COMPARATIVE SOCIAL WORK

MASTERS THESIS

A comparative study of youth attitudes to teenage suicide in
Norway and South Africa

Suicide, a Permanent Solution to a Temporary Problem!

*"I should only make myself ridiculous in my own eyes if I clung to life
and hugged it when it has no more to offer."*

Socrates

L Rugunandan   June 2006

Abstract

This research is a comparative study of the youths' views towards teenage suicide in Bodø, Norway and Durban, South Africa. The increase in self-destructive behaviour among teenagers was of concern in both countries. This study provides an insight into youths' understanding of the causes of suicide and their prevention strategies.

A variety of data gathering techniques was used within the focus group to elicit perception and attitudes from participants in a less threatening way. Their opinions on this subject were then analysed.

The qualitative nature of this study allowed the participants to contribute to a better understanding of the subject matter. This was used as an empowerment tool for the youth as gains in knowledge; confidence and engagement become a source of power.

The findings highlight the similarities and differences in the perceptions and attitudes of youth towards teenage suicide in both countries. It was assumed that the existing cultural, economic and social differences between South Africa and Norway would be reflected in the results. It was therefore interesting to see such a large similarities in attitudes in both countries. The findings indicate that youths in both countries have a basic understanding of causes and prevention of teenage suicide. These were, to some degree, consistent with findings and prevention strategies outlined in literature. However, one can question the efficacy of these strategies as specific prevention methods for suicide since they primarily deal with general suggestions to increase positive experiences of the youth. There are two important findings in this study: the strong influence of cultural factors and the link between internal and external causes of suicide.

These findings confirm some of the perceived views held by people on teenage suicide. Empowerment was an underlying factor in this study. By actively encouraging their participation in identifying and formulating solutions, we have been able to formulate solutions that are more acceptable to the youths.

The importance of equipping teenagers with the ability to cope with adverse situations that can become potentially dangerous or life threatening was seen as a crucial aspect in preventing suicide. In designing prevention strategies effectively, it is necessary to acknowledge the multi-dimension nature of factors within a cultural context.

1 Introduction

1.1 Introduction

> "A Permanent solution to a temporary problem" is what the South African Depression and Anxiety Group calls suicide." (SADAG: 2004).

Suicide is one of the dominant causes of death in the world among people aged 15-19. (Kevin Caruso, 2005). These statements are of concern and requires an increase of our understanding of this phenomenon. Suicidal behaviour has numerous and complex causes and not just one event triggers this act but a combination of events. This study provides a fresh perspective of the youth's view, based on the premise that they know their reality far better and are thus able to give input on this topic of concern. Hazel, (1995) states that

> "Research on the lives of adolescents has traditionally neglected the views and voices of the young people themselves. There has been a tendency to treat young people as passive subjects whose opinions are peripheral to the understanding of the issues which fundamentally affect them."

The views of young people are generally ignored regarding decisions that affect them. This research allowed the youth's voices to be heard, which Mertens, (2001) refers to as "silenced voices in a diverse world." (Mertens, 1999 cited in Shaw and Gould, 2001).

In using the action research methodology the theme of empowerment became a critical aspect of this study. Training to enhance the coping skills of teenagers for any situation in life is a healthy and positive alternative to suicide. This study assumed that the youth would identify these training needs. This view is supported by both Schlebusch, (2005) and Smyth and Maclachlan, (2004), who state that knowledge of attitudes on suicide increases creative and effective preventive measures. Without the necessary coping skills and support, these stressors can increase the risk of serious depression and therefore of suicidal ideas and behavior. This approach is supported by Cook and Fonow, 1986, who state that

> "....Research should do more then merely describe the world, it should change it." (Cook and Fonow, 1986, cited in Shaw and Gould, 2001:97).

1.2 Aim of Study

Research Question   What are the perceptions of the youth to causes and prevention of teenage suicide in South Africa and Norway?

This study aims to analyze the views of youth toward teenage suicide, within the South African and Norwegian context.   The suggestions and recommendations made by the youth, on prevention strategies, will raise awareness to teenage suicide. According to Hazel, (1995) the contribution of research in presenting the views of young people is important.

The choice of the research topic was guided by my work with youth empowerment as well the impact of increasing trends of teenage suicide in South Africa. There were similar feelings of hopelessness and disillusionment expressed in both the formal and the informal sector on the topic of suicide. This study provided an opportunity to combine my facilitation skills with the participatory emancipatory approach, in finding creative options in exploring this phenomenon.

1.3 Definitions of Key Concepts

The key concepts in this study are suicide, teenager and youth.

Suicide: Wilful act of taking ones own life. (Oxford Dictionary, 2002). Self-inflicted death is when someone intentionally and knowingly ends his life, who longs for death as such and is certain that his death will be brought about by his own action or failure to act. (Masaruk, 1970)

Teenager.

A teenager is someone between the age between 13 and 19, which is regarded as a phase in the life course between childhood and adulthood. (Coles: 1995). The teenagers referred to in this study are between the ages of 15 and 19 years of age.

Youth

The time of life when one is young, especially between the period between childhood and maturity. (Webster English Dictionary). In South Africa, a youth is defined as any persons between the ages of 14 and 35 years, according to the South African National Youth

Commission Act of 1996. The youth referred to in this study are between the ages of 18 and 21. (The distinction between teenagers and youth was necessary because the research conducted on the youth, which incorporates an older age group, between the ages of 18 to 25. There is an overlap between the age group 18 to 19, between the youth and the teenagers in this study)

1.4   Theoretical Approach

This study does not subscribe to any one particular theoretical model. It incorporates a combination of the strengths perspective, systems and anti-oppressive practice in addressing the structural challenges (contexts) and advocating change (Empowerment). The aim of the study was to find new ways of addressing a problem using the researchers experience of working with youth and hence initially started with the "reflexive action approach" which Schon 1995) refers to as the reflective approach, which deals with developing knowledge in practice rather than applying theories to it. (Schon,1995 cited in Healy,2005:100). This approach advocates "refining knowledge in action" so as to apply new ways of responding to problems we encounter in practice. It gradually evolved to the systems approach given the multi-factorial influences that affect the youth at a micro and macro level. The holistic understanding of the teenager within his environment was important in this study. This view is supported in Silverman (2003) who states that:

> "ethnomethodology addresses how people produce social reality
> through the interactive process, which is structurally organised and
> is both shaped by and shape the context." (Silverman,2003).

The ecosystems perspective within the systems theory, was important in this study because, it recognizes that problems arise because of a "poor fit between a person's environment and his or her needs, capacities, rights and aspirations". The systems approach was therefore most appropriate in understanding this problem. According to Healy,(2005:132) it includes all the support systems and social networks in a persons life.

According to Germain and Gitterman, (1996:5) the key was in creating an enviroment that enhances human functioning. (Germain and Gitterman,1996:8 cited in Healy,2005:136-137).

The teenager's move toward independence requires adapting to the enviroment to suit his development needs. In this process, he is confronted by physical, social and emotional

challenges, which make this phase more complex. Adaptation makes certain demands of a person, and it is often incumbent upon the professional to provide support and assistance, thus making adaptation easier. adaptation is not passive according to this explanation, but is an active requiring change. In trying to understand the teenager, it was vital to see him as a component of this "system", with the ability to shape and "be shaped" by the environment. Healy refers to this as

> "seeing, complex phenomena (the person in the environment) in
> their interconnected and multilayered reality". (Healy,2005:146)

When this adjustment is overwhelming then suicidal thoughts began to emerge. There are various reasons according to leading experts for this to happen.
By engaging the client in generating options and seeking creative solutions in resolving the challenge at hand, it is sometimes necessary to look at new rules of engagement, with the client taking the lead.

> "Paradigms are a basic set of beliefs that guides action", (Lincoln
> and Guba 1999:17).

This change of "paradigm" or mindset change, in encouraging the client's belief in themselves and their capability to find solutions at different levels, is also referred to as self-determination or empowerment. Giving voice to the youth is seen a means of empowerment.
According to Gutierrez (1990)

> "This process of empowerment involves increasing personal
> interpersonal and political power so that we as individuals can take
> action to improve our life situations." (Gutierrez, 1990).

The "literature review" will also be used in this study, as a data source, to seek explanations from psychology, sociology, social work and philosophy, for two reasons, firstly to inform on the complexity of the factors leading to suicide and secondly to obtain a basic understanding of a teenager. This was necessary when attempting to view their attitudes and perceptions in their respective context. The analysis of this study will be guided by the grounded theory approach , which according to Atkinson et al (2003:159-160) is "data driven." (Atkinson, Coffey and Delamont, 2003:159-160).

This entire theoretical "framework" can be summarised by Healy who states that:

> "The skills and knowledge that we focus on has more to do with practices surrounding knowledge creation, and the practitioner's reflective ability. Theory building has parallel theory use, by examining ourselves; we create new ways of seeing others. There is the expectation that research in social work should be marked by rigour, range , variety, depth and progression, by shedding light on process and outcomes for practice building knowledge and skills for practice."(Healy:2005).

1.5   The Context /Setting

The two countries involved in this study are Norway and South Africa. Smith,(2001) "states that the context matter as it makes little sense to try to understand a special project without reference to the local environment that sustains it." (Smith,2001: cited in Denscombe,2002).

The different context was acknowledged as both the countries have different perceptions of the problem of teenage suicide. It is also acknowledged by Coleman,(1992) that:

> " the relationship between young people's experiences will vary
> with time, gender race and social class within these contexts."
> (Coleman,1992).

South Africa

Suicide is the third leading cause of death of teenagers in South Africa (World Health Organization, 2001). This increasing trend of teenage related suicide was a grave cause for concern in the Durban, Kwa Zulu Natal.

> "...at least two fatal suicides occur in South Africa every hour and
> 20 attempted suicides occur every 60 minutes. Historically in South
> Africa there has been inadequate research done on suicide"
> (Schlebusch: S A News: 2005)

Background

> "South Africa has a total population of 44, 8 million according to
> the S A Census, 2001. The total population for Kwa Zulu Natal is 9,
> 4 million. The number of teenagers in the age group between 15
> and 19 is 1,126 495." (South African Statistics, 2001)

South Africa has a unique situation of having a two-tiered economy, namely formal and informal sectors. There are many different communities co-existing within a combination of first and third world elements. Post apartheid South Africa has caused a lot of disruption and breakdown of traditional family ties through migration and urban relocation, especially amongst the previously disadvantaged communities. This breakdown is linked to suicide rates according to Durkhiem, 1970,who states that

> ".... where the suicide rate increases rapidly, it is symptomatic of
> the breakdown of the collective conscience, and of a basic flaw in
> the social fabric."

South Africa has a relatively new democracy, with 11 official languages embodied in the new constitution. This illustrates the complexity of this country currently under transition. The youth population, is large, since the term youth incorporates anyone between the ages of 14 to 35, according the South African Youth Commission Act:1996.

The financial stability is further challenged to deal with the rising social problems of high unemployment, the HIV pandemic, crime and reallocation of scarce resources. It became evident from articles in the newspaper, and on television, that teenage suicide is a problem that needs to be addressed as a priority in South Africa.

Norway

> "In Bodø the suicide rate for 2002 between the age group 10 to 24
> years was 37 % per 100 000. The mortality rate is higher for males
> then females with figures 29% for males and 8% for females."
> (Statistics Norway, 1996).

The discussion with child and adolescent psychiatrist, Olav Eldøen, who works at the outpatient clinic in BUPIS Fauske, revealed a disturbing increase in self-destructive behaviour, called self- mutilation, which is a common occurrence among youth in Norway

Background

The Population of Norway is 4 577 457. (Nordic Statistical Yearbook, 2004). The number of youth in the age group between 15 and 19 years old is 279 000 with 136 000 males and 143 000 females. The youth in Norway is usually defined as someone between the ages of 16 to 25 years of age. The youth population is relatively low and represents a small part of

the overall population. Norway is a developed first world country. The financial stability of the country allows for adequate job opportunities for all its residents. Being a welfare state ensures that the needs of all the residents are taken care of in terms of housing, medical care and unemployment benefits. The level of crime is low with the focus on rehabilitation and restoration of human dignity. The psychiatric centres focus on talks in schools and having nurses at schools to address the personal crisis of teenagers, as part of the early detection and prevention of suicide amongst teenagers.

In utilising the information on statistics for each country, we should bear in mind that the practice for coding "suicide, accidents and self-inflicted injury" differ from 1 country to another and thus care should be taken in comparing figures. (Nordic Statistical Yearbook, 2004).

1.6 Overview of Chapters

This thesis is divided into five chapters.

- Chapter one, introduces and contextualizes the topic of suicide. The theoretical approach, which guides the study, is elaborated on.
- Chapter two looks at the relevant literature that was reviewed, to obtain a deeper insight into this problem. It also looks at the global suicidal trends as well as suicide in both Norway and in South Africa.
- Chapter three is an expose of the research design and methodology used to achieve the participatory emancipatory approach to data gathering.
- The analysis of the data is covered in chapter four, which presents the data as factors that encourage and discourage suicide, followed by the suggested prevention strategies.
- Chapter five is the discussion of the findings, which examines the comparative nature of the study within the cultural context of South Africa and Norway.
- The final concluding chapter deals with the cultural context and the expected findings, as well as implication of the study.

2 Literature Review

2.1 Introduction

This review comprises the most relevant aspects of this study. The literature was sourced from books on causes of suicide, empirical studies and journals. Surfing the internet was helpful in this regard. The global trends helped to put the problem of suicide in perspective before examining it within the South African and Norwegian context. The local views were obtained through interviewing people working with vulnerable teenagers from both countries. It was important to include Durkheim's findings from his classical study of suicide as they reflect some of the views of society that were relevant in this study. The guidelines on prevention strategies were used to gauge the relevance of the strategies identified by the youth in this study. Studies using The Reason for living Inventory and Child and Adolescent Strengths Assessment were important to illustrate the contrast between factors that encourage and discourage suicide, and bring a balance to this study on the positive aspects. This was also used to examine why teenagers do not commit suicide.

The literature reviewed to obtain the causes of suicide amongst teenagers which was used for the focused statements, was too extensive to be included in this chapter. These factors sourced from the literature were sub-divided into internal and external factors, to achieve clarity for this study.

> "The literature in this study is not given a position of privilege when compared to other data; it is treated as data, with the same status as other data." (Atkinson, Coffey and Delamont, 2003).

2.2 Global Suicide Trends

> "Suicide is a tragic global public health problem. Worldwide, more people die from suicide than from all homicides and wars combined. There is an urgent need for coordinated and intensified global action to prevent this needless toll." "For every suicide death there are scores of family and friends whose lives are devastated emotionally, socially and economically", says Dr Catherine Le Galès-Camus, WHO Assistant-Director General. (World Health Organisation, 2005).

The Suicide Index

The highest rates, more that 30 cases per 100,000, are found in Finland, Latvia, New Zealand, the Russian Federation, and Slovenia .(WHO, World Health Statistics Annual 1993 and 1994, 1994 and 1995). Casper and Heyfelder have held that the great increase in suicide among teenagers is evidence that our delicate innocent youth is constantly becoming less satisfied with life. Globally, suicides represent 1.4% of the Global Burden of Disease, but the losses extend much further. In the Western Pacific Region, they account for 2.5% of all economic losses due to diseases. In most European countries, the number of suicides is larger than annual traffic fatalities. In 2001, the yearly global toll from suicide exceeded the number of deaths by homicide (500 000) and war (230 000).

