Suicides among children with terminal illnesses.

Children’s perception of death has been a great mystery to psychologists and to parents as well. Almost as prevalent are concerns about how survivors and sufferers of terminal illnesses perceive death and morbidity in their daily lives. Are they more mature or more morbid? Are they more determined to succeed or more prone to suicide? Many questions surround the victims of terminal illnesses, particular the young. Research and studies show that these children are more likely to have emotional problems or mental illnesses later in life that could potentially even end in suicide.

When I was born I was born with a condition called Double Outlet Right Ventricle, “a type of ventriculoarterial connection in which both the aorta (AO) and pulmonary artery (PA) arise entirely or predominantly from the right ventricle (RV)” (Horenstein 1). As it was described to me, my condition meant that there was too much blood to my lungs and not enough to my body, I was given a life expectancy of 14 years of age. I lived those 14 years with a rather detached and unemotional sense of death, seeing it as an inevitability to be treated stoically. Besides being horribly detached about death, I found myself depressed and often distracted by thoughts of death and violence, particularly when these issues were brought up in history class, such as the Titanic or the Egyptian methods of embalming or even serial killers and their victims. I would research these things obsessively and it wasn’t until much later in my life that I realized my morbid research was a product of being taught to believe that my life was to be bleak and short. Studies confirm that I am not, and will not be, the only adolescent to share these feelings.

Because of the bleak surroundings of terminal illness, it comes as no surprise that there is an increased risk of emotional troubles in children with those kinds of conditions. The Hospital
for Sick Children in London conducted a study in 1972 with seventy-two children. Twenty-four of the children had leukemia, twenty-four had cystic fibrosis, and the remaining twenty-four had non-fatal illnesses. The study involved interviewing the children and their parents, as well as investigating the backgrounds of the children and their circumstances. The study found that 40% of the children with fibrosis and leukemia had some form of psychiatric disorder in comparison to a mere 8% in the non-fatal group, (Howarth 1). The study done in London, while over thirty years old, was nonetheless very effective and the results still hold true today, though the numbers of patients surviving supposedly ‘terminal’ illnesses may have increased. A child who is raised constantly being told that their life will have an inevitably bleak ending will adopt that outlook on their own. Negative reinforcement is a very traumatizing tool that will affect an individual long after whatever afflicts them is gone. To be constantly told that their life will be cut short, while their peers are being instructed in a prosperous one is a horrible thing to experience as the sole victim of such an unfair outlook.

The National Association of School Psychologists collected a series of ways to assist children who experienced a death. A few of their points show why some parents may believe that being honest is the best policy, but with tender issues like mental illness and death, there is a fine line between honesty and cruelty. The NASP says to never lie or tell half-truths to children about tragedies and to encourage the asking of questions about loss and death of children of all ages (NASP). This encouragement of honesty with children can sometimes lead to over-information, an effort to make things quite real and without delusions. While the efforts are noted and appreciated, they are often too much. Being honest is important with children, especially children who are growing up with a potentially terminal disorder or illness, but being constantly told of
the potentially terminal aspect of said disorders or illnesses simply increases the likelihood of mental illness.

Cakraburtty pointed out that the percentage of children born with a mental disorder, as opposed to an individual who develops one later in life, is much higher than post people expect. “About 20% of American children suffer from a diagnosable mental illness during a given year, according to the U.S. Surgeon General. Further, nearly 5 million American children and adolescents suffer from a serious mental illness" (Chakraburtty). Children who suffer from a much more serious mental illness are more likely to have a very bleak outlook in life and, in turn, a much higher rate for suicides and further life problems later down the road, if they surpass expectations and recover from whatever ailed them as children.

Suicide shows it’s highest rates among people, especially teenagers, who suffer from a mental illness. “Suicide occurs most often in teens who suffer from mental illnesses. Depression is the most common mental illness among teens” (Teen Depression). If it is also taken into consideration that most teens, and children, who suffer from a terminal illness will also have a mental illness, it shows how it is high rates of suicide are among those who are raised with terminal, or potentially terminal conditions.

