually do it in given conditions, usually extreme. The next question asked was the relation between suicidal attempt and an illness. Only 6% did not find such diseases, however, 94% agreed with those presented in *Tab. 4*. The responders enumerated more somatic than psychic diseases. It appears that physical pain is for the students a dominant factor leading to suicide. However, according to the literature on this subject, psychic diseases have a strong influence on suicide. Psychic suffering, lack of faith in oneself, love and hope, burdening oneself with others' problems are the main causes of suicidal attempts.

It is assumed that most diseases, especially chronic and incurable, may cause the life loses its sense. Therefore, it is essential for an ill person to have a group of support, family and friends, who could help in emotionally difficult moments. The

Table 3. The origin of suicide decision according to the responders

Origin of suicide decision	N	%
Sudden	10	20
Result of long thinking	38	76
Lack of answer	2	4
Total	50	100

Table 4. Chosen diseases that can induce suicide attempts

Symptoms described by the students	N	%
1. social isolation	25	50
2. becoming withdrawn	21	42
3. mood changes, irritation	14	28
4. talking about suicide	12	24
5. depression	10	20
6. absent-mindedness	7	14
7. indifference	5	10
8. signaling the problem	5	10
9. aggression	5	10
10. maintenance that life is senseless	4	8
11. people have no symptoms, they behave normally	3	6
12. take refuge in bad habits	2	4
13. pessimism	2	4
14. behavior changes	2	4
15. taking away one's things	2	4
16. bidding close people farewell	1	2
17. attract others' attention	1	2
18. shutting oneself away	1	2
19. such people are insecure	1	2

* data are not summed up due to multiplication of choice

responders' points of view on the relation between suicide and aggression or autoaggression was also examined. It turned out that 36% connected it with autoaggression, 22% with aggression (however, they did not directed it), and 18% thought suicide had nothing in common with aggression.

Suicide is an autoaggressive action. However, the action can be also directed against a given individual or environment and then the victim wants to arouse the feeling of guilt in the individual. The prophylaxis of suicidal intentions is difficult and requires the knowledge of both the causes of autoaggressive behavior and symptoms of a person's bad psychic condition. Experienced crisis is usually unnoticed as it concerns the inner side of the individual. Young people fighting with “the unfriendly” world are not lucky enough to find a specialist at the early stage of their problems. Thus, knowing the signals of threat is so important for such people as teachers, medical staff, priests, etc.; those who have contact with endangered young people. A vast knowledge on suicidology is not able to eradicate the phenomenon but it can facilitate its diagnosis and prophylaxis.

Conclusions

- 1) The most common causes of suicidal behavior were, according to the responders: unhappy love, inability to cope with problems, family and school problems.
- 2) The symptoms seem to be a social isolation and becoming withdrawn. They concerned bad psychic condition and disturbed perception of oneself in the world.
- 3) According to most students, the decision of suicide is a result of long thinking expanded in time.
- 4) The high risk groups are: the lonely, chronically ill, addicted, with mental disorders, emotionally immature people, and the young people.
- 5) Somatic diseases are, according to the students, the main cause of suicidal attempts. Pain connected with physical suffering has a dominant influence in suicidal behavior.

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