

ONE IN THIRTEEN

The Silent Epidemic of Teen Suicide

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Foreword by Dr. William S. Pollack

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Latinos, and whites. Part II profiles three children who committed suicide: a sixteen-year-old white boy from a suburb of Nashville, Tennessee; a black sixteen-year-old boy from Durham, North Carolina; and a thirteen-year-old Latina girl from Colorado Springs, Colorado. Each of the three stories shows the varied factors that can lead a child to commit such an act, and together they demonstrate that no single type of family, regardless of wealth or ethnic origin, is spared.

Part III takes a look at what is and isn't being done in the nation's schools and communities to address the problem. The lack of mental health support in schools and the paucity of training for school personnel are striking. Yet, as Part III shows, some schools and communities have come to the aid of the most vulnerable children, particularly gay youth, despite limited resources.

Although no one has a cure for suicide, and suicide will surely continue as long as humans suffer, the resources being assembled to reduce the rising numbers appear to be woefully inadequate.

In the grandest sense, I have come to see the rise in the youth suicide rate over the past thirty years as a kind of communal cry from the nation's youth for someone to "feel their pain," to rescue them from themselves, to give them a better way out. My hope is that this book makes their cries more audible.

—JESSICA PORTNER
Washington, D.C.

PART I. THE PROBLEM

TWO TEENAGERS EXPLODED into their Colorado high school on April 20, 1999, and gunned down thirteen people, perpetrating the bloodiest school shooting in the nation's history. But nearly lost in the avalanche of reaction to the massacre at Columbine High School was the fact that the young men were also on a suicide mission.

The high school seniors had meticulously planned their own deaths—down to the last bullet and explosive—for nearly a year. They made pipe bombs at home and attached them to their bodies, apparently intending to blow themselves up along with the school. "They wanted to do as much damage as they possibly could and then go out in flames," John Stone, the Jefferson County, Colorado, sheriff, said that day.

But after the two boys had shot a dozen classmates, they discovered that the bombs they'd planted in the cafeteria had failed to detonate. So, instead, the teenagers used their back-up escape route: They turned their weapons on themselves and punched bullets into their own heads.

By committing mass murder, eighteen-year-old Eric Harris and seventeen-year-old Dylan Klebold joined a small group of other American teenagers. In their suicides, however, they had plenty of company.

For every adolescent who opened fire at schools from West Paducah, Kentucky, to Springfield, Oregon, in the late 1990s, thousands more shot themselves, slit their wrists, swerved their cars off embankments, or quietly gulped down lethal doses of pills in suicides or attempts. More American children are killing themselves today than at any other time in U.S. history.

To put this in perspective, eight students in the 1998–1999 school year committed homicides at school, and twenty-six students died violent deaths on school grounds. That same year, an estimated 2,700 young people ages ten to nineteen took their own lives.

Even more shocking than this youthful death toll is the fact that while American adults have been killing themselves less frequently, children keep beating their own record of self-destructiveness.

The number of thirty-, forty-, and fifty-somethings who take their own lives each year has steadied or even dropped over the past three decades. But since the 1960s, the suicide rate for teenagers has tripled.

“Where it used to be your grandfather, now it’s your son,” said Tom Simon, a suicide researcher at the U.S. Centers for Disease Control and Prevention (CDC).

In 1960, the suicide rate among fifteen- to nineteen-year-olds was 3.6 per 100,000. But by 1990, it was 11.1 per 100,000, according to the CDC. That means a school district with 100,000 students—about the size of Baltimore’s—might expect eleven adolescents to kill themselves each year.

More American youth now die each year from suicide than from cancer, heart disease, AIDS, pneumonia, lung disease, and birth defects combined. For example, in 1996, more than 3,200 people under age 24 died of all those diseases, compared with more than 4,600 who took their own lives.

“This problem has reached epidemic proportions,” said Richard Lieberman, a school psychologist with the Los Angeles public school system. “All across America, it is swept under the carpet. People are scared to face it.”

