

Grøholt, Berit:

**Young people, crises and suicidal behaviour –
through the eyes of the researcher and Henrik Ibsen**

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By accident a young girl found out that her father, whom she loved very much, might not be her biological father. This was something the father did not know either, and the entire underpinning for the family's harmony collapsed: The family was in a crisis. The girl was determined to show that she loved her father regardless, while he doubted her warm affections, needing or wanting some proof that her love for him was genuine. "If I had asked her to give up her life for me", he says, "I'm sure we would have heard --". The girl overhears what he says, and shoots herself.

Is one crisis sufficient to trigger a suicide?

Many of us will recognize the scenario above as coming from Ibsen's *The Wild Duck*. An acute crisis leads to an impulsive suicide, and shows how young persons might commit suicide without any previous warning at all. However, let us step back and consider the information Ibsen provides about Hedvig's situation before the crisis, long before he or anyone else could turn to research-based knowledge for support. In this article we shall see what Ibsen may have had in mind, and compare this with recent research, primarily from Norway.

The relationship to others

Most of us automatically form ideas about what people we feel we are tied to, experience and sense. The needs these people have generally impact our own choices, even though our empathy is hardly ever complete. Considering empathy, Hedvig's father Hjalmar Ekdal is worse off than most. Ibsen describes Hjalmar Ekdal, whose life is based on a lie, as an egocentric person without any ability or will to imagine other people's situation. Being seen realistically by others represents to some extent protection against suicide, perhaps because this is an essential underpinning of trust and confidence. Hedvig's father does not see her or her needs, and that makes her vulnerable. However, Hedvig is also protected because her mother sees her, as does also doctor Relling, a neighbour and confidant of the family who functions as Ibsen's voice or alter ego. Research, including Norwegian research, has demonstrated that a close relationship, particularly to parents, is one of the strongest protections against suicidal behaviour (Gould et al. 1996; Grøholt et al. 2000).

On the other hand, Hedvig appears to be isolated in relation to her peers. She suffers from vision impairment and does not attend school, as her father will teach her at home when he finds time. She is at the age when close family ties are normally slackened and replaced by ties to peers, thus preparing for an independent adult life. A lack of contact with other young persons leaves Hedvig vulnerable when she encounters problems with those few persons to whom she can turn for support. We know from research (Grøholt et al. 2000) that feeling one is part of a group of other young persons is protection against attempted suicide.

Ibsen also shows us that Hedvig has many **responsibilities**. She helps her father in his work, and her mother Gina with the household accounts. Hedvig's mother shares her adult worries with her daughter, and many would claim that Ibsen shows that Hedvig has been "parentified", that is too many responsibilities have been piled on her at too early an age. However, coping with responsibilities may also be protection against later crises (Gjærum et al. 1998). Hedvig copes with her day-to-day responsibilities, and the interplay between Hedvig and Gina is close. This nevertheless easily causes Hedvig to feel responsible, and this leads her to seek solutions. In a crisis situation it may be difficult for her as a child to distinguish between reasonable and unreasonable solutions. In the play she attempts to resolve her father's problem by showing him her love in a completely unreasonable manner. Thus Ibsen has described a particular vulnerability in Hedvig which corresponds well with findings by later research.

Contagious effect

We know that young persons are particularly vulnerable to being "infected" by the suicidal behaviour of others, especially within their own family (Grøholt 1999). Ibsen lets us know that both her grandfather and her father have toyed with the idea of committing suicide. Hedvig has not lived with threats of suicide, which would have made her even more vulnerable. She nevertheless is in the adjoining room when her father states that her grandfather was a coward when he did not shoot himself as he once planned to do. Again Ibsen is extremely penetrating. Praising actual suicidal acts increases the risk of contagion. Hence Ibsen has placed yet another risk factor in Hedvig's surroundings.

Psychological well-being

The primary risk factor for suicide is mental illness according to current research (Shaffer et al. 1996). Hedvig appears to be fairly healthy, even with her poor eyesight and even though she knows that she will eventually go blind. However, Ibsen raises an interesting question here as well. He has doctor Relling state that he is afraid Hedvig might hurt herself. She is "at a difficult age, and may think of anything". Her mother confirms that Hedvig has changed and is focused on catastrophes. She "plays with fire" in the kitchen. Ibsen might think that the teenage years in themselves may represent a psychological crisis. If so, he has no support from research. If young persons have deviating reactions, this is not in itself due to their young age, but rather to the fact that they are overtaxed by problems or suffer from a mental illness. The prospects for the development of such an disorder are largely the same for the young and the old. Ibsen does not let us know if Hedvig actually has a mental disorder or not. The two adults who see her best, her mother and Relling, are at any rate worried about her mental balance. Again Ibsen has put his finger on a major issue.

Suicide method

Ibsen places a loaded gun on a shelf in the Ekdal family living room. Research from the USA shows that access to guns increases the risk of suicide. Even if corresponding research has not been carried out in Norway, guns are the cause of a far larger

proportion of suicides among those under 20 years of age in Norway than in the rest of Western Europe (Groholt et al. 1997). A reasonable assumption is that this is related to the large number of hunting guns that can be found in households in Norway.