Among countries reporting suicide, the highest rates are found in Eastern Europe and the lowest are found mostly in Latin America, in Muslim countries and in a few of the Asian countries. There is little information on suicide from African countries. There are estimated to be 10-20 times the number of deaths in failed suicide attempts, resulting in injury, hospitalization, emotional and mental trauma, although no reliable data is available on its full extent. Rates tend to increase with age, but there has recently been an alarming increase in suicidal behaviours amongst young people aged 15 to 25 years, worldwide. (WHO, 2002). A 1994 study by the Task force on Suicide in Canada linked suicide among young people to sexual and emotional abuse, stress, unplanned pregnancy, problems concerning preference, unemployment, imprisonment, and running away from home.

2.3 Suicide within the South African and Norwegian Context

South Africa:

UNICEF Report: 1993: The Children and Women in South Africa: A Situational Analysis, *South African Political Factors and Suicide:*

The effect of colonization and apartheid left scars on the emerging youth who underwent great suffering and oppression. The neglect of women and children and youth is structural and deeply rooted in history. Education was one of the most highly politicized aspects of Social Policy in South Africa. The black students took a leading role in protests and boycotts, which further entrenched and deepened the divide between acquiring a decent schooling and soaring illiteracy rates. The youth emerging from this background were more

likely to find unemployment and lack of opportunities because of poor education background. Their future was bleak economically, socially and mentally.

Poverty and Suicide

Vast disparities of wealth and the different opportunities caused the greatest obstacle to change in South African society. 66% of Africans live below the poverty line, which rises to 80 %. in rural areas. The unemployment rate for South Africa is 26%. These statistics are a grim reminder that it is impossible to separate healthy development and social adjustment from living conditions.

"Poverty often disposes one to unsettled conditions of wealth, need and misery." (Roberts, 1995 cited in the UNICEF Report, 1993:3).

To want a man must be able to satisfy his wants if he is not able to do this then his life loses its worth for him, he becomes dissatisfied and unhappy and he finally seeks death of his own free will. Since conceptions of a standard of living are relative, an imagined need has the same effect as an actual need on the appearance of the suicidal tendency.

Aids and Suicide

The high incidence of Aids in South Africa has been linked to suicide, according to the study by Schlebusch, (2005). The incidence of aids orphans has also become a stressor for youth who are forced to become pseudo parents.

Street Children and Suicide

Children move away from their fragmenting families and into the suburbs in search of a brighter future, but are led ultimately into the streets, which brings them into another harsh reality of street life, where they grow up as street children and juvenile offenders. Young people are more proportionally represented amongst the homelessness (Anderson et al, 1993). many of whom are reported as living in poverty and on poor diets. Young men especially have begun to show all the signs of suffering from stress and anxiety as they face an uncertain future, with suicide rates amongst 15 and 19 year old doubling (Woodroff, 1993)

Lifeline in Kwa Zulu Natal, Durban: Director

In a telephonic interview, Bruna Gillham, assistant director of Lifeline in Durban revealed that a majority of calls that were received were from depressed clients and people who had HIV/Aids. They indicated a loss of hope and spoke of attempting suicide. Many calls were received from people experiencing loneliness, most of whom where teenagers.

<u>Nelson Mandela School of Medicine at University of Kwa Zulu Natal:</u> <u>President of the</u>
<u>International Association for Suicide Prevention in South Africa.</u>

In an article written on his study on suicide prevention, Schlebusch, 2005, outlined the causes of suicide. He found that there was a link between hopelessness and suicidal thoughts and suicidal action. In his study, he elaborated that depression was identified as the most common thought of a person who was suicidal. Other factors that were identified in his study were: -financial and socioeconomic factors, Patients who are HIV positive, life threatening diseases, exposure to violence, dysfunctional relationships and post traumatic disorder. The suicidal person slips into a cognitive rut, is unable to see alternatives, and is therefore reliant on guidance from others for these alternatives.

> "South Africa has one of the world's highest suicide rates amongst
> teenagers. We have a severe problem with self-destructive behaviour
> in this country which needs to be addressed." Schlebusch;
> S.A.News, 2005)

Media Reports

Kimberly, a small mining town in South Africa, has the highest rate of suicide according to research quoted in the magazine program, called Take 5 aired on television on the August 2004 on channel 3 of the South African Broadcasting Channel. This program listed the main causes according to the social workers were depression and alcohol abuse as a result of unemployment. This problem of suicide in Kimberly was further highlighted in the Program called Special Assignment titled, "Nowhere to turn which quoted the following statistics:

> "an average of 17 People attempt suicide every week, 10 of these are
> teenagers see taking their lives as a solution. 156 teenagers have
> attempted suicide in Kimberly in the last 3 months." (South African
> Broadcasting Channel: 2003)

The increase was because of" copycat behaviours", where the suicide of one sets off a chain reaction.

Norway

Norwegian political aspect and suicide

Norway is a constitutional, hereditary monarchy with a parliamentary system of government. Despite a unitary constitution, locally elected bodies, the municipalities are responsible for many welfare services. The growth in the welfare state reflects that the state has taken over responsibility for services and welfare, which were previously carried out by the families themselves. (Norwegian Ministry of Health & Care Services in Norway, 1999)

A great number of children received support in one form or another during the year – 33 300 or 3 per cent of all children in the 0-17 age group in 2001. 3% of children and adolescents under the age of 18 receive treatment form specialised mental Health services, 95% of these on an outpatient basis. The care of the teenagers and youth is given a high priority with mental health services that cater for the needs of suicidal teenagers. This could be one of the reasons for the relatively low suicide rate, in comparison with other Northern European countries, still suicide is one of the most important causes of death for people under 45 years of age, responsible for 13 percent of all deaths in this age group . The number of suicides has been declining since mid 1980s according to the mental health services report. (Norwegian Ministry of Health & Care Services in Norway, 1999)

The unemployment rate in Norway is 4.5%. The number of people receiving income support
rose steeply in the 1994, with young people representing a high proportion of income support recipients. Norway has relatively few cases of serious crimes of violence, such as murder and aggravated robbery. The exception is rape where Norway, as well as Sweden and Denmark, is clearly above the European average. (Norwegian Statistics, 2005)

Discussion with Ingrid Løkken from the Bymisjon in Bodø indicated that there were many calls received from lonely people who just needed to talk to someone. There were many young callers.

The Suicide Research and Prevention Unit: The Norwegian Plan for Suicide Prevention: 2002-2002: Mehlum, Lars a psychiatrist and professor of suicidology at the University of Oslo and Reinholdt, Nils Petter: the national project manager for the Norwegian Plan for Suicide Prevention

The main conclusions from the evaluation of the national plan have been examined in "Suicidologi" magazine no. 3/2000. In brief, the findings were that in Norway there were less hospital-based resources for clinical follow-up of suicide attempters than in many other countries, this must also be considered in the light of the special and decentralized

population settlement pattern. Follow-up procedures for persons who have been hospitalized after attempting suicide were emphasized.

In recent years, new research and experience from the field of practice and general societal developments have uncovered new problem fields to focus on suicide prevention measures. Suicide survivors need more assistance and they can also be a great resource for prevention. The problems of gays and lesbians represent another area that has been suppressed to a very large degree. Elderly persons, particularly elderly men, exhibit relatively high suicide rates in this country. A related issue is suicide prevention among young people. For both young and elderly persons suicide prevention concerns specific and delimiting measures, such as better treatment programmes for psychological disorders and changes in social development. One of the most important results of the Norwegian plan for suicide prevention was the emergence of dedicated professionals involved in suicide prevention activities on a national scale.

2.4   Empirical study: Durkheim's Classical Study of Suicide -1893

This study was important for its particular conclusions to suicide, which still has some relevance in modern society of today. Suicide in Durkheim's study, was seen as any death resulting "directly or indirectly from a negative of positive act of the victim himself, which he knows will produce this result".

In this classical work of suicide, Durkheim, gives an account of what happens when the regulative power of society breaks down. Durkheim based his study of suicide on the norms of society that were rapidly changing, which had a negative impact on the integrative forces in society. He distinguishes between "egoistic", "altruistic" and "anomic" forms of suicide.

Egoistic suicide, he noted arises from the excessive individuation, which occurs when the individual is detached from the collective consciousness, which gives his life direction and meaning. This type of self-destruction, he points out, is more typical among Protestants than Catholics and affects more then Jews. This is because egoistic suicide is caused by a lack of social integration. The collective consciousness is weaker in Protestants than in Catholic communities and is stronger in Jewish groups. Egoistic suicide is an increasing phenomenon in modern society because of the development of individual autonomy. In contrast altruistic

Suicide was seen as the product of insufficient individuation and is therefore more common in primitive societies where the individual has no clear sense of his own distinctive existence and is therefore ready to sacrifice himself for the group. It is however, anomic suicide, which is most distinctive to societies in the process of modernization. Anomic suicide is due to the breakdown of the collective order when individuals lack the backing of the primitive collective conscience and have not yet been taken up into the new organic solidarity. Such suicides do not, he demonstrates, correlate with poverty but arise from frustration and despair, which follows from unregulated and hence unrealizable desires.

A correlation he claims indicates decisively that each society has a collective inclination towards suicide, a rate of self- homicide, which is fairly constant for each society so long as the basic conditions of its existence stay the same.

In order to reduce the suicide rate, Durkheim, 1970, considers the emergence of occupational groups or corporations as a source of moral discipline, thereby introducing a new type of "solidarity". Through this medium he states, it is possible to limit the extent of legitimate needs and so increase the general happiness of society and thereby reduce among other ills the incidence of suicide.

2.5   Guidelines for Suicide Prevention in Schools: Wasserman and Narboni: 1999

National Swedish Centre for Suicide Research and Prevention of Mental Health.

This document is intended as a framework for Suicide Prevention in Schools, with the belief that the approach of starting prevention at an early stage of the suicidal process is strategically necessary, as intervention is more difficult once the suicidal process has progressed beyond a certain stage. This report was the extended version of material used to produce the booklet called; Suicide prevention: A Resource for school teachers and other school staff. This was one of a series of resources prepared to address the prevention of suicide. On 24 January 2001, Sweden passed a parliamentary resolution to adapt this booklet as to syllabuses for both schoolchildren's education and teacher training. The parliamentary resolution has strengthened suicide preventative work, and efforts to enhance mental health in Sweden. They are hopeful that with WHO's involvement, a similar decision will also be reached in other countries as well. This study gave an insight on research done on a range of factors that encourage suicide as well as tried and tested

methods of prevention for teenagers within the school system; and was therefore relevant to this study.

2.6 Why young people do not kill themselves. (Gutierrez et al: 2000)

This study was conducted by Gutierrez and colleagues who tested the ability of the Reason for Living Inventory for Adolescents (RFL-A) to distinguish among adolescents with varying degrees of suicidal ideation. They examined the relationship between scores on the RFL-A and scores on the Minnesota Multiphase Personality Inventory for adolescents (MMPI-A) and the Beck Hopelessness Scale (BHS). Consistent with past studies, they found that among youth who were admitted to a psychiatric hospital for the first suicide attempt, there were differences between boys and girls on some RFL-A subscales. (Pg 185). Comparing the BHS and RFL- A scales, the authors found "more" hopelessness among adolescents who have limited optimism about the future, low levels of peer acceptance and support, and a weak sense of alliance with their families" (pg: 185). The authors conclude that "it may not always be possible to reduce risk factors, but increasing an adolescent's reasons for living may be a reasonable treatment goal" (pg 186)

2.7 Child and Adolescent Strengths Assessment (CASA) (Lyons et al, 2000)

The CASA is a 30- item inventory on which an individual familiar with a child or adolescent rates strengths on 6 dimensions. Family, (e.g. has strong positive relation with at least one parent). School /Vocational (e.g. - excels in at least one subject) psychological (e.g. has a sense of humour). Peer e.g. (has close friends) Moral/Spiritual (e.g. has developed values/morals) and Extracurricular (e.g. has artistic/creative talent). Lyons and colleagues (2000) used the CASA to assess the prevalence of strengths among a sample of youth in residential treatment facilities and assessed the relationship of these strengths to psychopathology using the Childhood Severity of Psychiatric illness (CSPI) Scale. They found that having a sense of humour was rated as an important strength in reducing the level of risk of suicide. While the two least commonly reported, items were participating in a community services youth group and participating in church youth groups.

The aim of the above literature was to shed light on the issue of suicide in both contexts, as well as existing studies that were relevant in this study. This was necessary as knowledge will enhance our understanding of some of the existing factors and attitudes towards

teenage suicide. The next chapter deals with the research methodology used to examine attitudes of youth in this study and how this was achieved.

3 Research Design and Methodology

3.1 Introduction

This chapter outlines the methodology used to obtain the data for this study. The method of social research according to Payne, 2004, should depend on and be appropriate to the topic at hand. The qualitative method was most appropriate for this empirical study because it was best suited for the research question. Babbie and Mouton, 2001, states that this "…is studying human action in its natural setting and through the eyes of the actors themselves" hence, these methods provided the opportunity to study young people in their context. This internal view would give me deeper insight into how the youth viewed suicide, and will help provide answers to the research question of the kind of attitudes they have on this topic.

This study was exploratory in nature and although some assumptions were made, there was no hypothesis to be tested. The use of grounded theory was therefore the most appropriate in this study. It provided a fertile ground for "breeding" or emergence of theory, as Glaser, 1967 suggests the two main criteria for judging the adequacy of the emerging theory: that it fits the situation; and that it works. The constant comparative method, which is at the heart of the grounded theory process, was most applicable in this study. This comparison was necessary in the obtaining an understanding of the differences and similarities of opinions and views of participants in the two different countries in this study.

3.2 Selecting a Method: Focus Group

The sensitive nature of the topic was also taken into account when choosing this method. The focus group was therefore the most suitable in this study for the following reasons:-

It was more **youth friendly** than surveys and one to one interviews, and was relevant because the participants in this study were youth. Whitmore, (1998) conducted a study using this approach successfully with the youth. (Whitmore, 1998, cited in Shaw and Gould, 2001.)

Although Payne, (2004) criticizes the focus group as being a *"cheap and dirty"* substitute for real research, however it was an appropriate tool to use in this instance, as youth who

could be seen as a "hard to reach group", (Whitmore,1998) and would not have responded in an interview as freely as they did in the focus group setting. The fear of becoming defensive and not revealing their true opinion was a real threat. Morgan, (1998) suggests that this method is helpful for those that afraid of "face- to- face" discussion. (Morgan, 1998, Wilkinson, 1998 cited in Norman, Denzin and Lincoln, 2003: 364.) However the focus group provided a more interactive and non- threatening atmosphere to generate participation and discussion and was therefore effective in gathering the data required. My background in working with youth groups was beneficial in encouraging the youth to express their opinions and point of view without fear of intimidation. This view is supported by Gibbs, 1997 who highlights the skill of the researcher in "promoting debate" and "challenging participants" to draw out opinions. (Social Research Update, 1997).