LIKELY VICTIMS

Which teenagers are most likely to take their own lives? Is it the popular Romeo and Juliet couple who down a lethal concoction of barbiturates and alcohol after their parents bar them from seeing each other? Or is it the quiet, academically driven student whose parents are embroiled in a messy divorce who just snaps after failing a test? Or, in the stereotype of the Columbine killers, is it the rich, narcissistic nerd who plots an elaborate and public “escape” as a revenge against the world? The answer is all of the above.

No single group of children is exempt. Suicide does not discriminate by race, class, region, or gender. Upper-class urbanites, poor rural farm children, and middle-class kids crammed into minivans who become class presidents and get scholarships to Ivy League schools have all been victims of suicide.

However, in late twentieth century, particular groups of children have contributed to the unusual surge in the nation’s youth suicide rate. Self-murder among pretens and young adolescents, aged ten to fourteen, has doubled since the 1960s. Also, black teenagers in the mid-1990s were more

than twice as likely to kill themselves as they were a decade earlier. But white teenagers, particularly boys, still tower over their peers in their rates of self-destructiveness.

For every teenager who commits suicide, 100 more will try. Every year, one in thirteen high school students attempts suicide, a 1997 national survey found. Half of all high school students—or about 6 million kids—say that they have “seriously considered” suicide by the time they graduate, the survey reports.

That means in a class of forty students, three will attempt suicide and twenty more will seriously contemplate it. That’s an estimated 700,000 American high school students who try to end it all each year—the equivalent of every student in the Los Angeles public schools.

Though teenagers commit suicide every day in rural communities, cities, and suburbs all across America, suicide rates have never been evenly distributed from state to state or region to region. New England has a much smaller percentage of teen suicides, while the western states, especially Montana, Colorado, Nevada, and Utah, consistently top the list. Some experts at the CDC blame the West’s high rates on the relative social isolation of its residents. Some also have speculated that suicides are more common because those with a pioneering spirit who migrate west may be disappointed if they arrive at their destinations and their high expectations aren’t met. If depression strikes, a psychologist may also be harder to find. Those sparsely populated states also tend to have fewer community institutions such as parks and fewer organized recreational activities to bring far-flung people together. “If people are moving all the time, those support systems may not be there and it may be harder to reach out and get help,” one CDC researcher said.

Wherever they live, boys and girls tend to act very differently when it comes to planning and executing their own deaths.

While girls try to kill themselves three times as often as boys do, boys are four times more likely to finish the job. This gender gap reflects the fact that boys tend to employ more lethal means, such as firearms and hanging; girls favor more survivable methods, such as overdosing on pills. Roughly 23 percent of both male and female suicide victims hang or suffocate themselves. About 17 percent of teenage girls overdose on pills, a method chosen by only 4 percent of boys. Small percentages choose to die by drowning, in falls, or by slitting their wrists.

Girls attempt suicide more than boys, experts say, because their act is an effort at communicating their desperation. Boys tend to keep their emotions hidden. “Girls cry out for help, while boys are taught to be tough and never to ‘act like a girl,’” said Dr. William S. Pollack, a psychologist and professor of psychiatry at Harvard Medical School and the author of *Real Boys: Rescuing Our Sons From the Myth of Boyhood*. As a result, Dr. Pollack said, “Boys are so ashamed of their feelings, they figure they’d be better off dead” than expressing their pain.

A small percentage of the increase in teenage suicide rates could reflect improvements in reporting over the past few decades, according to Lloyd Potter, an epidemiologist and suicide expert at the CDC. But, Mr. Potter said, rates have been and continue to be artificially low because suicides are often masked or misclassified.

A child’s suicide is often camouflaged by parents who rearrange the site of the death or hide suicide notes. And some medical examiners classify a death as a suicide only

when a note is found, something that occurs in less than a third of all cases.

"There's no doubt there are families who don't want it to appear on the death certificate, and the coroner obliges them," said Dr. Tom Shires, a trauma surgeon with the Suicide Prevention Research Center in Nevada. In some states, Dr. Shires added, the person designated to determine the cause of death may be a lawyer or a justice of the peace with no medical training who is ill-equipped to investigate such cases.