Recently in Palo Alto, California there have been a tragic series of suicides, four teenagers dead in under a year by jumping before train tracks that run near Gunn High School. The most recent suicide was on August 22nd of this year, a thirteen-year-old girl, was an incoming freshman. Since these suicides have been unnaturally close together, the school has installed a new program with an emphasis on mental health for the benefit of the population of the community as over half of the deaths on the tracks in the last six years have been from
suicides (Bay Area). The suicides of Palo Alto have been classified as what is called a ‘suicide cluster’. Since there is no academically standard definition of a suicide cluster, it is much harder to conceptualize uniformly (Gibbons). However, the basic premise of a suicide cluster is that a number of similar suicides are committed in the same method and place, the Palo Alto suicides for example. The four students attended the same school and committed suicide in the same way, making it a suicide cluster. It is suspected that the high amount of attention that the first suicide got is a large contributor to the additional suicides in the cluster. “The recent occurrence of several highly publicized clusters of youth suicides has focused attention on the problem of suicide “epidemics” – unusually high numbers of suicides occurring in a small area and brief time period” (Gould). A teenager with a mental illness who is surrounded by a series of peers and sees that a suicide garners attention is much more likely to commit suicide themselves, once seeing the reaction that a community has to one suicide.

Another study conducted shows that many suicides clusters come from teenagers who share friends or community members but that oftentimes, the media and outside sources are the contributors (SMHAI). When a media source inflicts a lot of attention into a particular instance, it raises the issue of the redundancy that some parents and health care providers will give to patients of terminal illnesses and conditions. If any source, media or a more immediate contact, is consistently bringing up a suicide, especially to a teen or child with a mental illness, it comes to reason that that teenager will have an increased amount of suicidal thoughts of their own, increasing the risk of a suicide in a similar manner or location, perpetuating the cluster further. “The contagious role of media in the alleged endemic spread of destructive behavior has been debated in connection with school shootings in the US. In addition, the influence of the Internet, its spread of information and its effect on suicidal teens, should be considered” (Johansson). The
Internet age makes it much easier for people of all ages to come into contact with any sort of information they could possibly search for including horrifyingly morbid topics such as suicide methods and statistics for deaths for a certain illness. While these are seemingly trivial topics, the ease at which people can access potentially harmful information is quite disturbing. Combined with the consistent reinforcement of potential death in an early age, this bombardment of information can really inflict a dark outlook onto a person with an otherwise bright life.

If a person is growing up being told she or he is going to die at a certain age, the effect is harrowing. Thinking that your life will not extend past a certain point, a point entirely too short to feel fulfilling, creates a lot of negative effect and, in most instance, depression. Depression is very common among children and teens, with nearly a quarter of adolescents affected by the disease. It is found that about 15% of healthy teenagers will suffer from depression whereas 25-30% of all teenagers who have a terminal illness will have depression. Suicide rates, however, have not declined much since 1965 and Scott Anders, author of *The Urge to End it All*, says that chances are good this is because suicide prevention focuses more on the investigation of the illnesses than the actual ways and reasons that people kill themselves (NPR).

Many people believe that the ‘cure’ for depression is to give the patient a form of medication, usually a pill, to stabilize emotions and chemicals. However, in the case of an adolescent with a terminal illness suffering from depression, there may not be a chemical imbalance to correct, simply the continual reinforcement of a negative stream of thought. Since that would be the cause for many of those cases of depression, medication and the accompanying therapy would be ineffective which would simply leave the patient in a worse place. This negligence leaves the person affected at a much higher risk to be susceptible to the accelerated pressure from their peers.
Returning to suicide clusters, it has been debated whether or not suicide is contagious. In some studied cases, it has been found that after one adolescent had committed suicide, many their peers either considered or had thoughts about or actually committed, suicide. In the case of a teen undergoing improper therapy for depression caused by a terminal condition, it stands to reason that if a peer around them were to commit suicide then they are much more likely to exhibit copy-cat behavior because of their outlook on their own life, circumstances and conditions.

Too much emphasis now is placed on the importance of honesty with children, even about things that may upset them or have a potentially damaging effect on their conscious thoughts. While a child may be attending classes and interacting with their peers, they will find out, through simple dialogue, what their fellows expect out of life and their futures. When they compare it to what they have been raised to expect, it causes a very deep sense of unfair play, of being jilted of something that, almost literally, everyone gets to have: a future. Being raised with a terminal illness and constantly having to be coddled and cautioned about doing things that everyone can do with ease, but you are being advised against, clouds even the most innocent of minds with a dark sense of unease, that life is not fair and that you were missed out on something good. These dark thoughts early in life are very likely to cause a much deeper mental issue that may or may not be fully understood by a majority of psychiatrists, leading to the mistreatment of many children.

Some may argue that the idea of treating such a disorder is a wrong move, because such treatments are simply scams. Ron L Hubbard, the founder of the Scientology practice, argues in his writing *Crime and Psychiatry* “There is not one institutional psychiatrist alive who…could not be arraigned and convicted of extortion, mayhem and murder” (142). His fierce standpoint on
the evils of psychiatry and its treatment of mental illnesses showcase his unwillingness to believe that a person’s unhappiness may be caused by something more than a simple unhappiness with their circumstances.