The reservations that researchers have against using the focus group method were acknowledged. Puchta et al, (2004.), expressed the fear of the individual's view becoming "contaminated" and being "a threat to authenticity" which prevents his true opinion from coming through. This was addressed by allowing the youth to discuss the vignette in pairs and then to report back to the group thereby giving their own views prior to discussing it in the group. The focus group allowed the youth to be in a more "natural environment" which according to Krueger and Casey, (2001) is similar to the interaction patterns of real life. (Krueger and Casey, 2001, cited in Ritchie and Lewis: 171). In this study, the youth discussed issues without reservations and often contradicted the views that were presented, which was typical of any discussion with the youth. This illustrated their ability to assert their independence and individuality in expressing their own opinions. This came through quite strongly in the brainstorming session when the group was able to make suggestions freely.

> "The nature of this study also allowed real solutions to be generated to a
> real problem, as they provide a "relaxed group setting which will draw
> out people's opinions and perceptions." (Vaughn, 1996, cited in Puchta
> and Potter, 2004).

This method provided an opportunity for the youth to openly express what they really thought about teenage suicide, thereby revealing their opinions. As supported by Puchta and Potter, (2004) who state that

"...attitudes and opinions are the principal currency of focus groups, because it is talk for which people have a personal speaking position."(Puchta and Potter, 2004:74).

Techniques used within the Focus Groups

A range of creative techniques such as icebreakers, vignette, focused statements, brainstorming was used to increase open interactive dialogue in order to gather the appropriate data. The various techniques used also ensured the consistency of the material. Hazel, (1996) and Whitmore (1998) which supported the effectiveness of employing a variety of methods in the research of young people successfully conducted similar studies. The following techniques were used in this study.

Vignette

A real case of a suicide proved valuable in exploring this sensitive topic. The use of the vignette was supported by Neal, (1999), who states that

"...vignettes are useful in exploring potentially sensitive topics that participants might otherwise find difficult to discuss."

This framed the discussion to an extent by rooting the discussion around the topic of suicide. However, it was effective in providing a stimulus for encouraging lively discussion, which generated opinions. It also introduced an element of consistency by providing a common basis for discussion. (Ritchie and Lewis, 2003:128). It was therefore useful, for comparison between the reactions of different participants from different countries to the same example.

Focused Statements

"Grounded theory can be generated from a diverse range of data types and research strategies; the approach stresses the emergent nature of ideas as the researcher engages with the social world."(Atkinson, Coffey and Delmont, 2003:159-160).

Based on the above the literature review was also used as a data source in this study. The factors that predispose teenagers to the risk of suicide were obtained from studies and various other sources such as the Empirical studies on Self Esteem, by Elmer,(2004), Internet report of World Health Organisation on Suicide (1999-2005), Goldstone, (2000) Assessments of Suicidal Behaviour and Risk and Bassuk, (1975) Lifelines: Clinical Perspectives on Suicide , to name a few.

"Suicidal behaviour has a large number of complex underlying causes, including poverty, unemployment, loss of loved ones, arguments, breakdown in relationships and legal or work-related problems. A family history of suicide, as well as alcohol and drug abuse, and childhood abuse, social isolation and some mental disorders including depression and schizophrenia, also play a central role in a large number of suicides. Physical illness and disabling pain can also increase suicide risks." (World Health Organisation, 2005).

The factors were divided into external and internal causes for easier identification. They were then used as a guideline in drawing up the focused statements, which were converted into easily understandable statements written down in a structured form. The participants were asked to specify their level of agreement to each of the statements. Due to the sensitive nature of the topic, any anxiety invoking or threatening questions were avoided and were substituted with indirect questions. In this way, the literature review was used as a source for generating ideas on data gathering. This was helpful in this study because attitudes can be very broad and difficult to assess by using just one method, so by using the focused statements additional data was gathered to complement the findings. According to Burgess, this second method of obtaining data on the same situation provides a difference in emphasis and detail. (Burgess, 1995).

Brainstorming

The brainstorming session enabled the youth to offer strategies, which they thought, were helpful in preventing teenage suicide. The suggestions were recorded on flipcharts.

This technique was important in displaying to the group what they had generated by setting a guideline for further discussion as supported by Ritchie and Lewis, 2003. It was also used as a tool for empowerment by encouraging the views of the youth in this study.

3.3   Ethical Considerations

Ethical Requirements

Ethical clearance prior to commence with the research was obtained from the University College at Bodø Høgskolen in Norway and the University of Kwa Zulu Natal in South Africa. The youth were selected on their willingness to participate in this study, and in this way, their freedom from coercion to participate in this study was ensured.

Informed consent forms were filled in by the youth for their participation in this research study. They were given the assurance that the material will be treated confidentiality and will be disposed of within 2 years of the study. The ground rules at the beginning of the group, also stressed confidentiality and anonymity. A confidential setting was used which was necessary if young participants are to provide uninhibited information, according to (Koocher, 1994 cited in Hazel, 1996:2) Debriefing was done at the end of the session and follow up support was offered by the youth coordinator for those who required it.

Generalization

> "Qualitative practitioner research is contextual and contexts may
> vary, it may not be possible to replicate existing studies." (Shaw
> and Gould, 2001).

Since this is a limited qualitative study the sample was relatively small and was conveniently selected, hence, it does not lend itself to generalizations. Barbie, 2001 maintains that

> "....the main concern is to understand social actions in terms of its
> specific context rather than attempting to generalize it to some
> theoretical population." (Barbie and Mouton, 2001).

Validity and Reliability

As cautioned by the study undertaken with youth by Whitmore, 1998, the following precautions were taken into account. (Whitmore, 1998 cited in Shaw and Gould, 2001.) The administration of the focused statements, filling in of the informed consent forms and the format of the group were kept as close as possible in both settings to enhance credibility of the data. The openings, introductory as well as the transitional questions into the discussions were also kept as similar as possible in both groups to ensure that effective comparison could be made. A time interval schedule was used to gauge the evenhanded treatment of both groups.

Sample

This study included youth between the ages of 18 to 21 from Bodø in Norway and Durban in South Africa. The youth were chosen for this study because they were the closest in the age group to teenagers. This meant that they could report on an issue having recently experienced being teenagers themselves. The participants were pre –selected from existing groups by the youth coordinator from the respective countries. This was, according to Fuller et al (1995), a non-probability convenience sample as it used an available group.

(Fuller and Patch, 1995:40). There were six participants in each group, which is keeping with exploring of sensitive topics which Finch, (2003:192), states "will be best tackled in smaller groups. The size was therefore small enough to allow everyone to have a voice but large enough to ensure diversity."

Contextual Sensitivity

This point was continually born in mind as the researcher was going into two different contexts and had to weary of not imposing her own values and biases. This contextual sensitivity is best described in Silverman, (2001)

> "... the understanding that participants in social life actively produce a context for what they do and that social researchers should not simply import their own assumptions about what context is relevant in any situation." (Silverman 2001: 1- 11).

The Researcher as Actor

> "A researcher is never a neutral inquirer according to Payne."
> (Payne, 2004 cited in Shaw and Gould, 2001: 112-3).

Since the relationship between the researcher and researched is crucial, the personal characteristics of the interviewer are known to influence research findings. My identity as an Indian woman from South Africa, who was to investigate attitudes amongst white youth Norwegian youth from a very different background, was initially a cause of apprehension. Schumann and Converse, (1971), have shown the effect of race of the interviewer depends on the kinds of questions that are posed, as well as the social context. (Schumann and Converse, 1971). This however worked out to my advantage in the South African context, where familiarity and tacit knowledge of the cultural context provided me with greater insight for the study.

Limitations

Samples Representativeness

According to Rubin and Babbie, (1996) a sample's representativeness

> "...depends directly on the extent to which the characteristic of the sample are the same as those of the population from which it was selected."

This sample in this study , according to this definition , is not an ideal sample as it deviates from the norm in that is does not take into account the various existing groups especially of

the heterogeneous population like South Africa. The sample will therefore not be typical or representative of the larger population so caution must be exercised when making generalisations from this study.

Language Obstacles

Since English was not the first language of the participants of Norway, the nuances and subtleties in the expressions could not be as implicit and spontaneous than those of the South African group whose first language was English.

In order to address these concerns both the supervisor as well as the co-facilitator in Norway were Norwegian and were therefore able to detect if there were any issue that may be challenging to the Norwegian youth in this context.

3.4   Data Gathering

The youth coordinators from Durban, and Bodø, pre-selected the groups from their respective countries. The youth were informed of the sensitive nature of the topic before participating in the study.

The setting:

 The discussion was held in a room that was adequate in terms of size, comfort and privacy, which were arranged by the youth coordinators. The youth were welcomed and invited to partake, of pizza and cool drinks that were provided, this helped to set the tone for an informal and relaxed atmosphere and dispelled some of the preconceived notions relating to the threatening nature of the inquiry.

The chairs were placed in a circular fashion to increase eye contact and encourage discussion. Name tags were given which was used for the positive icebreaker as well as to aid in the identification of the speakers for the transcription later. The **Icebreakers** created an atmosphere of mutual sharing and discussion, which made moving from the neutral to the more sensitive topic of suicide much easier.

Introduction to the topic: The youth signed the *informed consent forms, which made them willing participants in the study. *(A copy of the informed consent form is included in appendix.) They were also informed that the session will be recorded and were given the option to decline from the group process if they had any objection to this. The awareness day on suicide, 10 September was used to introduce the topic for the discussions that were to follow. Participants were also given a "format" of the meeting. The format was used as

a guideline on themes for discussion rather than a structured rigid agenda. **Ground rules** were established at the outset of the group, which helped to structure taking of turns and reinforced confidentiality.

Demographic details: A creative method was used to obtain demographic information of the participants at the beginning of the group. The members were asked to present themselves, highlighting their strengths. This provided information such as their name, sex, age, education background, leisure activities. The use of personal information from the participants was necessary to ensure congruence about a range of other factors. (The details of the participants have been summarised and included in the Appendix.)

*Vignette: The vignette was discussed in pairs. (A copy of the vignette is found in the appendix). . This was appropriate according to Hazel, (1996) in "getting the ball rolling" as it prompts willingness to empathize with characters and comment on motivation behind behaviour. The youth were assured that there were no right or wrong answers and the questions in the vignette was merely a guide to aid discussion. This had the desired effect in that it encouraged spontaneous and lively debate. The participants gave feed back without interruption, which increased the chances that the data reflected their own views and were not influenced by the group views. The themes which were written down from the report back was helpful in the analysis, which Atkinson (2003) refers to as "memoing."

*Focused Statements: *(A Copy of the focused statement can be found in the appendix.) The focused statements were used at the half -waypoint of the group, and gave the group more "direction and focus". The participants filled in the forms on their own without discussion with other group members; this provided the anonymity needed to encourage greater self-disclosure. Robson, (2002), supports this view of *self-report* since certain thoughts, feelings, beliefs and attitudes are private. The participants were asked to specify their level of agreement to each of the statements. These statements used in the paper-based methodology were elaborated on, in the discussion.

The *Brainstorming Session* provided an excellent opportunity for the participants to give their opinion, which they did with great gusto, as the response was "unchecked." It therefore gave a lot of data on prevention strategies, which they thought were necessary.

Debriefing was done after the discussion because it was a very sensitive topic. The participants shared freely that the discussion was very helpful in increasing their understanding of suicide and made them more willing to help. Some of them reported that it changed their views and gave them an idea of the "bigger picture". They were keen to obtain a copy of the findings. The option for referral to counselling was offered by the youth coordinator who was present. They were personally thanked for their contribution to this study.

The various data gathering techniques helped to ensure consistency of the data, as well as help to identify preliminary concepts and their interrelationships.

> ..."In grounded theory all data are relevant because the theory is generated from all the collected data and unfolds as the inquiry proceeds." (Glaser and Strauss, 1967, Lincoln and Guba, 1985).

The relevant data had been gathered and it was now ready to be analysed. The analysis and interpretation will help to convert this raw data into a meaningful analysis. This process is covered in depth in the next chapter.

4 Analysis & Interpretation of Findings

"Suicide is a long term solution to a short term problem"

4.1 Introduction

In analysing the data, various themes and pattern emerged on causes of suicide as perceived by the youth. To facilitate the analysis the data obtained will be referred to as A - focused statements, and B -brainstorming session and C-Discussion, in indicating where the data came from. As a starting point the data received from the various sources was initially analysed separately, before being joined together to draw a coherent discussion in attempting to answer the research question. In this way it was possible to get a better understanding of how each method or technique contributed to the findings and the concepts they produced for example in retrospect the responses from the focused statements gave a sharper clarity of the differences that existed between both the countries.

These causes were categorized into external and internal causes. The factors that encourage and discourage suicide were then examined under these headings. In analysing the data in this way, it became easier to depict the areas of similarities and differences especially from both countries.

4.2 Data Analyses

> "The first task in the processing of qualitative data is to get the
> information into a format suitable for classifying and ordering".
> (Miles and Huberman, 1994 cited in Payne 2004:36)

This study had both structured data obtained from the paper-based method of focused statements, and brainstorming session as well as unstructured data obtained from the discussion. In order to produce a coherent flow of the findings, the analysis followed the following process: firstly, open coding, to identify initial concepts, followed by Axial coding which developed categories and finally Selective coding which helped to refine the categories. The grounded theory approach was appropriate in this study as it had the

advantage of being able to expose the values, beliefs, attitudes, prejudices and biases of all participants as they were expressed.

A. Analysis of the focused statements: Structured data

The responses of the participants were tabulated into agreements and disagreements. This was then categorized according to themes of external and internal causes of suicide. The data was compared and associations were sought, especially ones corresponding with the themes that were already emanating from the discussions The analysis focused only on the statements that gave the strongest tension between responses for example between strong agreement and disagreement or varied responses and therefore does not include all the statements. The focused statements refined the discussion and encouraged strong opinions from participants in the discussion. The responses were indicative of broad consensus in the group on certain themes. The focused statements illustrated the sharpest difference in attitudes between Norway and South Africa.

B. Analysis of Brainstorming Session

The suggestions from the flipcharts were listed. The suggestions for prevention were analysed by checking their relevance to the causes identified, to gauge if the youth had a clear understanding of the causes and prevention of teenage suicide. The suggestions were viewed against prevention strategies from past studies and the Guidelines for Suicide Prevention by Wasserman and Narboni (1993) to illuminate the findings.

C. Analysis of focus Group -Unstructured Data

In order to make sense of the data it was necessary to have it coded. The process of naming or labelling things, categories, and properties is known as coding. Silverman, (2003) states that

> "developing codes was important because it adds information to the text through a process of interpretation that simultaneously breaks the text down into meaningful chunks or segments."

The audio tape was initially transcribed into a verbatim written report. Having the session recorded proved most helpful in recalling data, as supported by West, (1996) it was useful in

capturing minute details. (West, 1996 cited in Shaw and Gould, 2001:108-9).

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The notes taken during the group process by the observer was immediately transcribed to prevent diffusion or loss of information. The text was checked and read through several times

for transcription errors and omissions, and in this way, the data became more familiar and understandable to me. The finding of codes also became much easier as the text was examined line by line and the main idea or key word was identified. The process of *open coding* had begun.