Dr. Shires, who is compiling a comprehensive database on suicide attempts among people of all ages, added that police are often complicit in the undercount of suicides. Law enforcement officers so consistently record single-car collisions as accidents that doctors have coined a term for them: autocides. Dr. Shires said the police file them away as accidents even when there are no skid marks on the pavement, which would indicate a desire to avoid a collision. Such misclassification throws off youth suicide rates because "unintentional injuries," primarily from automobile accidents, are the leading cause of death for fifteen- to nineteen-year-olds in the United States.

Another way suicide is hidden from the record books, say experts who study gangs, is that some teenagers who want to escape gang life but see no way out choose to die the "honorable" way by provoking police to fire at them.

"We call that 'suicide by cop,'" said Gloria Grenados, a psychiatric social worker at Bell High School in Los Angeles, a school whose students are nearly all affiliated with a gang, according to Grenados. "There are kids [who survived] who literally tell me they ran to meet the bullets because they so much wanted to die."

Taking note of such subtleties, U.S. Surgeon General David Satcher called suicide "the nation's hidden epidemic." Suicide, Dr. Satcher said as he launched a suicide prevention campaign in the fall of 1999, must be destigmatized and addressed as a public health problem.

IMPULSIVE YOUTHS

Young people are more vulnerable than adults to thoughts of suicide, experts say, because they often don't comprehend in a rational sense that death is final. Suicide notes collected by researchers show children fantasizing about what they will do when they are dead. Young people often see suicide as the end of their problems, not their existence. "The developmental stage of adolescence is consistent with not thinking of the long- or short-term consequences of behavior," said the CDC's Mr. Simon.

Another tenet of child development is that adolescents are risk-takers by nature, who change friends, clothing styles, and attitudes constantly and for no apparent reason. Such impulsivity often rules when teenagers want to get rid of more than their wardrobes.

But impetuosity alone doesn't make a teenager suicidal, or virtually every teenager in the country would be a suicide risk. Things turn fatal when an adolescent's natural impulsivity is combined with environmental hazards such as abusive parents, vicious classmates, or a loaded gun under the bed.

The impetus for inner turmoil in the hearts of American adolescents in recent years cannot be gleaned from superficial clues such as whether a teenager plays violent video games, listens to Marilyn Manson CDs, or dons a

black trench coat, school psychologists say. Young people rarely wear their angst so conveniently on their sleeves.

More often, they hide their pain from their parents, friends, and teachers by constructing elaborate disguises. Suicidal teenagers can act the part of well-adjusted children while their mind is consumed with planning their own deaths. One girl who attempted suicide as a teenager said she would plan the mechanics of her suicidal act in her head during family dinners. She said she'd have visions of leaping out a window, running in front of her school bus, or downing a handful of sleeping pills as her family quietly ate their roast chicken.

In his 1991 book *The Enigma of Suicide*, journalist George Howe Colt writes that searching for a single cause for suicide is as futile as "trying to pinpoint what causes us to fall in love or what causes war."

Finding an answer to the riddle of self-murder is not like tracing the origins of a disease to a single genetic marker. There is no one factor that causes suicide. Suicide is more like a multicolored tapestry that must be unraveled strand by strand to better understand how it happens and what can be done to thwart it.

Sociologists and mental health experts point to a tangle of cultural, psychological, and medical factors that have in the past thirty years fueled teenagers' heightened self-destructiveness: a higher divorce rate, parental abuse, poor impulse control stemming from exposure to television, the availability of handguns, lack of access to mental health services, and a general sense of isolation and alienation from caring adults both at home and at school.

Overall, the pressures—both in school and out—are weightier for kids today. There are fewer emotional buoys

floating around for children to grab onto, so more of them plummet to the bottom, unless someone, somewhere, has taught them how to swim.

Some experts argue that the leading reason why young people are more at risk for suicide now than they were a generation or two ago is the decline of the traditional family unit.

The teenage suicide rate began its climb just as the divorce rate started to rise in the 1970s. Half of U.S. marriages now end in divorce, compared with 28 percent in the 1960s; 70 percent of children who attempt suicide have parents who are divorced. In addition, the percentage of children living with two parents declined from 85 percent in 1970 to 68 percent in 1996, federal statistics show.