Thus Ibsen has described a suicide that at first sight appears to be caused by nothing but an acute crisis. He has nevertheless also described all the important risk factors for suicide: the threat of losing a close relationship, the lack of close relationships, exaggerated responsibilities, mental imbalance, the influence of examples from her family and easy access to a suicide weapon. Ibsen's play leads to the same conclusion as research: Only very few suicides are due to a single crisis alone (Groholt et al. 1998).

Can crises have post-traumatic effects?

We have much knowledge of the fact that events in life may influence the *mental health* of children, even if we do not know which events may lead to which disorders. The events are commonly divided into five groups: 1) Loss (e.g. a death or other sudden disruptions in contact) 2) Problems in close relationships 3) Major changes in the family (e.g. divorce), 4) Events that require new social adaptation (e.g. moving house) and 5) Acute traumatic events, such as accidents, violence or catastrophes. Traumatic events have a strong impact in themselves but given safe surroundings children are surprisingly well protected. Children are more vulnerable when the traumas comprise some of the other crisis aspects, such as loss or problems in close relationships, which may be the case with physical or sexual abuse in a family.

Difficult events in life may also increase the risk of *suicidal acts*, but primarily when they occur together with other factors. Many experts believe that the effect occurs via mental dysfunctions. We have, for example, seen that children who commit suicide have divorced parents more often than other children. However, research shows that divorce only increases the risk of suicide for children who are depressed or who act in an uncontrolled fashion (Groholt et al. 1997). Nevertheless, knowledge about how previous crises influence later suicidal behaviour is incomplete. A research project now initiated in Oslo is focusing on this topic, and we may expect in the future to have better information about how this is related.

Which crises trigger suicide?

Ibsen has intuitively placed many risk factors in Hedvig's life *before* the crisis occurs. Being an insightful man, he has intuitively drawn a picture that agrees with later research. Most commonly it is unfortunate events on top of other vulnerability factors that trigger suicide. A Norwegian study of suicides by young persons has shown that the community around them perceive the following as the most common triggering factors: break-up of a love affair (32%), fear of punishment reactions (13%), conflict with parents (7%), conflict with friends (4%) (Groholt et al. 1998). No triggering factor was known for half of them. Another Norwegian study of suicide attempts found that on average the young persons listed slightly more than five difficult matters that were connected to the suicide attempt. The list was headed by mental difficulties, then followed problems in close relationships; to a boyfriend or girlfriend, parents, friends,

or loneliness. However, many in this group also did not pinpoint any particular crisis event.

Psychiatric disorders and crises

This leads us to psychiatric disorders. All studies of suicides among young persons have found that the young person had one psychiatric disorder or another. In the USA, Sweden and Finland, more than 90% were given a psychiatric diagnosis afterward, in Norway slightly fewer (Groholt et al. 1997; Shaffer et al. 1996). However, many of these disorders were not acknowledged by the environment, and in Norway a particularly low figure (24%) had undergone treatment. This is a low project figure also when compared to other countries (Groholt et al. 1997).

Depression is the disorder that has the strongest connections to suicide. Nevertheless, only half of the young persons who die or injure themselves are depressed. In young persons sadness may be overshadowed by irritation. The *diagnosis* depression is given if this condition leads to a changed function lasting at least two weeks. Thus we cannot claim that Hedvig was depressed, even if she in all probability was suffering with an enormous degree of despair when she shot herself. We cannot, however, overlook the fact that she may have been depressed for a long time, and that playing with fire in the kitchen was an expression of despair. She could not attend regular school, and waited in vain for home schooling by her father. Even though she complied with his every wish, her needs never reached the top of his list of priorities. That in itself might be sufficient to trigger depression, particularly for somebody already so disposed to this.

For adults *psychoses* are an important cause of suicide. Few of the very young who commit suicide receive a psychosis diagnosis, even though many psychoses make their debut during the teenage years. I nevertheless feel that some of the young persons who die without a prior triggering event or understandable reason may have sensed the initial frightening signs of a psychosis. They may have managed to hide the symptoms from their environment, particularly those who are gifted. My experiences from interviewing young persons who have attempted suicides support this assumption. This is also in line with important findings from Finland (Kotila 1992): A suicide attempt with no discernible reason will statistically more frequently be followed by suicide than when compared to attempts where there is a clear triggering factor. Finally we must also recognize that an untreated psychosis occasionally may cause such great psychological despair that protection from parents or others may not be sufficient.

Conclusion

The conclusion we must draw is that acute crises often are important causes that trigger a suicide, but rarely enough on their own. We must nevertheless be aware of reversing the order of these factors, and claiming that acute crises often lead to suicide. Suicide is a very rare end to crises. Most frequently a coincidental occurrence

of a number of negative circumstances lead to a suicide, as Ibsen showed us in *The Wild Duck*.

Literature

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