> "Open coding is the part of the analysis concerned with identifying, naming, categorizing and describing phenomena found in the text."(Atkinson et al, 2003) Visualizing the speakers, by remembering who said what, was only possible through immediate transcription and by the aid of the nametags that the participants wore. This helped me to relate what was said within the group context and made the generation of key words simpler. The key words or indicators for each line were found, by constantly inquiring, "what was going on here?" These key words were useful in naming categories and themes. The work in creating codes is according to Robson, (2000) "...central to developing an understanding of your data as it lays the foundation for the subsequent analysis."

> "It also provided a solution to unstructured and difficult to deal with data that was generated in making the large amount of data manageable." (Silverman, 2003).

The numerous pages of transcripts were now reduced to meaningful codes. Payne, 2004, states that "...coding requires that the coder infer from the statement and its context what *the intention of the* speaker was."

Since this study was on the views of the youth, their opinions had to be separated from "group talk." which is a drawback of this method in that opinions become "coloured" by the group. Differentiating the information in this manner was a challenging exercise, however it was possible to identify the strong views, as they were often the ones repeated by the same person or stated in a different way. It was now time to group all these codes into the themes and categories. This was done by following the guidelines of Silverman, 2003, who states

> "going through the texts again, look for words and phrases describing events, concepts, which starts with what people said, then observe to identify themes and develop categorisation."

Many categories started to emerge; the challenge now was to reduce the data into categories that were identified from the open coding such as relationships, communication and the influence of society. It was helpful to initially divide the data into causes, attitudes and prevention strategies as this related directly to the research questions. These factors were used as guidelines and not as concrete definitions for the allocation of themes as Glaser and Strauss state that,

> "new categories could be devised on the basis of new concepts and themes that arise from the data." (Glaser and Strauss, 1967, cited in Burgess, 1995:177).

Axial coding was used in relating codes (categories and properties) to each other, via a combination of inductive and deductive thinking. (Coffey and Atkinson, 2003). Sub-categories indicating variation and dimensions arose from these categories, such as the types and nature of relationships. Many searching questions, called paradigm, or sensitizing questions were necessary, to aid in the process of analyzing situations. (Atkinson et al, 2003.)

The next stage was to identify and classify the categories and concepts into an ordered and systematic categorised form. *Selective coding* was extremely helpful in this instance as it involved continuous searching of patters, linkages and relationships between and among the categories derived.

Mamboing was helpful in illuminating ideas and relationships between the categories, from all the notes that were made. A few core categories were successfully developed and it was possible to see a pattern emerging. Many sub-categories related to that core category. The task was now to find a link between these categories; this was accomplished by continually working with the material. The interrelatedness of the information began to emerge. It was now possible to find related, meanings and relationships and patterns, it was like putting together pieces of a complicated puzzle. Payne, states that

> "...the essential idea is to develop a single storyline around which everything else is draped. Selective coding is about finding the driver that impels the story forward." (Payne, 2004).

Initially there were many categories, it was therefore necessary to get rid of unrelated categories. This was another challenge for me as all the data at this point seemed important and related in some way. The data which was now successfully compartmentalised into

categories, now had to be put together to form a "smooth" flow. Getting this flow meant constant reviewing and guidance in supervision.

A pattern then started to clearly emerge, which was illustrated in a flow chart depicting the interrelationships of the core categories. The data then became more coherent and simplified into a "storyline". In the entire process, the bottom up approach was used, where the data "dictated" the storyline. These patterns and themes were then analyzed as to how they fit with the concepts and theory by linking those to theoretical perspectives, theory and research questions. This meant further refining and more discarding of un- related categories.

The next task was to decide how the structure of the report to communicate the findings in a meaningful way. Preparation of the first draft was initiated by integrating the information into a coherent argument, with much assistance and guidance in supervision. The drawing of conclusions and their verification was now the major remaining analytic task. This was only accomplished by constant reworking and discovering new angles for presentation. A comparison was then made from the available data for both countries to illustrate the differences and similarities. In elaborating these themes, "in vivo codes" were used to quote directly from the data. In selecting illustrative quotations, it was necessary to indicate the extent to which it reflected the issue discussed to illuminate the findings. The inductive approach was used in summarizing the data.

The grounded theory approach was used as a guideline in analysing the data as it was a description of how "productive ideas may be generated" and not a "mechanistic set of **coding** operations", or **"analytic straightjacket"** as described by Atkinson, Coffey and Delamont, 2003:150-151. This approach "to think and act creatively in response to the data collected" was therefore appropriate for this study. The next section will deal with the actual data analysis and the interpretation of the findings.

4.3 Interpretation

The data was interpreted by separating the causes into external and internal causes.

4.1.1 External Causes

The analysis revealed two significant external causes, which were relationships and cultural norms.

Relationships

In determining factors that contribute to suicide there was a unanimous agreement from both groups that problems in relationship, was a major cause of suicide. This information was obtained from all the data sources A-focused statements, B-brainstorming session and C-discussions. A particular pattern was found in the various types of relationships from family to distant associates. There was a certain quality of these relationships that was perceived as instrumental in dissuading teenagers from attempting suicide. In order to elaborate on this theme the dimensional and differential factors that discourage or encourage suicide will be used. Communication was seen as a vital tool in improving relationships as communication barriers was seen as a common reason for suicide.

> "Communication has been identified as one of the key elements in relationship problems between youth and other significant adults. (Coleman et al 1992:227)

Family

> "Suicidal behaviour is more common in certain families and under particular circumstances." (Wasserman and Narboni, 1999).

The significant majority of youth agreed that there appeared to be close family ties among teenagers who did not attempt suicide. The communication pattern was described as being a strong reciprocal two- way. This was believed to encourage interaction and discussion between the teenager and their family. The nature of these relationships was referred to as supportive and dependable. The unconditional acceptance and approval within these family systems were perceived as high. The teenager could talk to someone. This was seen to be an essential element in being understood and respected within the family structure.

On the other hand, most of the youth described family ties that were likely to encourage suicide as distant. They maintained that a lack of support and very little evidence of dependable relationships were present in these families. Having no one to rely on or turn to was described as *"having no safety net"*, by the participants, which could prevent suicide. The level of trust was seen to be low in these relationships. The communication pattern was described as weak recicoprocial one-way, with mostly unidirectional communication, where parents talk down to the teenager, rather than engage in dialouge.

The youth claimed that teenagers were not listened to and that their voices were ignored, which further entrenched the lack of trust they had in adults. Studies show that communication suffers when power is not equal between two people in a relationship.

> "Sometimes a suicide attempt is a way to express the deep emotional pain that a teenager is feeling in the hope that someone will get the message that are trying to communicate." (Journal of American Psychiatric Association, 2002).

There was strong agreement from the entire group that teenagers who resort to suicide often find their parents expectation unrealistic and difficult to meet. They therefore experience a sense of failure and extreme rejection from their parents.

Research on family dysfunction and instability has shown that destructive family patterns and negative life events in childhood affect young people's lives thereafter, especially when they have been unable to cope with the trauma.

> "There is increasing evidence to suggest that young people often come from a multifamily problem family background in which the risks for suicide are cumulative." (Wasserman and Narboni.1999).

> "Recent studies on self esteem have also shown that the most important influences on self-esteem are parents. Part of this influence is attributable to parenting style. The key qualities contributing to positive self-esteem appear to be approval and acceptance." (Emler, 2004)

In the South African group there was consensus, that teenagers have little supervision and guidance. This was seen a little differently from "control" or imposed restrictions that are culturally based. This will be elaborated further on in the discussion. A recommendation was therefore made in the brainstorming session by the youth that parents need to show more interest and involvement in the supervision and guidance of teenagers. In Norway however there was a strong disagreement that teenagers have little supervision and guidance from their parents. The parents appeared to take an active interest in the guidance and supervision of their children.

As the earlier findings indicate, relationships were seen as pivotal in playing a role in suicide. This relationship and involvement of parents was a major theme that emanated from all the data sources described as A, B and C. This showed consistency from all the data sources, which indicated that the youth viewed the quality of the relationship as a strong cause for encouraging or discouraging suicide.

Studies by UNICEF, in South Africa, have revealed that there is a climbing fear in some communities that the support system that existed previously is becoming more difficult to access.

> "This could be due to the breakdown of the traditional extended system along with the supportive networks which served as a safety net. Lack of family support brought about by migratory labor and forced relocation did more damage to the traditional African family lifestyle. The extended family together with the support structures has changed drastically. The nuclear family has become a more commonplace feature consisting of parent and child with a prevalence of single parent families as well as aids orphans. There is also a more pressing need for both parents to work, especially in disadvantaged communities, which results in children having to take care of themselves. The option of a readily available caregiver that existed in extended households is clearly absent." (UNICEF, 1993)

The family pattern in Norway is nuclear rather than extended. The family system encourages an individualistic lifestyle. The support from the extend family is not always available and forthcoming. The focus is more on the immediate family. Gutierrez et al have found that

> "..weak sense of alliance with families was a cause of hopelessness leading to suicidal thoughts."(Gutierrez, 2000:185).

> "The aim of early intervention in high-risk families is to improve their psychosocial well-being, and also, the physical and mental health of the children in these families. In the long run, this can prevent destructive ways of responding to suicide-risk situations." (Wasserman and Narboni, 1999:45)

Friends

There was a strong feeling in the discussions(C) that having many friends, with whom one could interact and share confidences with, was a vital aspect of not being alienated. These relationships were characterized by a high level of trust for each other. The basis for establishing a trusting friendship was a way of validating experiences and feeling accepted by their peers. The focused statements (A) also showed that non-suicidal youth had many friends and confidants. Earlier research on suicide by Durkheim, (1970) has shown that

> "the peer group is known to play an essential role in the transition period from adolescence to adulthood, where the peer group acts as substitute for disintegrating traditional family structures." (Durkheim, 1970).

Teenagers that did not have many friends were seen by the group as more likely to attempt or commit suicide. This lack of relationship and support systems makes a teenager feel that they have no one to turn to for help. They were more prone to spend time by themselves and do not initiate or engage in much discussion or attempt to make friends easily.

Sometimes in their search for belonging, a teenager encounters negative peer pressure. Research has shown that the peer group plays an important role during teenage development. Membership within a peer group was essential to fulfil the need for belonging according to Maslow's (1969) theory of needs. The teenager has to conform to the peer group's norms in order to achieve and maintain a membership.

> "When these norms are not the norms of the teenager it creates a
> great deal of stress" (Erickson, 1994: 253).

In order to keep themselves together, teenagers temporarily over identify, to the point of apparent loss of identity, with the peer group.

In the South African group, there was unanimous agreement that the need to have true friends, that had a genuine interest in your well-being, was important. The need for supportive friendships was a strong view in both groups. The role of the peer group was seen to have a negative influence on some teenagers by both the groups. In Norway, some participants saw the role of the peer group as being strong and sometimes of a negative influential nature, such as drug addiction and alcohol abuse.

Partners

There was a strong feeling from all the participants in the group (C) that being in an intimate partnership was an important way to share concerns. The sharing of common concerns in these relationships was seen as important in discouraging suicide, as it built trust and increased a sense of worthiness. *"Having someone special to care enough to listen to you"* Agreement on this view was also strongly expressed in the focused statements. (A) There was unanimous agreement that problems in intimate partnerships were a common reason for suicide. The ability to share intimate and important concerns in these problematic partnerships was seen as very low or non- existent. There was a strong view from the group that the level of trust in these relationships was low.

According to WHO, 1999,

> "...loss of love or its symbolic equivalent in recognition,
> achievement or admiration can be experienced as confirmation of
> badness or worthlessness, any subsequent failure or loss may lead to

intense self-loathing, sometimes of suicidal proportions." (World
Health Organization, 2004)

In South Africa breakdown of relationships was seen as a major reason to commit suicide amongst teenagers. There were a much higher number of suicides related to breakdown of relationships in South Africa compared to Norway. Although the loss of partnerships was experienced in different ways, in Norway the youth informed that it did not result in many suicides.

Other Relationships

There was an overall agreement in the group that a person who is able to forge close associations and relationships will always be in a position to find someone to talk to within their social network. This was in keeping with research trends, which state that the suicidal person is usually isolated, and a loner. The strong views of the youth were that the relationship of suicidal teenagers with others was distant. The "at risk" teenagers were viewed as not being communicative with a strong tendency to be withdrawn. They were described as being *"awkward or out of place"* in large groups. This lack of relationship and *"unwillingness"* to rely on support systems was seen as a cause for suicide. They become lonely and have no one to turn to, which increases their isolation and renders them more prone to suicidal thoughts.

Research by Moore and Rosenthal, 1995, has shown that the majority of teenagers are still convinced that a doctor will breach confidentiality and tell their parents if they seek medical advice under the age of 16. This is an example of how trust can be broken , which can hamper communication, especially when seen in relation to the power that the doctor has in this situation. Their dignity and respect as a person becomes diminished in this one way, weak recriprocial pattern, where the teenager's views are ignored.

"If an individual's status is ambiguous and if his or her rights are not
clearly defined then inevitable he or she will lack the power to
influence events and to take control of his /her life. The experience
of powerlessness is a common one for teenagers, which may lead to
feelings of hopelessness and despair". (Rutter and Smith, 1995).

The theme of hopelessness prevailed in all situations described in this study, which also conforms to research identifying hopelessness as one of the leading causes of suicide.

Cultural Norms

In the discussion, the youth made a strong link between the conservative and traditional cultural norms in a society and teenage suicide. While they acknowledged that culture and tradition, are necessary and dictates morals codes and norms for each society they were of the view that certain cultural prescriptions were more likely to encourage suicide than others.

They claimed that when these cultural prescriptions are seen as un-realistic, then it becomes pressurising and is seen as cause of unbearable stress, which leads to suicide. The words used to describe these expectations by the youth were "*unrealistic demands,*" within a "*restrictive and overprotective environment*".

In South Africa, the youth were of the unanimous view that the inability to observe these social norms is punitive in a traditional cultural setting than in a non-traditional cultural setting. These societies, which are more restrictive and conservative, were described as having a lower tolerance for the breaking of social norms. The inability to conform to these "restrictive" norms makes the teenager "*feel hopeless and insecure*" as it does not reflect the current and subjective reality of the teenager. In their words, the teenager is seen as an "*outcast*" and is "*not allowed to be your own person*" were he feels like he has no other option but to consider suicide because of the extreme rejection.

Some of the examples that most commonly led to suicide in South Africa according to the youth were teenage pregnancies and failing to meet with academic achievement. Thus the common feeling was that they would rather commit suicide than face the "*consequences of not observing the social norm*", as Rubinstein 1987 states, based on his research on suicide among adolescents in Micronesia "*individuals draw upon cultural meanings in choosing their course of action and in giving this course of action public legitimacy*" (Rubinstein, 1987: 145 cited in Smyth and Maclachlan, 2004). This point was stressed by one of the participants who said,*" In the Indian community they are very traditional, if you don't act in a certain way it is, kind of like, you are an outcast. That is why lots of people try to hide their true self, like you know, they don't like to share their problems and they keep it inside, you know, and eventually they just explode!"*

These unrealistic expectations make teenagers feel "pressurized" and hopeless, which increases their risk to suicide. This pattern is akin to the one identified in the classical study

of Durkheim's study of "Anomic" suicide, where he makes a link between the gap between expectations of society and aspirations to meet them, which lead to suicide. There was consensus from both the groups that the impact that restrictive cultural norms in a society has on the teenager can be negative and detrimental to their self-esteem. This cry of teenagers was that *"society is judgmental"*. The teenagers in these societies felt judged and rejected for being non -conformist.