The dissolution of a two-parent family, whether from divorce, desertion, or the death of a parent, makes children more vulnerable, experts say. A split, especially a rancorous one, divides children's loyalties and often makes them feel insecure just when they crave security most. Children of divorce, say psychologists, often blame themselves for their parents' problems.

Ultimately, though, it's the quality of the parenting, not the constitution of the family unit, that matters most, children's advocates say.

Whether married, divorced, or single, most parents are now working more than in the past and, as a result, have far less free time to spend with their children.

"We are benefiting in this society from everyone working, women working, productivity increasing," said Kevin Dwyer, past president of the National Association of School Psychologists (NASP). "But now kids are growing up without the supports they had in the past." The term "latchkey

kid," for children left to fend for themselves at home after school, was coined in the 1980s. As on-the-job hours for most adults in the United States reached an all-time high in the 1980s and 1990s, alone time for kids has stacked up as well. Nearly 4 million children aged six to twelve who have working mothers don't have any adult supervision when they aren't in school.

To fill the parenting void and the decreasing ratio of caring adults to children, television increasingly has become children's stalwart companion after school. Parents spend an average of just two minutes a day communicating with their child, while the TV set spends an average of three and a half hours a day with that child, Mr. Colt writes in his book.

Study results are mixed on how exposure to media images of murders and assaults affects children's behavior, though many youth advocates are convinced that violent television shows, movies, and computer games inflame destructive tendencies. "Viewing violence can have lifelong harmful effects on children's health," according to the Center for Media Education (CME) in Washington, D.C. "The more violence they watch on television, the more likely they may act in aggressive ways, become less sensitive to others' pain and suffering, and be more fearful of the world around them."

More than 86 percent of television shows and movies depict characters who solve interpersonal problems with violence, according to NASP. The CME reports that by the end of elementary school, the average child will have witnessed more than 100,000 acts of violence on television, including 8,000 murders. Served the common fare of shootings and knifings on TV, children come to believe that violence is an appropriate solution to problems, Mr. Dwyer said.

In today's media-saturated, high-velocity society, youths with poor impulse control are given the message that it's only natural that they should want everything yesterday.

While the video game industry rejects the idea that some of its games are virtual training classes for potential criminals, some recent, controversial studies contend that playing violent video games improves youths' dexterity with real firearms and desensitizes them to the visceral realities of violence. In one study from the late 1990s, high school students interviewed after suicide attempts expressed surprise that their actions were so painful, because it didn't look that way on TV.

THE MEDIA FACTOR

Some research suggests that the news media may foster children's self-destructive and violent behavior simply by reporting horrific events.

A 1986 study by Madelyn Gould, a professor of psychiatry at Columbia University who examined media coverage of suicides, found that the suicide of a person reported either on television or in newspapers makes at-risk individuals who are exposed to the coverage feel that suicide is a "reasonable, and even appealing, decision."

After the 1999 shootings at Columbine High School, which touched off weeks of intensive coverage by the national news media, there was a spike in teenage suicides across the nation, according to several experts. In Los Angeles County alone, six students killed themselves within six weeks of the shootings. In the four of those cases in which the students left notes, three mentioned Columbine as an

inspiration. "If you plaster their face up on the news for twenty minutes, that's going to make the difference," said Harvard's Dr. Pollack. Media coverage of suicides isn't the reason children decide to kill themselves, Dr. Pollack said, but it is a contributing factor.

"These things open the floodgate," he said of news accounts. "But to flood, the waters have to already be at a high level."

Keeping afloat emotionally is challenging for many young people because the violence they're exposed to is not just on their television screens. Not surprisingly, children who suffer chronic physical or emotional abuse at home or who witness domestic violence are much more likely to kill themselves than their peers who do not witness such violence.

"A child doesn't just wake up suicidal," said Richard Lieberman, a school psychologist with the suicide prevention unit of the Los Angeles public schools who handles distress calls from school officials twenty-four hours a day. "Kids are dealing with more loss. Families are under more stress."

