Suicide Threats and Suicide Attempts among the Gifted

Hanna David
Tel Aviv University, Israel

Abstract

This article will examine the potential connection between giftedness and suicidal attempts or death thoughts among children. At the first stage I will present the findings from the research literature about concepts of death and suicide in gifted and non-gifted children. Afterwards, I will summarize the literature about suicide among gifted children. Finally, a list of characteristics of giftedness that might be risk factors and require the attention of parents and therapists of young gifted children will be presented.

Introduction

Many mental health professionals meet, during their years of practice, children who talk about death and suicide, or even try to commit suicide. It is not rare that parents report about death wishes expressed by their child, such as "I do not wish to live"; or "I feel there is nothing to live for." In other cases such expressions are not as clear: "I do not feel good about myself"; "maybe it is better if I am not here" or "perhaps it is going to be easier/better for you if I had not been living at all." Such expressions made by a child at any age are quite shocking. They frighten the parents especially when said by young children. My long experience as a counselor of gifted children and their families has led me to the conclusion that death and suicide ideas expressed by children are one of the most common reasons for seeking counseling even among parents of very young children.

This article will examine the connections between giftedness and suicide attempts or death ideation among children. I will present findings from the relevant research literature about the death concept children have in order to examine whether there are differences between gifted and non-gifted children regarding this issue. The next stage will be a review of suicide among the gifted, including comparisons between children identified as gifted and non-gifted children. This comparison has not resulted in conclusive findings. Finally, I will supply a list of giftedness characteristics which are potentially direct or indirect risk-factors for death ideation, and thus require the attention of parents and therapists of young children.

Death Concept among Children

Understanding the concept of death is not easy for adults, let alone for children. It is quite common for adults to abstain from speaking about death or about terminal diseases, including the denial of their unavoidable end. A study of two age-groups of children, ages 3-4 and 5-6 revealed that the parents found it hard to speak with their children about death (Nguyen & Rosengren, 2004). Another study showed that parents tended to lessen reporting of their children speaking about death (Prinstein & Nock, 2003). It is quite obvious that when children speak about death their parents face difficulties; such difficulties are more complicated to deal with when the age of the children is lower.

Discussion of the death concept of young children is sensitive also among therapists and researchers due to the accepted assumption that understanding this concept is a condition for death ideation and suicide threats of children. Thus, the commonly accepted prejudice that "children do not understand the death concept" (Raviv & Katzenelson, 2003) was the basis for the incorrect concept about the negligible rate of suicide and death ideation among children. Today there is an ongoing debate about this issue, and the question: "What does a child who speaks about death mean" has no unequivocal answer. Many researchers have studied it, such as Jean Piaget in his book, "The child's conception of the world" (1929). Anna Freud, along with her partner, Dorothy Burlingham, dealt with this issue while working with children who had lost their families in World War II (Freud & Burlingham, 1943, 1973). Many others followed them; some of the most notable practitioners and researchers were: Anthony (1939, 1940, 1972); Carey (1985); Cotton & Range (1990); Kenyon (2001); Koocher (1973); Lansdown & Benjamin (1985); Lansdown & Goldman (1988);

Lazar & Torney-Purta, (1991); Nagy (1948); O'Halloran & Altmeier (1996); Safier (1964); Slaughter (2005); Slaughter et al. (1999); Slaughter & Griffiths (2007); Slaughter & Lyons (2002); Speece & Brent (1984, 1996) and Von Hug-Helmuth (1964).

While Anna Freud clamed there was a connection between the "ripeness" of the death concept among children and experiencing tragic or traumatic life events, the professional knowledge accumulated since her time shows that some concepts connected with the death concept cannot be understood by children under a certain age. A much more updated study shows that children ages 3-4 hold more erroneous perceptions about death than children ages 4-6 (Nguyen & Rosengren, 2004). These findings are consistent with Piaget's theory (Piaget, 1929), according to which children perceive the concept of death gradually, and at each stage the perception is consistent with general understanding. Only from age 11 and older, at the formal operations stage, is the child able to perceive a mature concept of death. Concepts that are crucial in order to understand the death concept, such as "time-interval," "pace" or "irreversibility" are not understood by children prior to age 11 (Labrell & Stefaniak, 2011).