The cultural norms however that were more permissive, had fewer stigmas attached to them and were seen as more supportive to the teenager. There appeared to be a greater tolerance when norms, in these so-called "permissive" societies, were not observed. In Norway, for example teenagers felt more free and unhampered by rules and laws regarding conformity. They felt that they were given "freedom" to express and be themselves. Teenagers were able to view these kinds of expectations as realistic and were able to conform and to view their mistakes as a learning opportunity. This lack of strong cultural prescriptions was seen as a progressive move of societal trends by the youth and therefore less likely to lead to suicide. The tolerance and hence acceptance of the teenager in these societies was greater. Durkheim, related suicide to the state of society to which the individual belongs.

> "The person is a component within a system therefore the environment has a great impact in determining his well being." (Durkheim discussed in Campbell, 1981).

The role of culture is examined in detail under the discussion section, which looks at suicide in context in the next chapter.

4.3.2 Internal Causes

The internal causes that played an important role in this study were physical and psychological factors.

Physical

> "Adolescence is seen as a normal state, and during its course such features as low self esteem, despondency, concentration problems, fatigue and sleep disturbances are common. But there is no cause for alarm unless they are lasting and increasingly severe." (Wasserman and Narboni, 1999).

The youth were of the view that the "normal" physical development without extremes in behaviours and mood swings were an important reason for discouraging suicidal behaviour.

The majority of the youth acknowledged that although all youth experienced fluctuation in mood due to hormonal changes, those who were more resilient, were able to cope, and did not consider suicide as an option. Whereas, the youth commented that there appeared to be more dramatic changes among suicidal youth than those experienced by the average teenager in dealing with the onset of sexual maturation and its associated body and hormonal changes. this was expressed as " *the hormonal surge causes teenagers to get crazy, feelings get stronger...more dramatic"* They linked this to the heightening of emotional reactions and the consequential severe depression experienced during this stage that seem to make things look more serious than they really are. This view is supported by Bassuk in his clinical studies on teenagers. He states that:

> "Teenagers are more vulnerable to major depression and bipolar depression, due to the hormone and sleep cycles which both change dramatically and have a marked effect on mood." (Bassuk, 1975.)

Psychological

This refers to the psychological make up of a person. Self- esteem, Self-concept, or self-image is according to Emler, (2004)

> "A person's perception and evaluation of his own attributes, includes his physical, psychological and social attributes." (Emler, 2004)

Self Esteem

> "Identity is used synonymously with self-concept. Identity refers to a person's perception of himself as an individual who occupies certain positions in society, who has a continuous existence and who has a certain personal affiliations, values, beliefs and attitudes." (Erickson: 1994)

High Self Esteem

A person with a high self-esteem was seen by the group as having a greater chance of overcoming suicidal tendencies. A common feature seen in non-suicidal youth was a high self-image, which was demonstrated by a sense of general confidence.

A high self-esteem in their view also contributed to a high level of self-acceptance, which in turn made a person more acceptable to others.

In his study on self-esteem, Emler, 2004, found that close and loving relationships with others later in life do contribute positively to self-esteem.

"But the likelihood of forming and sustaining successful relationships of these kinds is itself higher when self-esteem is higher in the first place. The person with a high self-esteem was seen to be confident and less likely to end their lives."

A significant number of youth saw teenagers with high self-esteem as possessing effective coping strategies and therefore more able to resolve problems. They appeared to have greater control of situations that affected them, and if they were unable to find answers to their problems they were more likely to seek assistance from significant others. They displayed greater control over their environment and were not as fearful or intimidated as the suicidal youth. They were able to verbalise and discuss concerns of importance to them with ease. The focused statements (A) were also consistent; in showing that, having someone to turn to and having options at your disposal was a reason to discourage suicide. The level of independence displayed amongst teenagers that did not commit suicide was seen as high. They were more likely to take risks and experiment. They could "externalise" the situation or circumstance and take responsibility for their actions. The youth were of the common agreement that high self-esteem also made interactions with others mutually reinforcing and stimulating. This made it easier to associate with others, as these encounters were seen as pleasant. There was greater involvement in activities of interest and enjoyment by the youth who do not commit suicide. They commented that teenagers who have more hobbies and interests make more friends and are thus less isolated.

Low Self Esteem

The person with a high suicidal risk was seen by the group as most likely to have a low self -esteem. They were more likely to be lacking in effective coping strategies. Their problem solving capacity was low and they often did not have anyone to talk to about their concerns and problems. This issue of *"having no one to talk to"* was mentioned quite frequently in the discussion. Their view of the world becomes tainted as their needs for acceptance of self and others remains unmet which Maslow (1969) views as deficient and constantly seeking approval and therefore not motivated to seek higher need of developing a positive self-esteem.(Maslow,1969). The fulfilling of these needs is dependent on the type of society one finds oneself in, for example, the needs and role of teenagers in rural Africa will be different from the needs and roles of teenagers in any other part of the world.

> "Research shows that teenagers who lack good examples of a constructive attitude towards difficulties in life tend easily to become disappointed, offended or overwhelmed by a sense of hopelessness."(Wasserman and Narboni, 1999).

Elmer states

> "That one commonly voiced assumption is that low self-esteem increases the risk of behaviour damaging to health among young people - notably drug and alcohol abuse and smoking - because it increases vulnerability to negative peer group pressure. In fact, very low self-esteem if anything reduces sensitivity to conformity pressures." (Emler, 2004)

Without the necessary coping skills and support, these stressors can increase the risk of serious depression and therefore of suicidal ideas and behaviour. The common view held was that the suicidal person is not willing to partake in activities that bring enjoyment and displays no interest in hobbies.

A common feature that was noted was the insecurity that the teenager experiences during this stage of development.

> " A normal, though trying way in which teens separate from their parents is by going through a period of devaluation" (Wolfelt, 2004).

Their inability to make sound decisions was seen as a reason for this dependence. In South Africa, this dependence was seen in some cultures because of "learned helplessness". The youth saw this as a lack of dignity and respect of the rights of a teenager to express himself as an individual because of the "inbred" pressures to conform.

This view was found in Fook who states that

> "The problem is that dependent, powerless behaviour although clearly expected (*in roles of learned helplessness*) condoned and reinforced in certain social roles, is often problematic in other life situations, through unchangeable false beliefs, belief conflicts and socialised beliefs, especially in self - destructive ideas." (Fook, 993:79)

However, in Norway, the youth felt that the independent decision-making is encouraged, with support given to teenagers to move away from home to study, in other parts of the country or overseas, which strengthens their ability in thinking and living independent lives.

4.4. Comparative Nature of the Study

The comparative analysis revealed that there were some similarities as well as some differences in how suicide was viewed in both these countries.

4.4.1. Similarities

The similarities deal with the emotions that are commonly related as a cause of suicide. These reactions were seen as a result of the many factors that affect the youth.

Suicide the easy way out?

There was a strong agreement by all the group members in both groups that suicide was **not** the only way out of a difficult situation. There was however one strong disagreement to this view. This indicates that the youth know of other options and do not see suicide as a *way out*. Even if it is extremely difficult and challenging. The different response also indicates that some youth, that do see suicide a way out. This concurs with the view expressed in the discussion that suicide is seen an easy way out and was expressed as being a *cowards way*. At least one person in each group admitted, in this study, that they have had the thought of attempting suicide. This is in keeping with research trends, which show that suicidal thoughts may also be present in teenagers, and reflects the normal development process. It is only when the young person is preoccupied with thoughts that it becomes problematic.

> "The intensity of suicidal thoughts, their depth and duration, the context in which such thoughts occur and the impossibility of distracting a teenager from these thoughts is what distinguishes a healthy young person form one in the throes of a suicidal crisis." (Wasserman and Narboni, 1999).

In the South African group, the belief that suicide was *"obviously wrong"* and was seen *"as a long term solution to a short term problem"*....*as there is always an answer to every problem. There is never a time when where you can say that there is never a friend or anything."*

Depression

There was a strong unanimous view expressed in both groups that depression was a major cause of suicide amongst teenagers. It was also acknowledged that depression was a

consequence of a combination of factors that affected the individual such as circumstances, coping ability and personality.

The response from the focused statements (A) revealed that depression was seen by all the group members as a leading factor for suicide in both the countries. The opinions of the group were consistent in this regard.

> "Studies show that 20% of all teenagers experience depression, when it lingers and is intense it may be a sign that the person has developed major depression or sometimes called clinical depression or bipolar depression. It involves thoughts about death, negative thoughts about oneself, a sense of worthlessness, a sense of hopelessness that things could get better, low energy, loss of pleasure in things that once gave you joy." (American Psychiatric Association, 2002).

The majority of suicide attempts and suicide deaths happen among teenagers with depression. Suicide attempts are usually made by teenagers who are feeling seriously depressed or upset. A Teenager who is feeling suicidal may see no other way out of problems, no other escape from emotional pain, or no other way to communicate their desperate unhappiness.

> "Depression is defined as a manifestation of felt hopelessness regarding the attainment of goals when responsibility for the hopelessness is attributed to one's personal defects. In this context hope is conceived to be a function of the perceived probability of success with respect to goal attainment." (American Psychiatric Association, 2002)

The combination of depressive symptoms and antisocial behaviour has been described as the most common antecedent of teenage suicide. Several surveys have established that up to three quarters of those who eventually take their own lives show one or more symptoms of depression and many suffer from a full-blown depressive illness. According to Wasserman and Narboni, (1999)

> "Although some depressive symptoms or full-blown depressive disorders are common among suicidal children, depression is not a necessary concomitant of either suicidal ideation and suicide attempts, especially in the community samples." (Wasserman and Narboni, 1999)

We are cautioned not to overestimate the role of depression, since studies have shown that children can kill themselves without being depressed.

Lifeline, as well as the SADAG in South Africa deals with a large number of callers who are young and depressed. The psychiatric clinics in Norway deal with a large number of cases of depressed teenagers. Depression amongst teenagers seems to be an increasing problem in both these countries. Although the causes for the depression in both the countries vary, the sense of hopelessness and futility towards life is a common theme, which puts the teenagers at a high risk of attempting suicide.

Anger

Anger was seen as an emotion that was related to the urge to attempt suicide by the youth. *" teenagers who are suicidal are angry at the world... "*Although this anger was seen to be against others and possibly relating to the circumstances that the teenager found themselves in, it was interesting to note that the youth found that this anger was often misdirected to the self. This was also related to the inability to be able to deal effectively with situations and lacking in effective coping strategies, which was mentioned above.

By reducing the anger towards self, the individual punishes himself for having unacceptable feelings. Suicidal thinking may also confer a sense of active control, for an individual who feels helpless and hopeless and has failed to develop an effective sense of self. The notion that he can at least control his ultimate faith in an assertive manner can be quite comforting and even exhilarating. As Coleman suggests the idea of suicide can give a sense of control over others where normally the individual may feel powerless.

> "Suicidal feelings and ideas emerge when a vulnerable person experiences a breakdown in those mechanisms that ensure his/her sense of security and self-esteem. He is then flooded by feelings of utter aloneness, worthlessness and despair. There is almost accompanying rage, which poorly tolerated by his/her conscience, and for multiple reasons, becomes directed to the self. Suicide offers relief from inner pain, punishment of the guilty, worthless self and riddance of tormenting thoughts while allowing the full expression of murderous rage." (Coleman, 1992, Haven 1994).

Research has suggested another common get even strategy of angry teenagers, which is so called the "immorality complex", this phenomen is illustrated in the work of Wilson and Dean.

> "most youth who attempt suicde report a rich fantasy around the event, a fantasy tht includes being noticed after death by those who have ignored them, causing regret among those they feel have wronged them and teaching a lesson to those who have harmed them."(Wilson and Dean, 2003)

Stress

This stress in this study came from both internal and external factors. The external factors related to the pressures that influenced an individual and can therefore be seen in this context as situational stress. The pressure to conform and "fit into a mould" which society dictates was seen as stressful and often a cause of hopelessness, which eventually leads to suicide. Equally disturbing was the breakdown of these agents of social control such as family, community that induce conformity to conservative norms , which also creates stress on the individual, as they were unable to adapt to the loss of these social controls. Research has shown that youth experiencing stressors such as adverse social circumstances should be considered substantially heightened risk of suicidal behaviour (Heather et al, 1995, cited in American Journal of Child Adolescent Psychiatry, 34:1)

The other source of stress was the internal factors, pertaining to the individual and his ability to cope.

> "There are unique characteristics of this transition, in adolescence,
> which make it an unusually problematic one."(Coleman and Warren
> Adamson, 1992).

A study by Wilson and Dean, 2003, on the opinions of adolescent about reducing help seeking behaviours, states that,

> "From a psychological standpoint teenagers are very hard on
> themselves. They desire to fit in, the need be accepted, the constant
> pressure to be a good kid and a cool person in especially stressful in
> the teen years."

The combination of both the internal and external factors has been identified in this study, which make teenagers more prone to suicide. In the words of the youth, *"lots of teenagers suffer from stress, all types of stress, especially if they have to make important life changing decisions; (The stress) makes you think of doing stupid things like committing suicide."*

> "The stress-susceptibility model encompasses genetic, biological,
> psychological and social factors as well as stressors and
> communication, which play an important role throughout the course
> of the suicidal process from foetal stage to adulthood." (Wasserman
> and Narboni: 1999:26).

This suggests that the stresses experienced are only external but are internal as well. This point to the fact that causes affecting a teenager is indeed multi-dimensional. The

interrelationship between these stressors that lead to suicide, has been discussed in detail under the expected findings.

4.4.2. Differences

The differences were directly related to the cultural and different contexts in this study. The tolerance and acceptance of the society as conveyed by social institutions in this instance the school is clearly depicted.

Do only the weak minded commit suicide?

This statement seemed to get a varied response with a strong agreement from South African youth that a teenager who commit suicide has a weak mind and is disturbed. This view shows that they believe that one of the main causes for suicide in South Africa is internally located.

In contrast the largely undecided response from the youth in Norway with a leaning towards disagreement of this view indicates that they do not believe that teenagers who commit suicide have a weak will or are weak minded. This difference could be attributed to the level of coping skills as well as the options that is within the reach of the individual within the context in which they find themselves.

> "In a survey carried out in France, in 1993, among 12 000 school pupils, 5% of the boys and 8% of the girls reported attempting suicide at least once in their lives (giving an average of two per class)".
> (Wasserman and Narboni: 1999:19).

This shows that suicide is a thought that occurs in the minds most teenagers, it is only when the situation becomes unbearable for the individual that he commits the act.