In all areas of the country—poor, rich, urban, suburban, and rural—reports of child abuse have accelerated dramatically in the past few decades. A small portion of the increase is attributable to better reporting; however, the bulk represents a real and disturbing trend, according to federal health officials. In 1997, 42 out of every 1,000 children in the United States were reported as victims of child abuse, a 320 percent leap from 10 per 1,000 children in 1976, figures from the U.S. Department of Health and Human Services show. Newspapers regularly report stories that were once rare: children locked in basements without food; bat-

tered and bruised toddlers entering shelters; teenage girls sexually assaulted by their fathers.

CHANGING SCHOOL CLIMATE

While home environments in general seem to have become more hazardous, so in large part have schools, say researchers who monitor the school climate. Apart from the increasing rates of assaults and shootings since the 1970s, garden-variety bullying behavior is rampant, says Dorothy Espelage, a professor of educational psychology at the University of Illinois at Urbana-Champaign. In a study published in 1999, Ms. Espelage found that 80 percent of 558 Illinois middle school students reported they had been "threatened, ridiculed, or been physically aggressive" with at least one classmate in the past thirty days. The bullying—which consisted of teasing, aggression, name calling, and social ridicule—was more often directed at children who appeared physically different in race or body size or who dressed differently than other kids. One in four children in the United States says they've been bullied at some point in their school careers, a separate study showed. Many children who are victimized by bullies retaliate and erupt into violence. Ms. Espelage says that 75 percent of the self-identified bullies in her study said they were targets of harassment themselves.

The class bully, of course, is as old as the classroom. But meanness seems to have become more sophisticated in recent years. It's easy to find Web sites these days where prepubescent hatemongers chat about their next target. "Many parents dismiss their children's fears as an inevitable part of school, but [bullying] can scar you in your mind more than

physical abuse," and even lead to suicide, an official at Safe School/Safe Students, a national advocacy group, said.

Gay teens are particularly vulnerable to such taunting.

A 1998 survey of 496 gay adolescents nationwide, commissioned by the Gay, Lesbian, and Straight Education Network, or GLSEN, found that 69 percent of gay students reported having been targets of verbal, physical, or sexual harassment in school and that 42 percent said they had been physically assaulted.

"It's a twenty-four-hour-a-day, seven-day-a-week saturation of antigay messages," said Rea Carey, executive director of the National Youth Advocacy Coalition, based in Washington, D.C. "If they hear messages day in and day out that say they are not of value to their community or their school, eventually those messages sink in."

Mark, a student at a high school in New York City, can testify to this. A shy 18-year-old, Mark downed a near-fatal dose of penicillin and painkillers in 1998. He could no longer endure the daily routine of being harassed at school—only to go home, where his brother beat him until he bled because he was gay. "I feel so unsupported," Mark said outside the New York City alternative school that he attends. "There's still some days I wish I were dead."

Homosexual youths are more than five times as likely to attempt suicide as their heterosexual peers. The taunts of "faggot" and "queer" that reverberate in school hallways, on street corners and playgrounds, and sometimes at the dinner table all combine to drive gay adolescents to the edge, said Ms. Carey.

Homosexual adults may have the emotional fortitude to deflect such ridicule, but adolescents typically are poorly equipped to repel jabs from their all-important peers. A 1991 University of Minnesota study found that the vast

majority of suicide attempts by gay and lesbian adolescents were made within a year before or after they discovered their own sexual orientation.

While antigay harassment in school is a serious pressure on homosexual students, there are other school-related stresses that affect all students, gay or straight. The increasing drive toward raising academic performance has elevated many students' stress levels.

"We have become so focused on raising standards and testing students, and we are paying very little attention that this is working against creating a motivating environment for kids to come to school," said Howard Adelman, a professor of psychology at the University of California, Los Angeles (UCLA), who runs a project to promote mental health in schools.

Of course, not every student who feels pressured at school, is harassed, or has a chaotic home life becomes suicidal. A suicidal teenager is often fundamentally unstable, mental health experts say.