Hubbard’s hatred of psychiatrists extended even farther than his simple declaration of their methods as extortion. He co-founded the Citizens Commissioned on Human Rights, an organization that promotes that psychiatrists should be arrested and imprisoned for extorting funds from the weak of mind (Rissmiller). While Hubbard brings up the point that some psychiatrists do not do their job properly, he fails to bring up the numbers of psychiatrists who do their job well for their patients who are easier to understand.

In the case of a normal teenager suffering from depression, therapy is a very good treatment course, maybe even supplemented by a medication if the case so requires. But in this case, it is just the chemistry of the brain being slightly abnormal as opposed to outside circumstances leaving a child feeling as though they were handed less in life. To try the same method of therapy and medication with someone whose disorder has come about by a childhood of medication, special treatment and a low life expectation would be to bring about little to no results for the patient in question.

Returning to personal experience, I attended therapy for a good eight years as a child, starting when I was eight years old. It wasn’t known at the time that my feelings of unhappiness were not just the simple childhood woes of transferring to a newer, more exclusive school and not fitting in. I self-diagnosed myself in my teens with the jilted feelings that life owed me something because of everything that I lost growing up, but I digress. As a child, being diagnosed with both ADD and depression left me a serious regime of medication and weekly
therapy where I would discuss my week, what made me unhappy, and what I would like to do the next day. While I did enjoy my therapist and being able to play with the toys in her office, I can honestly say that therapy did nothing for me then and I now question whether it has done much for me in the recent years as my therapists did not understand that my strange sense of entitlement did not come from a coddled upbringing but came from a large sense of loss in my earlier years. Medication made me numb and I can only complain about Biology class so many times before the routine of therapy becomes droll to me and yet one more thing that set me apart from the peers I had such trouble relating to originally.

To be continuously removed from your peers, especially in an emotional way, brings the same feelings of unfair circumstances to light. You question your elders why you can’t go play dodge-ball and why Ashley is too afraid to ask you to her birthday party and why the other children think you’re ‘strange’ and ‘different’ and why can’t you be like the other kids? When people fail to provide adequate answers besides ‘you have a condition’, it causes a lot of room for negative emotions, further festering the already-brewing feelings of depression, sadness and unfairness. For children with conditions outside of their control, all they want is to be accepted and have friends like normal but in a superficial world where their personal expectations are already short, their life expectancy is less than ideal and their peers see them as ‘freaks’ or ‘weird’, it is much cause for upset and further delving into the deeper world of depression. And, as said, with few psychiatrists out there to properly treat and understand these thoughts and feelings, many times it goes untreated and affects the patient later in life for however long they live, with or without their illness.

The increased risk for children with terminal illnesses to have a further mental problem and, potentially, a high risk of suicide thoughts and even attempts is a serious matter. Much
research is put into researching the chemistry behind depression and the thought process behind suicide but not as much research is put into researching the circumstances that could bring upon depression, outside of brain chemistry, or ways to assist patients with terminal issues tactfully. It’s simply assumed, by many, that the way to treat these things is with therapy and medication but, often times, this is not the case. While that route may work for some people, it is not a guarantee that it will work for everyone, especially those whose circumstances are hard to relate to. Most people can relate to feeling as though they’re strange, especially in high school, but not many can relate to the idea of being told you may not live to see your 20s.

While it’s important to consider that many teens are fiercely independent when it comes to sensitive issues such as their mental health and their need to do things for themselves, with a teenager who has had prominent medical issues in their past and will probably continue to have them in their future. The things that seem hardest to discuss are things that need to be brought up to teens and children who are living their lives with the knowledge that they are different from everyone else in that they may not get the same chances as everyone else does in life to live to an old age, have children of their own or anything of the sort. These issues need to be handled in a much more delicate way than constantly pushing the truth onto them in a way that becomes almost insulting.

By way of conclusion, I have found that it is correct to assume that children born with a terminal or potentially terminal illness or condition are at a much higher risk for mental illnesses and much more serious mental illnesses than their peers would be. This higher risk for more serious illnesses leaves them at an also higher risk for suicidal thoughts and tendencies, which could be contributed to by rejection from their peers and negative thoughts surrounding them as individuals. Terminal illnesses are not the only kind of illnesses that can be life ending in and of
themselves, because the sheer influence that society and the mind have on an impressionable an bitter adolescent, already suffering from a mental illness, can lead to one of the most rapidly increasing causes of death in America: suicide.
Bibliography