Substance Abuse and Suicide

There was a strong view amongst the South African youth that drug abuse is often related to attempted suicide. However, there was a varied response amongst the youth on Norway. Although becoming dependent on drugs was seen as a consequence of, being unable to cope with problems the link to suicide was not seen as a strong one. Both groups did not see alcohol and drugs to be directly related to or a cause of suicide.

This view is contrary to studies, which show that besides having depressive effects, alcohol, and drugs alter a person's judgment. They interfere with the ability to assess risk, make

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good choices, and think of solutions to problems. Studies have shown that substance abuse problems also put teenagers at risk for suicidal thinking and behaviour. Alcohol and some drugs have depressive effects on the brain. Medical research conducted by Bassuk, (1975), found that

> "..misuse of these substances can bring on serious depression, especially in teenagers that are prone to depression because of their biology, family history or other life stressors. Chronic drug and alcohol abusers may also express self-destructive tendencies as well as cause them. One hypothesis proposes that serious depressants may be related to a depletion of certain neurotransmitter in the brain which may predispose the person to suicidal behaviour". (Bassuk: 1975)

While studies in the past have shown that suicide has been a cause of suicide, as quoted in Bassuk, who states, "many suicide attempts occur when a teenager is under the influence of alcohol and drugs. Teenagers with substance abuse problems often have serious depression or intense life stresses, to, further increasing their risk to suicide." (Bassuk 1975). The study by Wasserman and Narboni show a contrary view.

> "Abuse of illegal drugs (including marijuana) and alcohol is over represented among children and adolescents who commit suicide. In this age group, (15-19), one in four suicidal patients was found to have consumed alcohol or drugs before the act."(Wasserman and Narboni:1999:28)

In Norway the sanctions for alcohol intake and drug experimentation amongst teenagers is only seen as a problem when it becomes excessive and causes problems while in South Africa there are strict cultural taboos in underage teenage drinking.

Although there is no conclusive evidence between the link of alcohol and suicide, it is acknowledged that abuse of these substances does render a person more vulnerable to feelings of isolation and loss of inhibitions, and therefore leave them less able to deal effectively with situations, which may encourage suicidal thoughts or behaviour.

Guns and Suicide

There was an overwhelming agreement from the youth in South Africa that the availability of guns has contributed to the high rate of suicide amongst teenagers. This was understandable in view of the recent spate of suicides where teenagers used guns to commit suicide.

A contrasting view held by the Norwegian youth that the availability of guns does not contribute to the high rate of suicide. In South Africa the number of suicide caused by guns in very high

> "....of the 2500 reported cases 29% people took their own life by firearms. This statistic is high because South Africa has relatively easy access to firearms." (Global Alliance Mental Illness Advocacy Network, 2006.)

Gun related suicide has been one of the areas of investigation for prevention in Norway and the access to firearms is not as easy. There is great potential for prevention by restricting access to guns in a country such as Norway, where a very high proportion (more than 30%) of homes has a gun and where more than half of the young men who commit suicide use a gun.

Anderson et al have found that availability and access to guns has increased the risk of teenagers who has any other risk factors for suicidal thoughts and behaviour.

> "In 2001, 55% of suicides in the USA were committed with a firearm." (Anderson and Smith, 2003).

This link between suicide and availability of guns was also made by Leenaars et al, (2000) who found that:

> "The availability of a potentially dangerous means affects the rates of use as a means of exit and as a result guns were in fact a common means of suicide, especially in USA, Canada and South Africa."

Teenage Pregnancies and Suicide.

There was a strong view that teenage pregnancies were a cause of suicide among the South African youth, while the youth from Norway were not of the same view. This was attributed to the cultural norms that dictate the tolerance for teenage pregnancy in a given society. This is covered in greater detail under the discussion of cultural norms.

The causes for teenage pregnancies, in South Africa, according to the eThekwini municipality report,

> "....are a result of unreported rape, access to child care grant, curiosity aroused by peer pressure, lack of inhibitions caused by alcohol and drugs."

The youth saw a link between the cultural constraints and low level of tolerance for such behaviour within these cultural norms. Most teenagers face being ostracised by their peers and educators.

"Once thy have given birth they are forced to stay at home and look after their new born child." (eThekwni Municipality Report, Internet, 2006)

For example, within the South African society a lack of support for teenage pregnancies comes from the cultural values that, discussion and communication on these issues, between parent and child, are taboo within the cultural context of a traditional "Indian" family. This brings the unidirectional weak reciprocal pattern of communication into focus. The issue of contraception, which is more appropriate as a preventative measure, is seen in a negative light. When a teenager presents with this situation, the typical histrionics of "*you ought to know better or what will people say*" was what the youth described, as a typical response to this situation. The sense of bringing shame to the family name and being seen as a disgrace to the family was seen as a serious transgression within these cultural norms mostly amongst the African and Indian communities and has been linked to suicide.

"Teenage pregnancies among single African women with little education from poor families were increasing. These women are often ignorant about contraception and the victims of rape and have a low image of themselves and little sense of control over their lives and their future. "(UNICEF, 2003).

Teenage pregnancy was not seen as a reason for suicide in Norway, the teenage mother is given the necessary support to handle the situation. There are many options and means of support for the teenager who finds herself in this situation. The teenager is not "rejected" the social stigma was not something that was unbearable. The teenager is given financial assistance and support that will encourage her to have the baby instead of considering abortion or adoption. She is also assisted financially to continue with her education if she desires.

The issue of financial support was a great factor in making teenage pregnancies unacceptable, instead of becoming a source of shame and burdening the family with another mouth to feed. However, in poorer rural communities the childcare grant has caused new problems, with an increase on teenager mothers just to qualify for the paltry sum of R160 per month. This money is barely enough to sustain the child's needs.

"In order to address this problem in South Africa the municipality has started many education programs on awareness, contraception, and ante and post natal care for mothers and babies through certain schools. Legalised abortion has been approved by the government to

assist in safe termination of pregnancies amongst teenagers as a result
of rape." (eThekiwni Municipality Report, Internet, 2006)

Religion and Suicide

The South African youth held the strong view that suicide goes against their religious beliefs while the response from the youth in Norway were varied and undecided. The reliance on a higher power was what most youth saw as prevention against considering suicide in South Africa while the reliance, of youth in Norway, on religious beliefs was very low. The greatest difference was in their view of how they saw religion and the impact it had as a deterrent to suicide.

"Common to most explanations is the finding that modern civilisation
has resulted in a decline in the individuals involvement in religion and
specifically church attendance. This results in an increase in suicide."
(Stark et al in Conrad, 1991:19).

The flip side of this is that having strong religious and social strictures against suicide may result in some under- reporting in some countries, so there is no way of really knowing if religion actually prevents or reduces suicide.

Social Institutions

One of the Social Institution, which was seen to perpetuate and convey inadequacy, was seen by the youth as the school. The school was mentioned, in this discussion, as an example of a social institution as most of the youth had recently completed secondary and some were still pursuing education goals. It was also appropriate in this discussion as it represents one of the earliest agents of socialization and social control apart from the family. Its role was to socialize the teenagers for adult roles and preparation for the job market which is central to self -concept. It was also the place where a teenager spends a majority of their time. The youth viewed the pressure to perform academically as unsupportive. This focus on achievement, was viewed as unrealistic as it did not take into account the individual's ability and interests. According to the youth, these standards were reflection on the adult's standards of career establishment, which was linked to their status in society. The uniqueness and individuality of the person is not taken into account and this is seen rather as imposing on their *"limits of self expression"*. In order to maintain conformity the concept of corporal punishment (*which way only recently abolished in South Africa*) was seen as punitive and hindered the development of the potential of the individual

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and is best expressed in the following quote by one participant. *"Teachers must be able to identify withdrawn children and students and approach them properly. I have seen teachers, pick on these children and always make comments that make them feel more self-conscious. Teenagers that are suicidal do not have anyone to turn to, and by teachers persecuting these children they add to their troubles."*

The youth were able to relate incidents of being picked on and ostracised by teachers and felt that the impact on vulnerable children would only worsen their situation and increase their isolation thus leading to suicide.

For certain sociologists, social institutions are created and or stabilized by the action of participants. A central idea of this is that how we label phenomena defines their character. According to Silverman, this is related to how a concept is defined, in different contexts. (Silverman, 2001:101). The rules and regulations found within the South African school system was seen by youth as a mirror of the norms existing within that culture, such as the emphasis placed on academic achievement within the traditional and conservative community in South Africa. The youth found that they had *"no room for personal and individual growth".*

Whereas in Norway one of the social institutions which encouraged ability and performance and thereby competence was the school. The school environment was seen by the youth as one of the first crucial socialising agents in an individual's development. A supportive environment was seen as essential in developing this competency, which leads to success in other areas. An unsupportive environment inhibits growth and development and may result in labelling or ostracism, which may further contribute to personal problems.

> "In using the strengths perspective, the research of Goffman: 1991, on labelling, stigma and marginalisation, showed that many of the practices adopted by human services Institutions and human service professionals contributed to the problems they were intended to overcome." (Goffman, 1991, cited in Healey, 2005:155).

These negative labels imposed on an individual have negative implication in that a person tends to live up to them. Thus, the effect of the self-fulfilling prophecy in how a person sees himself or herself for example a person may develop a negative self- perception, which leads to self- defeating behaviours and feelings of worthlessness, which makes them more prone to suicide.

"In recognition of the power of language to "elevate and inspire or demoralise and destroy" (Saleebey, 1997:8) advocates of the strengths perspective urge workers to be sensitive to their language use, particularly in their description of client's perceived capacities and deficits." (Saleebey, 1997:8 cited in Healey, 2005:155)

The report for suicide prevention in schools, compiled by the National Centre for Suicide Research and Prevention, 1999, states that

".....in the education system the foremost challenge is not merely to recognize distressed and suicidal pupils, but to assist them....It was also found that some teachers know how to treat distressed and suicidal pupils with sensitivity and respect, while others do not. It was suggested that a balance must be struck between distance and closeness, and between empathy and respect." (Wasserman and Narboni: 1999:37) .

4.5. Prevention Strategies

In this study, the need for greater prevention measures was seen by participants of both groups, as important in addressing teenage suicide. Some of the prevention strategies were relevant to the causes that the youth identified and were consistent with other published material on prevention strategies. This demonstrated their commonsense understanding of the causes of suicide and some of the prevention strategies that were needed to address them. However, these strategies were based on their understanding only and therefore reflect a limited view.

Suggestions from youth in this study

There was a strong unanimous view that sound and stable relationships are essential to make

teenagers feel accepted which can lower the incidence of suicide . **Support** from friends, family, partnership was seen by all the youth as necessary to prevent suicide as it provides a *safety net,* for teenagers thus making them less vulnerable to suicide.

The focus on improving relationships by increasing communication was another strong suggestion. Overcoming **communication barriers** was important, in encouraging teenagers to talk and share their concerns with significant others.

Although the youth shared, the strong view that parental involvement in the lives of teenagers is welcomed, they expressed a need for boundaries to be set within limits. There was a strong agreement in the group on the need for more trust and respect from parents. They acknowledged that the need for responsibility was mutual on both the parents

and the teenagers. It was therefore suggested that parents should be informed that they must find the right balance between imposing demands that are not too high or too low in relation to their children's ability. Youth requested to be supported in making decisions. This would encourage them to become independent thinkers.

> "Studies on prevention show that protective factors include high self esteem and social connectedness, especially with family and friends, having social support, being in a stable relationship and religious or spiritual commitment." (World Health Organisation, 2005).

The youth expressed a need for more education and information, which will be helpful in increasing their understanding of this phenomenon. Information related to recognizing warning signs was deemed necessary so that appropriate action can be taken to prevent suicide. The report for suicide prevention in schools, compiled by the National Centre for Suicide Research and Prevention, 1999, have maintained

> "...that suicide prevention among children and adolescents are a priority and school is the optimal place to initiate such preventative action. Schools are responsible for creating a healthy mental and social environment for the young with lifelong consequences. Teachers were seen to play an important role in the early identification and referral of suicidal teenagers."

The youth strongly recommended support groups were necessary for talking about issues and challenges that teenagers face. This view is supported by research done by WHO, (2005), which found that, connectedness was the key.

> "...psychosocial interventions, suicide prevention centres and school-based preventions are all promising strategies interventions based on the principle of connectedness and easy access to have provided help..." (World Health Organisation, 2005).

The youth strongly recommended, that teenagers should be encouraged to become involved in activities they have passion for such as music, hobby and sports. The provision of more opportunities to socialize was seen as important in preventing alienation and loneliness as it provides an avenue for the productive use of leisure time. This was seen as a way to keep the teenager focused on finding enjoyment in life thereby increasing their will to live. This provides the opportunity to increase acceptance amongst others and thereby increase self-esteem. Since participation is a learned activity, the person can escape the "cognitive rut" of being a loner by learning new ways of becoming involved in activities and thus decrease the risk of becoming isolated.

Increasing effective coping mechanisms and problem solving behaviour to improve the ability to deal with situations was seen as a central prevention strategy for vulnerable teenagers. Past studies have confirmed the findings of the preventative measures that the youth have recommended in this regard.

> "These findings indicate that it is imperative to provide healthy alternatives to youth to cope with difficult circumstances by strengthening their emotional ability to cope with adverse circumstances."(World Health Organisation, 2005).

Capacity building or empowerment, which in this context refers to the building up of the teenager's ability to cope with life situations was therefore seen as a priority in preventing suicide. Contemporary research on prevention state that

> "One of the most fundamental aspects of future programme provision is a practical focus on wellbeing and coping, where adolescents are taught how to respond and more effectively to cope with specific challenges and life events." (Smyth and Maclachlan: 2004)

The youth in this study expressed an urgency to stop these phenomena from increasing. They expressed a keen desire to become more knowledgeable on warning signs so they could assist suicidal teenagers. The reservations from the youth coordinators, because of their experience, was that this might increase the pressure and strain of the youth who are not emotionally equipped or trained to handle such cases. The prevention strategies offered showed that the youth involved in this study had keen insight into some of the prevention strategies, although they were not related specifically to suicide, but rather to alternative lifestyle that could have an impact on preventing suicide.

5 Discussion

5.1 <u>Suicide in Context?</u>

The data suggested some discussion on culture; this phenomenon was examined within the context from which it arose. Norway and South Africa have very different social structures as a result of the historical, political and economic development. The cultural milieu in both these countries is therefore very different, yet despite these distinct differences, the views of the youth on certain aspects towards suicide are the same.

The central theme was the role of culture within a given society, in influencing attitudes towards suicide, as stated by one participant, *"society is judgmental!"* In this study there was strong agreement expressed by all the participants from both groups that society has a great influence on how teenagers view themselves. In a study by Smyth and Maclachlan, 2004, it was found that the idea that suicide is situational is not a new idea and they quote Berman, 1997, who states that

> "culture is the nutrient medium within which the organism is cultivated." (Berman, 1997 cited in Smyth and Maclachlan, 2004).

When seen from the systems perspective norms affect the teenager at a personal internal, structural cultural and religious level. In order to understand the cultural influences that undermine teenage suicide it was important to understand the individual's identity. Gerdes (1981) sees different facets of identity.

> "...identity is conceptually separated into public, social identity, personality identity and individual identity." Gerdes et al. (1981).