Currently in the United States, mental health experts say, an estimated 11 percent of children ages nine to seventeen—or 4 million children—have a diagnosable mental disorder, ranging from obsessive-compulsive disorder to major depression. The rate of depression has been rising among the young, researchers say, in part because the average age of puberty has declined and depressive illness tends to emerge after puberty.

Clinically depressed adolescents are five times more likely to attempt suicide than their nondepressed peers, according to a fifteen-year study that tracked seventy-three depressed adolescents and compared them with peers who were not clinically depressed.

Psychiatrists who have been enlisted to analyze the motivation of the Columbine shooters point out the fact that Eric Harris was being treated with an antidepressant. The teenager was in psychotherapy and was known to have taken a prescription medication used to treat obsessive-compulsive disorder. Some psychiatrists have suggested that certain drugs used to treat depression, bipolar disorder (also called manic depression), and other mood disorders might actually provoke psychosis in a small percentage of patients. An estimated 3 percent of adults taking certain psychiatric medications have had psychotic reactions that include bouts of violence and delusional episodes. While most antidepressants have yet to be tested on people under eighteen, some researchers suggest these reactions could be as much as two to three times higher in children. But psychologists say that, in the vast majority of cases, it is unlikely that violent attacks happen just because a child swallowed a pill. More often, mental health experts say, things go haywire when children *don't* get the medical and therapeutic help they need to sort through their emotional pain.

In her book, *Night Falls Fast: Understanding Suicide*, Dr. Kay Redfield Jamison, a professor of psychiatry at Johns Hopkins University, says clinical depression is quite distinguishable from common adolescent angst. "In its severe forms, depression paralyzes all of the otherwise vital forces that make us human, leaving instead a bleak, fatiguing, deadened state," she writes.

In *Darkness Visible*, author William Stryon describes his own severe depression as "a hurricane of the mind." And five years before killing herself, poet Sylvia Plath said of her depressive moods, "I felt as if I were smothering. As

if a great muscular owl were sitting on my chest, its talons clenching and constricting my heart."

A growing number of children are now being treated for mood disorders. In 1996, 600,000 children under age eighteen with clinical depression were prescribed the antidepressants Prozac, Paxil, and Zoloft, according to IMS America, a research group in New York City. Because no groups have conducted long-term studies on children's use of antidepressants, it is difficult to determine whether such medicinal remedies can lift the suffocating darkness that Dr. Jamison describes.

Whatever the effect, the upsurge in prescribing psychiatric medications has occurred mainly in middle- and upper-class populations, in which children have more access to health care. For millions of teenagers in less fortunate circumstances, the last trip to any kind of doctor was for childhood inoculations.

A 1999 study by the University of North Carolina at Chapel Hill found that one-fifth of teenagers said they had received no professional health care in the past six months, even though they had a condition that warranted a medical visit. That situation represents a lost opportunity, suicide experts say, because family doctors can detect sudden changes in mood, sleeping patterns, and eating habits—all indicators of depression. A patient who goes to the doctor complaining of asthma or insomnia might actually have a more fatal condition. But suicidal thoughts aren't detectable with stethoscopes or brain scans; it takes a more subtle approach, says Dr. Shires.

Some depressed teenagers who are either embarrassed to seek help or can't afford it eschew traditional medical care in favor of illicit drugs to elevate their moods. There is

a strong link between the use of illicit drugs and suicide; alcohol and certain drugs are depressants and often deepen a depressed mood. And, because they knock down inhibitions, they make teenagers feel freer to act on their suicidal fantasies.

Autopsies of adolescent suicide victims show that one-third to one-half of them were under the influence of drugs or alcohol shortly before they killed themselves, according to statistics from the Department of Health and Human Services. The overall rate of teenage drug use has fluctuated over the past three decades, peaking in the 1970s and then receding somewhat in the 1980s. Use of marijuana and alcohol—both depressants—surged in the 1990s.