Maria Nagy (1959) also described different stages of development in understanding the death concept among children, although she claimed – as Freud did – that this understanding starts at a much earlier age than Piaget predicted. Nagy studied a group of 378 children ages 3-10 living in Budapest before the beginning of World War II. She found that children under the age of 5 did not understand that death was irreversible, but rather perceived it as a magical place or a supernatural phenomenon. Children ages 5-10 personified death, i.e., perceived it as a creature that takes human beings with him, while at the same time started to understand concepts such as finiteness and causativeness. They also understood the pain of loss, asked why death existed and what happened to the body after death. At this age children were sensitive to feelings and thoughts of adults around them and even tried to protect them. Only after age 10, and throughout adolescence, when abstract thinking was already developed, did the children and adolescents understood that death was the end of the body's activities. They understood that death could be caused by inner processes or by external factors. They were also dealing with abstract issues such as what happened after death or the meaning of life.

Thus, the development of the understanding of death among children is based on cognitive development: as cognitive abilities improve, the general understanding of the concept of death improves (Smilansly, 1980). It seems to be more accurate to establish that a mature concept of death appears at the formal operations stage, even when it happens before age 11. Accordingly, Whitty-Rogers et al. (2009), who studied the issue of the inclusion of children with terminal diseases in decisions regarding their treatment, think that in such decisions, the developmental stage of the child and cognitive abilities should be taken into consideration rather than the chronological age.

And indeed, Koocher (1973) found that chronological age predicted the understanding of the death concept among children less accurately that their cognitive developmental age. In the case of gifted children, the fourth stage, according to Piaget, might appear earlier – sometimes even at ages 5-6. Thus gifted children sometimes perceive the concept of death much earlier than non-gifted children.

Suicide among Children

Until not a long time ago it was accepted by the mental health community that "children do not commit suicide", or "the suicide problem does not exist before adolescence." For example, in a study conducted in England and Wales during 7 years in the 1960s and the 1970s, there was not even one case of child under 12 who had committed suicide (Shaffer, 1974). The widespread belief at that time was that even if pre-adolescent children might think about suicide, they hardly ever made a suicide attempt. Many studies done since then undermined this assumption, and nowadays it is a common belief that the negligible rates of suicidal attempts reported by parents stem from the tendency to hide such attempts (Prinstein & Nock, 2003; Tikvah & Mei Ami, 2005).

The first study dealing with suicide among 2.5-5 year olds was published in 1984 (Rosenthal & Rosenthal, 1984). Other studies, as well as journal and web articles documented suicide attempts of children (Beam, 2010; David, 2012; Zachariah, 2013), and mentioned the increase in the rate of reported such attempts (Cytryn & McKnew, 1998). A United States study conducted in 2005 found that the third cause of death among 10-14 year olds was suicide (Crepeau-Hobson, 2010). Additional studies found that the

suicide rate of children under 14 was higher than in the general population (Dervic et al., 2008; Dervic et al., 2006). A recent Polish study showed a substantial increase in the suicide attempts of girls and adolescent females under 14 (Höfer et al., 2012).

