

SUICIDE: THE PALE CAST OF THOUGHT

Social worker Violetta Roziars tackles the thorny subject of suicide, particularly focusing on matriculants and their parents.

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Model – Chloe Bailey*



The December holiday period usually is a time to unwind and relax. For some households, however, the anxious wait for the 2017 matric results may bring a pale hue to their festivities. South African youths are confronted with various demands, notably in education. According to the University of Cape Town Student Health Centre's Counselling Guide, these demands can be both overwhelming and paralysing, especially when one is attempting to negotiate the already challenging transitions of adolescence. In this regard, according to the South African Depression and Anxiety Group (SADAG), 9.5% of teenagers consider suicide as the only solution to their problems.

Risk factors and social prejudice

Roy Baumeister, a University of Florida psychologist, finds that the majority of people who commit suicide lived better-than-average lives. Suicide rates are higher in prosperous socio-economic circumstances, whether a country or community. Baumeister argues that for the most part, ideal material conditions heighten suicide risk. Individuals set unreasonable standards for happiness or fulfilment, and when these great expectations are not met,

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they come unstrung: “a large body of evidence is consistent with the view that suicide is preceded by events that fall short of high standards and expectations, whether produced by past achievements, chronically favourable circumstances, or external demands.”

In contrast to the high levels of suicide in prosperous communities, I recently interviewed some high school teachers and police officers from several low-income coloured communities about whether they had any first-hand intra-community encounters with teen suicide, especially matriculants. Their responses were similar and quite disheartening. Although they were neither able to recall any personal experience nor produce any suicide statistics amongst coloured teenagers within their communities, they generally claimed that teenagers in their areas lacked the ambition to succeed at their studies. Instead of striving for academic success, they said, teenagers exhibit abusive behaviour, engaging in drug and alcohol abuse. Moreover, teens

are more likely to harm others: violent actions are aimed toward others instead of themselves. In the interviewees' opinion, failure at school and at life was the norm for most adolescents in their low-income community. The teachers and police officers did not think that the matric results would significantly impact teen lives.

In addition to socio-economic demands, prominent risk factors for suicidal ideation and suicide attempts are mental disorders. Depression, bipolar disorder and drug-and-alcohol use disorders are the most commonly diagnosed among those who think about, attempt, and commit suicide (*Journal of Clinical Psychiatry*). Thankfully, there is a growing awareness globally and in South Africa about the relationship between mental health and suicide; however, the popular imagination still subscribes to stereotypes and assumptions about mental illness and those who attempt or commit suicide. The negative attitudes or prejudicial views often foster further



social isolation or loneliness, for the individual who survives the suicide attempt, and feelings of shame, for the family of the one who does not.

In a hospital waiting room recently, I happened to sit next to a woman who was waiting to identify the body of her 20-year-old brother. After overhearing her telephonic conversation with a family member to whom she broke the news that her brother hanged himself, I asked her if she was okay (the social worker in me could not resist). I was curious as to the reason behind her composure for the 15-minute duration from hearing the news and viewing the body to sharing the news. She informed me she was angry: her brother shamed her family. Evidently he was a drug addict, but apparently, he had called her the previous day to apologise for the familial disgrace. To my mind, she was restraining herself from giving into grief, not because of his addiction or her lack of love for her brother, but because, based on her system of thought, his suicide was unacceptable.

The adolescent brain

According to neuroscience, there is a marked difference between the brains of children, adolescents, and adults. The adolescent years are a vulnerable time, when teens are more susceptible to

impulsive behaviour and when everything is felt more intensely. Teens might feel overwhelmed with despair and this is attributed to the incomplete development of the adolescent brain. The prefrontal cortex, the part of the brain responsible for thinking about consequences, does not start communicating effectively with the rest of the brain until age twenty-five. The upside, according to neuroscience, is that adolescence is also a period of tremendous "neuroplasticity," the term scientists use to describe the brain's potential to change through experience. There is then sufficient data to suggest that those who attempt suicide had wished that they did not, and very often having the right person, the right conversation, the right mental professional, and the right support from people who love them, changed the trajectory of that pale cast of suicidal thought.

Love and understanding

I often read the following poem titled *Don't Be Fooled By Me* by Charles C. Finn to encourage participation and establish trust within group settings:

... I'm afraid that your glance will not be followed by acceptance and love. I'm afraid you'll think less of me and you'll laugh and your laugh will kill me. I'm afraid that deep down, I'm nothing and that I'm just no good and that you'll see this and reject me

... please don't pass me by. It will not be easy for you. A lone conviction of worthlessness builds strong walls. The nearer you approach me, the blinder I may strike back.

It's irrational, but despite what books say about man, I am irrational, I fight against the very things that I cry out for, but I am told love is stronger than strong walls. In this lies my hope, my only hope...

This poem describes exactly what we all fear and what we do to protect ourselves, and what we need in any type of relationship.

Parents, irrespective of what your relationship has been with your child, whether you have reason for concern about your teenager's mental wellbeing during this transitional period, be mindful of your own inner landscape: your ability to be attuned to your son's/daughter's

emotional needs. Tell your teen that you love them. It might not ever have been said before, or it might be hard to express those feelings in your family, but you can start now. Create space for conversation with your teenager about their current emotional state, their fears and expectations. Some parents focus on what is wrong in a teen's life to help correct it. Listen more: make sure your child feels heard and acknowledged.

To the matric class of 2017 – relax. Whatever the outcome, success or failure, you WILL be okay. The exam result is but a chapter in your life. Oprah Winfrey said it best, "*Failure is just a way for our lives to show us we are moving in the wrong direction, that we should try something different.*" Often we try too hard to please others and the idea they have of us. Rather, reflect on what makes you happy. You do not have to prove anything to anyone. Be patient and don't give up on moving in the direction of what makes you feel good about yourself.

Where to find help

Call The South African Depression and Anxiety Group (SADAG) in event of a suicidal emergency. Contact 0800 567 567; 24-hour helpline 0800 12 13 14; or SMS 31393 (and we will call you back).

The Institute for Mindfulness South Africa (IMISA) offers Mindfulness-Based Stress Reduction 8-week programmes, contact <http://www.mindfulness.org.za/>; e-mail lynne@mbsr.co.za; website www.mbsr.co.za for info in your area.

Read *Brainstorm: The power and purpose of the teenage brain* by Daniel J Siegel.

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