While teenage attendance at religious services rose in the late 1990s, far fewer adolescents attend than did twenty years ago. Religious affiliation as a buffer against the harsh realities of the world has a solid grounding in research. For example, studies have shown that elderly people who participate in church-based activities—such as social events and bingo games—have a decreased risk of mortality. A 1998 study published in the *Southern Medical Journal* found that elderly people who attended church every week and who said God was a source of comfort in their lives recovered faster from depression than those who didn't attend religious services. However, researchers say that better mental health could be due as much to the balm of faith as to the fact that attending places of worship decreases isolation.

MEANS AND REASONS

The burgeoning numbers of isolated, despondent teenagers now more than ever have lethal means at their fingertips.

The federal Bureau of Alcohol, Tobacco, and Firearms (ATF) reports that in 1960, 90 million guns were in circulation; in 1999, an estimated 200 million firearms were in private hands. That's enough weaponry, if distributed among the U.S. population, to arm three out of four Americans. Despite state and federal laws banning possession of handguns by anyone under eighteen, many young people know that getting a firearm is no more complicated than pilfering from a parent's closet. The ATF, which traces gun purchasing patterns, says minors usually get handguns in one of three ways: by borrowing, stealing, or buying them illegally. In almost any big city and in many small towns in America, a resourceful teenager can, with a little research, find out where to buy guns, ATF officials say. Smith & Wessons, Glocks, various rifles, and shotguns can sell for as little as \$20—a few days' lunch money—on the street.

In December 1993, sixteen-year-old Aron Gilliam went to the corner of Jefferson and 33rd in downtown Savannah, Georgia, and bought a .32 caliber revolver from a crack dealer for \$20. A few days later Gilliam used the weapon to kill a classmate on the steps of his school. "Anywhere you have crackheads, there's going to be guns," said Brett Tremelling, a narcotics officer in a suburban Savannah police department who confiscates an average of three guns every time he goes on a drug raid.

A smaller number of minors steal guns by burglarizing gun dealers or pawnshops. A pawnshop owner in Savannah said that the number one reason his store is vandalized is for guns. Most of the time, however, children who are looking for firearms find them at home.

Access is key when you consider that guns are the overwhelming method of choice for suicidal youths: More than

67 percent of boys and nearly 52 percent of girls ages ten to nineteen who kill themselves use a firearm.

Before a youth pulls the trigger, experts say, some event usually has to set him or her off. A recent survey of fifteen- to nineteen-year-old students in Oregon who had attempted suicide found that the top three things that spurred them to act—while none was the sole reason—were conflicts with parents, relationship problems, and difficulties at school.

Whatever the eventual catalyst, every suicidal youth's life story has a uniquely tragic plot. More often than not, it's a circuitous route that leads him or her toward suicide.

Most children who take their own lives don't wake up the morning of their deaths with the means, motive, and opportunity sketched out neatly in their heads. Many teenagers who have survived suicide attempts said they did it because of a pain, slight, or shame they could no longer bear. They say at the time they felt as if they were enveloped in a haze, lost in the center of a raging tornado, all alone and unable to conceive that this terrifying moment would ever end—unless they did something to stop it.

It's tempting to see suicidal intent as an invisible virus attacking the host's immune system, breaking down the body's defenses until its victim is leveled by some opportunistic infection, an environmental blow. But the reason there is no one cure for suicide is because there is no one cause. In each sorrowful scenario, a peculiar combination of character traits, circumstances, and events conspired to usher one person to an early death.

The stories of the teenagers in the following section show this all too well.

PART II. DYING YOUNG

JASON FLATT, 1981–1997

JASON FLATT WAS THE last student in Good Pasture High School's class of 2000 that anyone expected to shoot himself in the head.

When he killed himself in 1997 at age sixteen, Jason, the son of an insurance executive and a hospital worker, was a promising freshman football player who earned decent grades at the private Christian schools he had attended since sixth grade.

Hendersonville, Tennessee, the suburb of Nashville where Jason grew up, is a Capra-esque community of 36,000 where most teenagers would sooner go to church youth groups than raves and where parents make time in their loaded professional schedules to help their children decorate crepe-paper floats for the homecoming parade.

The only signs of bustle in this languid town are the ubiquitous chocolate-colored tour buses loading up local country bands for road trips or ushering tourists to the Grand Ole Opry.