Many studies have been done in Israel about suicide among children and adolescents. Israel Orbach, the Israeli pioneer in the study of suicide, and one of the most well-known therapists and researchers in this area worldwide, has published many books and articles about this phenomenon, including case studies (e.g. Orbach & Glaubman, 1979a, 1979b; Orbach et al., 1979). His first article about suicide among children was published in 1978 (Orbach, 1978). In 1987 he published the Hebrew version of his important book: ***Children Who Don't Want to Live: Understanding and Treating the Suicidal Child*** (Orbach, 2001 [1987]). The next year it was translated into English (ibid, 1988) and since then it was translated into many more languages and had a large influence on the perception of suicide among children around the world. Orbach's work focused on prediction of suicide. One of his main findings was the connection he found between suicide attempts, as well as suicide threats and thoughts about death among children. In particular, he found that a distorted perception of death – namely, perceiving death as a "way out" when life is considered unbearable, or as a kind of life which is better than one's present life, are risk factors for suicide among children.

Another main risk factor for suicide is depression (Stillion & McDowell, 1996). Depression and suicide are tightly connected, as thoughts about suicide or death, or planning suicide all belong to one of the 9 criteria of a major depression disorder (DSM-IV, 2000). Other risk factors found in various studies include psychiatric disorders, affective disorders and behavioral disorders (Grøholt et al., 1998; Kashani et al., 1998); not living with both biological parents (ibid); anti-social behavior (ibid); a major crisis that might conclude in expulsion from school (ibid); previous suicide attempts (ibid) and a high rate of depression of the child's parents and siblings (ibid). Gender was also found as a risk factor, as the number of suicide attempts among boys was double than among girls (ibid). Shaffer (1974) found that high intelligence was also a risk factor – which is clearly relevant to our study of suicide among the gifted.

Is Suicide Connected to Giftedness? The Calming Attitude and Its Dangers

Many studies have been conducted about suicide among the gifted, and the research literature dealing with it is quite rich with case studies (e.g. Cross et al., 1996, 2002; Grobman, 2006; Hyatt, 2010; Jackson & Peterson, 2003) as well as quantitative studies of this phenomenon (e.g. Gust & Cross, 1999; Hyatt & Cross, 2009; Hyatt, 2007).

The conclusions of these studies can be divided into two groups: the "calming" and the "worrying." The first group includes studies that demonstrate that the gifted tend to commit suicide in a similar rate to their non-gifted peers (Baker, 1995; Cross, 2009; Cross et al., 2006; Metha & McWhirter, 1997). How can these findings be explained in the light of mental health practitioners whose experiences are different? How can the common phenomenon of a young, intelligent patient who speaks about self-injury if not already doing that be reconciled with such "non-worrying" statistics? A partial explanation of this contradiction has probably to do with methodological difficulties related to the study of gifted children and adolescents with mental health problems.

Most case studies, and certainly the vast majority of quantitative studies, have been conducted among gifted individuals belonging to upper middle-class families, with a very low rate of disadvantaged children coming from low socio-economic families. In addition: studies of depression and suicidal ideation must deal with the feelings of shame and embarrassment connected with these issues (Jackson, 1995), and take into consideration that gifted children usually have well developed mental mechanisms helping them to hide their situation. This concern is of special importance in studies using questionnaires, when no quantitative methodology and certainly no direct observations are used (Jackson & Peterson, 2003).

In addition, the study by Martin and her colleagues (Martin et al., 2010) pointed at another difficulty of finding potential connections between giftedness and suicide ideation: the criteria for identifying "giftedness" vary from one study to another. When such criteria are not fixed, there is not even one criterion accepted by everyone. As a result, there is no way to come to general conclusions when the comparisons have no validity. For example, in one of the studies Martin et al. (ibid) analyzed, the subjects were students belonging to many groups of gifted students; there were no commonly accepted criteria for being labeled as "gifted." In this case, not only was there no possibility for making a valid comparison between groups, but the variation within each group was too large.

We can conclude that as long as there are no uniform giftedness tests – it is not possible to obtain any significant findings about the connection between giftedness and suicidal ideation.

No wonder there are many worrisome studies about gifted, creative and talented children and adolescents with suicide ideation (e.g. Farrell, 1989; Fleith, 2001; Hayes & Sloat, 1989, 1990; Willings & Arseneault, 1986); more specifically about risk factors that might lead to suicide among the gifted, such as depression and stressful life events (Metha & McWhirter, 1997).