The identity in this study is the holistic view of a person has of himself incorporating all levels of his identity. This is shaped by the society they live in. In order to assess the teenagers' adjustment to his environment, as seen within the systems perspective, it was necessary to identify both the strengths and the stresses in a teenager's life. The norms of a society with restrictive beliefs influence the cultural, social and the religious levels to be more conservative in its approach towards stereotypes, gender and role socialisation. The social institutions such as the family, school will reflect these beliefs and the individual will

be exposed to formal and informal sanctions if he deviates from these norms. These norms and values are manifested and conveyed by the language, dress and attitudes. The youth were of the unanimous view that if the image conveyed by society is very different to the one that the teenager has of him, it poses an internal conflict. This contributes to his feeling of rejection. One of the agents of transmission of these unrealistic images was the media, which in Durkheim's view is referred to as an agent of "anomie",

> "...By channelling and focusing public opinion to reflect an unrealistic
>
> and unachievable image towards which the teenager has to strive."
>
> (Durkheim, 1970).

In the participant's words *"that's the media for you....a successful life in the media is to have a good job and to have much money and probably to have a loving wife or husband and children, but I think that for some people that is not the best life and probably everyone around him thought that he was happy because he had a lot of money, because being happy is to succeed in a materialistic way. You can be the world's richest man and have the world's largest house and still be depressed and commit suicide."*

The common view of how a perfect teenage should be, becomes a source of pressure and stress as they are seen as unrealistic. Their inability to *"fit"* that image that society "dictates" makes them feel more unacceptable, which makes them feel like a failure. This was expressed by one participant as *"This inability to match up and fit the mould, causes them to feel"* like they don't belong and is Cruel, unfair and very demanding on a teenager!"....... *"society and culture, (seen as a reason for suicide) where everybody expects you to succeed and be comfortable, have a successful life and so forth... competition is encouraged within the framework of that culture for example, like when your family who went to university and someone is a doctor, they expect you to follow the same example, and if you don't, match up and don't reach the bar... the level of success then your are deemed a failure. There is the fear of failure and fear of embarrassment that you failed and you are a failure."*

Coleman, 1992, states

> "that the teenagers of today also face many additional pressures as
> they find themselves in a more challenging and competitive role in an
> emerging society with greater expectations placed on them to succeed
> financially, academically and relationally. These unrealistic
> expectations and demands are sometimes made without the support
> and guidance required succeeding in this challenging environment."
> (Coleman 1992 cited in Leenaars, et al 1997).

The individual perceives this restriction to express himself as a lack of respect for his personal dignity. It made them *"feel like an outcast"* or a *"freak"*. The youth described this expectation of *"unwritten laws, which you dare not question"* as pressurising and contributing to the sense of *"worthless of not being good enough"*. This further undermines and lowers their self-esteem, which causes depression and a sense of *"hopelessness"*, which the youth saw as eventually leading to suicide. Erickson, (1994), expresses this rejecting environment in the following way,

> ".... if a child grows up in an environment where he is not fully unconditionally accepted, this leads to deficient personality development, unlike a healthy individual who accepts himself, he is not threatened by any of his experiences and has no need to further deny or distort it."

This was expressed by a participant in the following way," We can understand to a certain point, (why teenagers commit suicide) because there is a lot of pressure on teenagers. We are called to be the next generation, the future leaders of tomorrow; therefore there is a lot of pressure placed on us....and emphasis placed on us(to succeed)...everybody is watching every move we make." The restrictive society, according to the majority of views expressed, inhibits the personal development of the individual. On the other hand, the permissive society enhances the growth of the individual. This in summary echoes Durkheim's view of the structure of society, which, he claims has an impact on the "individualism", and "collectivism" that is formed in the relationships between people. Durkheim, (1970) maintains

"That in terms of the collective reality the individual is dominated by a moral reality greater than himself."

He compares a highly integrated society which he calls "collectivistic" to a highly "individualistic, egoistic" society. South Africa seemed to be a collective society with strong bonds of integration while Norway was a more individualistic society.

"The rates of suicide according to Durkheim vary inversely with the degree of integration of the social groups of which the individual forms a part."

The degree of integration had a direct impact on the nature of relationships in these societies. The bonds in families of a collective society were more closely knit than in

individualistic societies. This determined the support that the individual got from the family. The family in developed countries where individualism is encouraged was at greater risk of suicide according to Durkheim (1970). However in South Africa the over identification with the group becomes problematic, where the group needs become greater than the needs of the individual, this could contribute to the high rate of suicide according to Durkheim. This occurs according to Durkheim, (1970) when "the individual is dominated by a moral reality greater than himself....namely the collective reality"

"Schneidman, 1985, cautions us when making cross cultural comparisons not to make the error of assuming that a suicide is a suicide as cultural perspectives may not be shared and suicide has different meanings for different cultures."(Schneidman, 1985).

"In his classical study of suicide, Durkheim (1970), found that the rise of suicide is related to changes in society the breakdown of social and moral norms contributes to this."

The post -apartheid era in South Africa was very unsettling for many communities. This reconstruction of society meant the breaking of traditional and existing ways of functioning.

People were looking for a new type of solidarity within the new democracy. These changes, could account for the increase of suicide in this country.

Encyclopaedia Britannica defines Culture as:

"the integrated pattern of human knowledge, belief and behaviour......language, ideas, beliefs, customs, taboos, codes, institutions, tools, techniques, works of art, rituals, ceremonies, and other related components" (15th edition.)

According to this definition, people belonging to the same culture usually share values, behaviour and attitudes, as well as strategies for coping with life's opportunities and obstacles. Most of the youth from South Africa were from a particular ethnic groping that lived in the same geographic area. Their reference to suicide because of high parental expectation in terms of academic achievement is understandable in terms of their current reality.

The purpose of education in this context was to equip and train the young person for the job market, to keep them away from unemployment. The more skilled and highly trained they become the better the job security becomes. This improves social mobility and living

standards. This becomes a potential problem in South Africa, which has a high illiteracy rate *and* related unemployment, with an unskilled work force. The lack of training for the job market has resulted in high unemployment rate. This also influences the upward mobility and low living standards and subsequently low self-esteem. Achieving educational success was a way of improving job prospects and increasing the stature of the family financially and socially in South Africa. It was a way for the family to be financially uplifted. The youth saw this failure as *"being a disappointment"*. This disappointment was conveyed to the teenager and he sees himself as a failure as being unworthy, which results in depression which can encourage suicide. This view is supported by Emler's study on self-esteem, which shows that

"successes and failures have a clear effect on self esteem, especially in academic achievement."(Emler, 2004).

> "In Shoshone culture for example, excessive individualism is not tolerated. The concept of self-advancement and individual success in contrast to working for the family was antithetical to the Shoshone culture. If a person deviates from this cultural norm, then depression, alcohol and often drugs served as vehicles for self-attack, suicide was the ultimate expression of unacceptable success." (Schneidman, 1985).

‘

> "Alternatively, Moereman (1974) indicates how, by using a constructionist framework, one can look at the fine detail of people's activities without treating social organizations as purely external forces. In the latter case, people, cease to be "cultural dopes" Garfinkle, (1967) and skillfully reproduce the moral order." (Moereman, 1974 and Garfinkle cited in Silverman, 2001:105).

These findings shed new light in viewing this discussion, which attests that man, is controlled by his environment rather then him having the power to change his environment. The view of man's ability to act on and transform his environment to meet his needs is empowering. This argument of the interrelationship of man and his environment is covered under the expected findings, which examines the link between the external and the internal factors that predispose teenagers to suicide.

5.2   Cultural Constrains

Norway has a relatively heterogeneous population compared to South Africa, which is culturally diverse. Fook, (1993), supports this need for knowing what forms attitudes.

"....in understanding people in their different contexts on has to acknowledge the different beliefs, practices and institution which have an impact on their views and attitudes." (Fook, 1993:70)

The population density of Norway in comparison to South Africa is relatively small. The provision of welfare in Norway is an entitlement to all its citizens whereas in South Africa the already burdened welfare system is seriously challenged to deal with increasing poverty, changing status of families with child headed households and aids orphans with its dwindling resources. The unemployment rate in Norway is 4.5% compared to 26% in South Africa. The rate of suicide in South Africa is also much higher than that of Norway. The rate of suicide by self -immolation has increased in South Africa. These differences in the structure of the society shed light on the causes of suicide rates between Norway and South Africa.

"Culture is often referred to as the lens through the individual is viewed." (Durkheim 1970).

South Africa in comparison to Norway has a larger number of teenagers. The historical oppression of the majority of South African communities has left many teenagers destitute, in poverty-ridden circumstances. There is an extremely high illiteracy rates amongst the majority of teenagers, and the unique situation of street children who come from the disadvantaged communities.

"The teenagers emerging from this background are more likely to find unemployment and lack of opportunities as a result of poor education background and find the situation hopeless and life not worth living". (UNICEF, 1993).

At the same time, studies show that suicidal behaviour is not simply a function of difficulties, stress or victimization. In others words, suicidal behaviour in not necessarily more prevalent among those who experience adversities, such as social and economic disadvantages (Canetto and Lester, 1995 cited in Cato and Cnetto, 2003) This view is further supported in Durkheim's classical study in which he states that the inability to fulfil societies expectations is the cause of suicide.

"......such suicides do not, he demonstrates, correlate with poverty but arise from frustration and despair which follows from unregulated and hence unrealizable desires". (Durkheim, 1970).

The determining factor according to Durkheim is not the poverty in itself but rather the dissatisfaction in not being able to fulfil the expectations of society.

This view is also elaborated further in a recent study, by Emler, (2004) which shows that there is no link between belonging to a minority ethnic community that have experienced oppression and a low sense self-worth.

> ".....research points to the same conclusion, about all manner of stigmatized groups: being an object of prejudice does not damage self —esteem" (Emler, 2004).

The teenagers in Norway have a relatively sound esteem and are somewhat self-assured and assertive of their skill and abilities. However, being vocal of these qualities is seen in an unfavourable light, and one is seen as being boastful and conceited, as some refer to it as the "Jante" code. (An imposition of society). However, there are teenagers in Norway that have resorted to suicide and engage in self- destructive behaviours. Since conceptions of a standard of living are *relative,* an imagined need has the same effect as an actual need on the appearance of the suicidal tendency.

Research by Cato and Canetto,2003 has suggested that the likelihood that someone responds to adversity with suicidal behaviors depends, among other things on cultural factors including prevailing social meanings and scripts of suicidal behavior.

> "These "meanings and scripts" are said to influence the social consequences of the suicidal behavior. (how they are viewed for the act of suicide, eg whether they are idealized, or worshiped) and therefore affect the choices suicidal people make." (Cato and Canetto,2003).

5.3   Emerging Theory

In this study, social structure was seen as a cause of personal problems, which leads to suicide. This assumes a radical approach, which is in line with feminist or anti- oppressive theory. It conforms to the two goals of the radical approach in that it suggests the need for decreasing the effects of social labelling (changing societies views) and recommends personal change and the personal ability to manage change. (empowerment). The anti-oppressive approach in addressing structural challenges was especially relevant within the South African context. This study also incorporates elements of the systems approach in locating a person within a given context, which in this case was South Africa and Norway. The strengths based approach was relevant in promoting change by giving youth a voice, which is the first step in empowerment. According to Goldberg, (1974:150 cited in Fook,1993:73) the definition of a problem is important.

> "Definition of a problem is a potent force in determining action to alleviate, for the way in which a problem is formulated places constraints on the range of alternatives from which a solution can be drawn."

In South Africa the problem is seen as poverty and underdevelopment therefore, the focus is on structural developments like basic amenities. Addressing these needs is seen as an important first step in the hierachy of needs according to Maslow,(1969).

In contrast, social provision in Norway is a universal right to all its citizens. The youths' have their needs met. The reason for a person living on the "street" would be one of choice as there are many options to provide social support in Norway.

The guidelines for suicide prevention for example will not reach most of the teenagers in South Africa because majority of teenagers are not in school, especially in the rural areas or are living on the streets. The priority would therefore be getting teenagers out of the streets. This focus on addressing the basic flaws in society that have caused these structural inequities and creating change is in line with the radical approach and similar theories. Riessman refers to this as being culturally appropriate ways to fully engage participants in the process it means connecting with what people know, which requires

> "…..learning to listen in unfamiliar ways and thinking outside of our customary understanding."(Riessman: 1987 cited in Lieberman).

In finding the contentment, which prevents suicide one can be guided by what Durkheim (1970) would recommend that:

> "the modern state must also be a moral actor that respects and implements the rights and dignity of the individual."

This study acknowledges the positive contribution that youth can make and the need for adults to provide efficient support and positive criticism. The social practices and attitudes of a society have to be changed to include youth as active participants.

The final chapter deals with the expected findings as well as the implications for the study.

5 Conclusion

This study explored the differences and similarities of youth's attitude towards causes of teenage suicide and prevention strategies to teenage suicide in Norway and South Africa. The different context was discussed as both these countries have different perceptions towards the problem of teenage suicide. The cultural context was found to be a link to suicide in the manner in which the teenager was perceived and treated.

This implies that no society is exempt from suicide as Durkheim(1970) states that each society has a tendency towards suicide. The conditions that prevail within a society determine the rate of suicide. A link between the internal and external factors was an expected finding, which conformed to existing studies. Teenagers need for acceptance and fulfilment of their potential confirmed the need for empowerment.

5.1 Expected Finding

The link between internal and external factors: an expected finding?

The link between internal and external factors supports the systems perspective of how a person influences and is influenced by his environment . Suicidal feelings were seen, by the significant majority in the group, to stem from a combination of personal experiences as well as cultural factors. The notion that an individual with suicidal inclination tends to see the world as an unfriendly, rejecting place and generalises this lack of trust to everything and everyone came across very strongly in all the data gathering methods, A, B and C. This subjective perception and internalization of rejection turns to self- hate and ultimately suicide.

> "Suicide offers both relief's from vulnerable pain and an avenue for expression of murderous rage. Angry hostile feelings are usually poorly tolerated by the suicide vulnerable person who may believe that such feelings are evidence of his her badness, Often the individuals rage against them is also rage against the world." (Leenaars,et al, 1997).

This lack of trust in self and others is described by Fook (1993) as powerlessness

> "Alienated people perceive their world as out of control, unchangeable and therefore powerless to act on." (Fook, 1993:70).

Society is perceived as rejecting by the teenager, which further entrenches their feelings of unworthiness in themselves and hopelessness in their future. This makes them less prone to conformity and they are labelled as outcasts. This view is supported by Fook, 1993, who states that the social labelling and ostracism contributes to a person's problems and thus causes further rejection.

> "In this way negative self- perceptions and self- defeating behaviours may be caused and maintained through negative social labelling." (Sturdivand, 1980:180, cited in Fook, 1993:82).

This reflects the complexity of relationships within the systems approach, as elaborated by Healy,(2005:143) which is expressed as "repeatedly self-reinforcing" feedback which emanates from the society in which an individual finds himself. This view conforms to previously published literature on rejection and its effects on increasing the vulnerabilities to suicide. There was a strong agreement, by all the participants in both groups that this "feedback" arise from the type of society in which one lives. They are conveyed through supportive or unsupportive attitudes. They can therefore be related to the cultural, political and economic climate of a society.