Characteristics of Giftedness as Risk Factors for Suicide Ideation

Although no direct connection has been found between giftedness and suicide ideation, some personality characteristics of profoundly gifted adolescents have been perceived as risk factors of depression and other disorders, which are risk factors. These characteristics include: intensity, being introverted, high sensitivity levels and perfectionism.

- **Intensity** (Jackson & Peterson, 2003). Intensity is a complicated, intensified quality of experience attributed to giftedness (Piechowski, 1979; Silverman, 1993). While intensity per se is not a risk factor for suicide, highly intensive children and adolescents are at high risk for developing behavioral disorders (Lerner, 1984).
- **Being introverted** (Silverman, 1992, 1993). The gifted tend to be introverted, which comes along with the need to process – in many cases intellectually – information, data and feelings before presenting them to the outer world. Introverts are a minority among children, and their communication style is not as direct as that of extroverts, which might cause social clumsiness and isolation **(**Dauber & Benbow, 1990)**,** and also lead to depression.
- **High sensitivity levels.** The literature about the high sensitivity levels of the gifted is quite wide (e.g**.** Colangelo & Davis, 2003; Edmunds & Edmunds, 2005; Hébert & Kent, 2000; Mendaglio, 1995; Roedell, 1984; Silverman, 1993). Profoundly gifted children might demonstrate stronger and longer ongoing reactions to stimuli than their peers (Dabrowski, 1964; Mendaglio, 2010, 2012; Rinn et al., 2010; Tieso, 2007). This over-sensitivity is a risk factor exposing gifted children to a variety of disorders (Dabrowski, 1967; Jackson, 1995; Jackson & Peterson, 2003).
- **Tendency to perfectionism.** There is a vast literature about the connection between giftedness and perfectionism (e.g. David, 2009; Greenspon et al., 2000). Data about direct connections between perfectionism and depression is mainly anecdotal (e.g. Delisle, 1986, 1990), but it is also claimed that perfectionism contributes to the exceptional emotional and social challenges of the gifted child (Jackson & Peterson, 2003).

In addition to the personality-related characteristics of gifted children, certain cognitive factors could make them feel as an exception among their peers, and isolated in many cases. Such factors include a need for exactness, high levels of abstract thinking, tendency to use metaphors and symbols, and exceptionally quick understanding (Hollingworth, 1942).

An additional risk factor for suicide ideation is the much higher cognitive age in comparison to the chronological age of the gifted child. In many cases this difference is the source of the gap between cognitive and emotional abilities, typical of the gifted (Landau, 1990), which makes it difficult to deal with depressing feelings. In many cases, as gifted children develop beyond the expectations of their families, peers and teachers, they might feel a lack of inner balance and asynchronicity with their surroundings. Without satisfactory support and availability of a creative channel, this situation can result in feelings such as anxiety or depression (Jackson & Peterson, 2003, p. 177), which put the child at risk of suicidal thoughts or even suicide attempts.

An advanced chronological age might have further consequences, as it has an influence on understanding the death concept and the risk-of-suicide attempts level, as described in the first part of this article. It is possible that in order to estimate risk levels among the gifted, it would be preferable to take into consideration the cognitive rather the chronological age. For example, it is possible that a 10-year old with an IQ of 160 will be at risk for suicide like a non-gifted 16-year old.

In Summa: Even if giftedness is not a risk factor of suicide ideation, let along suicide attempts, the situation might be different when the gifted child suffers from emotional difficulties, non-adaptive behavior, social estrangement and/or familial problems. In such – and many more similar cases – special notice should be taken even when the child is very young. In spite of the fact that the rate of

suicide ideation among young children is low, it might be higher among young gifted children, whose cognitive age is much higher than their chronological age. It is the task of parents, educators and mental health professionals to be aware of the fact that a young age is not always a barrier against suicide.

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