From the above it can be assumed that it is easier to understand a person's behaviour when you know the society he comes from and the expectations that are required of him. This gives you a clear idea of the type of stressors he has to face. There was a strong view by the youth that "culturally prescribed behaviour" is restrictive and shows a lack of tolerance for the teenagers need to experiment with "sex, drugs and rock and role". It was therefore not a question of whether the situation, for example, of underage teenage drinking and drug abuse existed in both the countries, but rather how it was perceived and conveyed to teenagers that may "push" them to resort to suicide. Hall et al 1976 views culture

> "......as the level at which different groups develop patterns and relationship, but more importantly, it is how these experiences are expressed. According to this view, culture can be seen as a means of social interaction and expression." (Hall,1976).

It is important to note that these findings also reflects the view of most teenagers with regard to the relaxing the social control in their lives. The living of this so called "immorality complex" to the fullest is a fantasy every youth desires. This stage of rebellious disregard amongst teenagers is a typically reaction to social norms, however when it becomes pathological and becomes a means of endangering the teenagers life, then it requires serious attention.

The norms and values inherent in society, was seen to play a great role in influencing the formation of opinions and attitudes. These attitudes and opinions guide the roles and conduct of teenagers via various institutions such as the family and schools for example the inability to make decisions is not because the person is unable to but because it is not encouraged or deemed to be socially appropriate in that society. The issue of marginalisation and labelling as a result to non-conformity was seen to play an important role in shaping the self-image of teenagers. A lack of material resources directly affects personal adequacy such as social isolation and negative personality traits. It is more acutely felt by those that have unmet needs and poor problem solving behaviour, who then become more vulnerable to suicide. The low-esteem emanating from the structural inequities of South African society can be seen as a link to the high rate of suicide. This had more relevance to South Africa than to Norway. Durkheim sees behaviour as the expression of society and culture as a "hidden hand" constraining and forming human action. The discussion on the findings shows the obvious link between the social structure of both Norway and South Africa and the rate of suicide in the respective countries.

A Contrary viewpoint?

According to one of the participants, the teenager who commits suicide is seen as *"Cowards... I think it is kind of selfish, if you are only insecure then it is a little selfish considering how many people will be hurt if you kill yourself just because you are insecure, but of course the person who kills himself because they are insecure, does not see it that way, (for them) it could be a easy way out. "* Comments referring to suicide as an **"easy way out"** and to teenagers as **"cowards"** if they attempted or committed suicide were also some views expressed. The act of suicide was seen in a "harsh light" and the complex factors that make the teenager vulnerable to suicide were not considered. This "unsympathetic" view came across as "uncaring" from a few of the youth in both countries. This clearly demonstrates a lack of understanding and empathy for the teenager. This view can be seen as "judgemental", the very claim that they make regarding the views of society. This implies that they are equally intolerant of "suicide" and viewed it as a weakness to an extent, on the part of the individual. This is an interesting observation as they also assert that society was responsible for the rejection and harsh view towards teenagers, and claim that they are the future generation, implying that they are the ones who will be responsible for upholding the norms. If the present views are of such an unsympathetic nature then it does not bode well for the future decision makers and parents of potential suicidal teenagers

irrespective of the cause. These contrasting viewpoints indicate that although some of the views of the youth correspond to the existing causes of suicide, it reflected their subjective views, which was restricted to their life experience.

5.2 Implications of the Study

The focus group was used successfully to obtain respondents attitudes, feelings and beliefs on suicide. The nature of this inquiry provided a spontaneous combustion of ideas, which were analysed. As expected, the findings conform to previous publicised literature on the causes and prevention of suicide. This study illustrates the importance of considering culturally based factors, in addressing suicide prevention for teenagers as supported by Hall who states that it is important in promoting "a critical, participatory practice." (Hall, 1976, cited in Shaw and Gould, 2001).The link between the external and internal factors was another expected finding especially when seen from a systems perspective.

There were some implications for the prevention of suicidal behaviour. There was an overwhelming concern for the rising incidence of suicide and therefore prevention was a high priority among the youth in both the countries in this study. The youth were relieved to know that there were current prevention programs that are accessible to suicidal teenagers in their respective countries. In order to formulate an effective prevention of suicide it is essential to know the risk factors in both Norway and South Africa. This would ensure culturally appropriated prevention strategies. Healy (2005) suggests this will make it more sustainable. South Africa has to design its own prevention strategies for teenage suicide in consultation with the key role players' one of them being the youth. Systems theory looks at a client's reality at various levels and assists in making "sustainable systemic change."(Healy, 2005:146).

Some of the prevention strategies suggested by the youth were relevant to the causes identified in this study and conformed to current research on prevention strategies. The use of these practical suggestions and their impact on preventing teenage suicide is dependent on two concerns, one is that the small number of youth who participated in this study from South Africa and Norway, were not representative of the population, so the findings cannot be generalized to the entire population. Another related cause for concern was that the participants were not "experts on suicide" and this only reflects their views on suicide. It was therefore refreshing to find that some of their views were somewhat consistent with research on causes and prevention strategies. This bottom up view does make the

perspectives of youth easier to comprehend as confirmed by bodies such as The World Health Organisation, who has done extensive research on the views of youth. This study also revealed the need for education to dispel myths and incorrect social beliefs, such as the view that, suicide is an act of a weak mind. This unsupportive view can cause more harm than good by overwhelming the suicidal person with guilt.

Change was identified in this study at two important levels, one is at the structural (society) and the other is personal (teenager). As structural change is a long-term process, the focus on personal changes can be an effective place to start. The empowering nature of this study attempted to give the youth a voice on issues that are of direct relevance to them and can have a significant impact in encouraging them to speak out and reach out to other vulnerable teenagers. The findings indicated the need for strong supportive networks and capacity building during the transition period of a teenager's life in a culturally appropriate manner.

In order to increase self-empowerment, life skills should be incorporated as part of the school curriculum. This will assist in increasing and encouraging self- image by helping teenagers to become more aware and accepting of their strengths and abilities thereby building their self -esteem this is especially relevant in South Africa. According to Healy, (2005) it was necessary to "affirm service user's resilience and capacities, including those developed via adversity, rather than view them as victims of their situation or social structures." This affirms the potential of people to define their situation thereby creating changes in their enviroment.

The strength that is obtained by others sharing a similar view is the beginning of solidarity, which Durkheim maintains, is crucial for survival and prevention of alienation, which is a leading cause of suicide. The social networks and support is what keeps us from being isolated and resorting to desperate measures such as suicide. The need for acceptance in a tolerant society was a key theme in this study. The evaluation of interventions that promote positive well-being and empowerment would be an interesting and relevant area for further study. This would indicate the effectiveness of strategies preventing suicide. In closing, this quote by the American Psychiatric Press, Inc (1990) was most appropriate because it matches the title for this study as well as the participant's description, which suggest that

the feelings leading to suicide is temporary whereas the act itself is permanent and irreversible.

"Most suicides can be prevented because the suicidal state of mind is usually temporary"

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Appendix One

Title: Informed Consent Form

Consent to partake in study, on youth attitudes toward teenage suicide.

My name is Lalitha Shamien Rugunandan; I am a Masters student in Social Work at the Bodø Høgskolen. I am doing research on a project entitled "Attitudes of Youth to factors leading to Teenage Suicide" under the supervision and guidance of Professor Steven Shardlow.

I can be contacted on: +47 95489687

Thank you for agreeing to take part in the project. Before we start, I would like to emphasize that.-

- Your participation is entirely voluntary
- You are free to refuse to answer any questions
- You are free to withdraw at any time.

The group proceedings will be recorded but will be kept strictly confidential and will be available only to members of the research team and will be destroyed in 2 years.
I will be preparing a thesis for my university and may use this information for publication. Under no circumstances will your name or any identifying characteristics be included in these reports.

Kindly sign this form to show that you understand the contents that I have read to you.

Signed:

Printed:

Date:

Please send me a report of the results of your project:

Yes   No

Your address..

....

....

....

Title: Vignette
Wind Beneath My Wings: Arlyn's Story by Karyl Chastain Beal

Mom, can I go see Luke, now?" Arlyn asked, jangling her car keys in her hand.
Hmmm, I thought. Since when had Arlyn asked for permission to go anywhere? She was eighteen; she had graduated from high school two months before.
"Of course," I replied, pleased that she asked. Maybe Arlyn wasn't eager to leave home, after all. I worried about whether she would be strong enough to survive the rough, scary world outside our safe nest in rural Georgia. She sometimes accused me of being over-protective. In two weeks, however, I expected Arlyn would leave for college, whether she was ready or not.
But, I was wrong. Very wrong. She did not wait two weeks to leave; she left that very afternoon.
Arlyn walked out the door and got into her car. She drove several miles into the country, down a long, lonely dirt road. She parked her car near a stream, and she took an old hunting rifle out of the trunk. Next, she placed its barrel into her mouth, and pulled the trigger.
Around 3:30, I heard a knock on the front door. When I opened it, a man identified himself as a sheriff's deputy and walked in. He strode across the room to a large photograph hanging on the wall. "Is this your daughter?" he asked, as he glanced from the picture to me.
"Yes," I replied proudly, too surprised to realize that this was not a social call. "That's Arlyn."
He stared at the picture for a moment, and then sat down in a chair near the door. He described Arlyn's car, and my husband confirmed it was hers. Then, he said, "Your daughter is dead." Just like that.

What happened to that innocent, trusting child who dreamed of winning the Miss America crown one day? What happened to cause a little girl who had a song in her heart stop singing?
http://virtual-memorials.com/ser.......

Reading of case,

- ❑ In pairs kindly indicate your opinion of the following
    - o What are some of the factors that could have led to this tragic ending of this teenager's life? Why?
    - o What do you think about these factors?
    - o What are your thoughts and attitudes on suicide amongst teenagers?
    - o What do you think could prevent something like this from happening?
    - o Do you think that this is something that happens frequently?
    - o In your view what can be done to prevent suicide amongst teenagers generally?
    - o In what way can adults, family, school and others be more supportive?

Appendix Three

Title: Focused Statement

Your Responses is highly appreciated and will be treated with the strictest of confidence.

Please select a number that corresponds to your view of the statement presented

Rating
Strongly Agree   5
Agree   4
Undecided   3
Disagree   2
Strongly Disagree   1

I think that teenagers that commit suicide are weak willed/weak minded

Excessive consumption of alcohol often leads to attempted suicide.

I enjoy spending more time on my own rather than with others

I think that there should be greater prevention for teenage suicide

Some teenagers kill themselves over problems in intimate relationships

I can trust my friends enough to discuss my concerns about drugs, alcohol and relationships

I think that teenagers are very often misunderstood.

I would be ashamed to admit that I sometimes feel suicidal

Teenage pregnancies is a leading cause of suicide amongst girls

If I ended my life right now, I would not be missed

Teenage suicide is a growing cause for concern in this country

I think that suicide is a cry for help

Teenagers who are faced with a life threatening disease are more likely to take their lives

The thought of attempting suicide has never entered my mind

Most teenagers have very little supervision and guidance

The stresses facing a teenager can be overwhelming enough to consider suicide.

Poverty is an increasing reason, which causes teenagers to commit suicide

Depression is one of the main causes of suicide

I share a good enough relationship with my family to ask for help rather than to resort to suicide

I think that drug abuse is often related to attempted suicide.

I consider suicide as a thought of a disturbed mind.

I think that teenagers should have the freedom of choice to make a decision about their own lives

Suicide is a sometimes the only way out of a difficult situation

Committing suicide goes against my religious beliefs

I think that the availability of guns has contributed to the high suicide rate amongst teenagers

Thank you for taking the time to fill in this form.

Appendix Four

Title: Demographic Details of Participants

NORWAY		
*Name	Age	Sex
Mickey	17	M
Joe	20	M
Rita	18	F
Andrew	18	M
Grace	18	F
Angel	17	F
Nelly	19	F
SOUTH AFRICA		
*Name	Age	Sex
Joy	20	F
Mike	19	M
Moe	19	M
Jack	18	F
Jill	19	F
Pat	18	F

*The names have been changed to protect the identity of the participants.

Appendix Five

Title: Framework for Focus Group in South Africa.

TIME	ACTION SOUTH AFRICA	GROUP Content
6:00-6.15	Refreshments provided , group chat informally	Group share pizza and cool drinks chat informally
6:15-6.30	Introduction of objectives, over view of group process. Informed group members that the process will be recorded given the option to be excused if they have any objection to this	The objectives and aim of the research was explained. They were given name tags. They introduced themselves in a creative manner.
6.30-6.45	Icebreaker Introduction to topic: Teenage Suicide	Played fruit basket, This helped to create a more informal and relaxed atmosphere, it also intermingled the groups seating position.
6:45-7:00	Informed Consent. Ground rules	Read the informed consent from with the group, which was then signed by them. Ground rules were discussed and they agreed to abide by. Option left to add further rules.
7.00-7.15	Vignette handed out discussion in pairs 15 min	Group members were paired.
7:15-7.45	Back to main group discussion	Feedback from discussion pairs
7:45-8:00	discussion	
8.00-8:15	Terminated discussion, Energiser , break	Break given when the discussion had come to a logical end. Energiser and Refreshments given.
8:15-8:30	Filling in of questionnaire	10 min self administered
8:30-8:45	Brainstorming session on prevention strategies	Active participation of group in this brainstorming session
8:45-9:00	Debriefing on the topic and feelings towards it	They were open and responsive to questions gave honest feedback.
9:00-9:15	Evaluation and Closure	More feedback, some members started to open up. Group Hugs and Goodbyes.

Appendix Six: Title Framework for Focused Group in Norway

TIME	ACTION NORWAY	GROUP Content
5:00-5.15	Refreshments provided , group chat informally	Group share pizza and cool drinks chat informally
5:15-5.30	Introduction of objectives, over view of group process. Informed group members that the process will be recorded. They were given the option to be excused if they have any objection to this	Introduced to the groups. Name tags introduction in a creative way to each other and researcher.
5.30-5.45	Icebreaker Introduction to topic	Played fruit basket, This helped to create a more informal and relaxed atmosphere, it also intermingled the groups seating position.
5:45-6:00	Informed Consent. Ground rules	Read the informed consent from with the group, which was then signed. Ground rules were discussed and they agreed to abide by. Option left to add further rules.
6.00-6.15	Vignette handed out discussion in pairs 15 min	Group members paired by counting 1-4 then matching 1s 2s etc. This gave a random selection of pairs.
6:15-6.30	Back to main group discussion	Feedback from discussion pairs
6:30-6:45	M leaves the group, break 10 min	I participant leaves the group.
6:45-7:15	Energiser. Continued discussion.	.Energiser and refreshments Break given when the discussion had come to a logical end.
7:15-7:30	Filling in of questionnaire	10 min on own
7:30-7:45	Prevention strategies	Active participation of group in this brainstorming session
7:45-8:00	Debriefing on the topic and feelings towards it	They were open and responsive to questions and gave honest feedback.
8:00-8:15	Evaluation and Closure	More feedback, some members participated in a voluntary discussion. Group Hugs and Goodbyes.