

ADOLESCENTS, DEATH, AND SUICIDE

Pérez García, J.(*) , Del Pino Montesinos, J.I.(*) , Ortega Beviá F.(**)

**...Civilized people speak, barbarians are silent,
he who speaks is always civilized.
Violence is always silent.
G. Bataille**

1. HISTORICAL DIMENSION OF THE PHENOMENA

Suicidal behaviour. Historical dimension.

Suicide, defined as the voluntary action by which a person takes his/her life, is a universal phenomenon that is present in all epochs and cultures, but the attitude of societies has been different depending on religious, philosophical, cultural, and social and political influences, and above all of the ideas on death and the hereafter.

Suicide is a phenomenon as old as the history of mankind itself:

Islamism condemns suicide explicitly. Muhammad said: "Man only dies by the will of God...", hence suicide would be seen as an act of insubordination, rebelliousness, or sin.

In India, under the influence of Brahmanism, the wise men, in their search of the nirvana, committed suicide frequently during religious festivals.

Buddhism does not recognise an independent soul, but an interdependent body-soul. Everything is ruled by the law of the Karma, so everything is a consequence of the past Karma. The objective is the Nirvana or mental state of complete peace.

In Ancient Egypt those in favour of suicide even formed associations whose members sought more pleasant ways of dying. Collective suicides seem to have been a frequent event throughout history.

Plutarch tells us of a "suicidal plague" that took place amongst the youths of Miletus and how they managed to put an end to it by submitting the corpses to public shame.

In Classical Greece suicide was a common fact amongst philosophers. In this way, Anaxagoras committed suicide after having been unjustly imprisoned. His disciple Socrates serenely drank hemlock after having been condemned to death. Metrocles involuntarily let go a wind one day whilst teaching a lesson; such was his shame and sorrow that he locked himself up in his room with the intention of letting himself die of hunger.

Stoicism is the only philosophical conception that is truly in favour of suicide, although it is considered hateful and vile when the suicide's family or the society will suffer from it when the man is transported by an irrational and immoderate aversion: the *Libidio moriendi* or the "insane desire of death".

In Athens if a person before wounding himself asked the Senate to authorise him, declaring the reasons that made life intolerable for him, and his demand was accepted, the suicide was considered as a legitimate act.

(*) Psychiatrist-Psychotherapist. Prof. Master of Family Therapy. University of Seville.

(**) Psychiatrist-Psychotherapist. Dr. Prof. of Psychiatry. Director of the Master of Family Therapy. University of Seville. Head of Service of the Day Unit. HUS. Seville

In Rome the suicide of slaves was frequent but it was forbidden. Suicide does not seem to be an infrequent phenomenon in the barbarous peoples: “The Spaniards are often described as people who despise life and that are ready to die before letting themselves be captured” (Sagunto, Numantia, etc.).

Neither the Old Testament nor the New Testament seem to forbid suicide in a very explicit way, although we find tales of suicide in them (Samson, Saul, Judas).

Aquino says that we cannot dispose freely of ourselves because we do not belong to ourselves. To the point that we form part of a unity, a family, a social body we cannot and must not desert. Secondly, as creatures of God we are not free to dispose of our life and death. He considered suicide as the gravest of sins. Despite this he introduces a certain moderation while adding the concept of “irresponsibility”: he says that there are a series of vesanic illnesses (hysteria, epilepsy, etc.) that have nothing to do with the possession of the devil which in other times suicide was related with. With these opinions the idea begins to be created of dividing the religious world and mental illness. Until the XVIII century the civil law of nearly every country condemned suicide with the gravest and most dishonourable punishments that nearly always affected the family of the suicide.

In France during the XVII century the repressive tradition against suicide continues, although they recognised that suicide could be committed by people who were not completely of sound mind, using the concept of “*irresponsibility*”. With all this they were already talking about pathological aspects and they begin to insinuate that suicide would be in the field of pathology. In general, except for the Anglo-Saxon countries, a “Latin tradition” is created that stops considering suicide as a crime. Suicide is going to become a concept that will be between the limits of the normal and the pathological, as it was before between the natural and the supernatural. With this a debate begins that does not end between normal suicide and pathological suicide. *Esquirol* divides suicide in three categories: suicide produced by the passions, suicide produced by a mental illness, and suicide produced by the boredom of living. In the end a door is opened for the medicine to attend to suicides classified as pathological and a duality is shown between the medical and the religious fields. With the coming of Romanticism suicide loses part of its pejorative character and certain plagues occur that trap also some of its main protagonists. Ortega called it “the illness of the century”. Goethe’s *Werther* was considered as the main responsible of these plagues amongst the romantic suicides. The musical piece “*Gloomy Sunday*” of *Rezso Seress* also produced a wave of suicides during the Romanticism. The suicides for honour and most of all for love, already praised by Virgil in antiquity, become very frequent in the style of *Othello* or of *Romeo and Juliet* of Shakespeare, or of *La Celestina* of *Fernando de Rojas*.

Suicide as a social problem.

The end of the repression of suicide coincides with the apparition of the social sciences that were born with capitalism and the industrial society: suicide begins to be considered as a social problem together with poverty, alcoholism... In the confrontation of man with his institutions that will be seen as repressive and alienating a concept of rebellion and pessimism is reached. Man will live as a rebel or as a subject. In the XIX century the existentialists are going to have a conception of the world with a conscience of misfortune that follows the previous bourgeois optimism. Existentialism is a philosophy of crisis that speaks to us of inevitable risks, but under all of them it tries to reveal the great human problems, such as the personality of the singular man, the

meaning of life and death. For *Sartre* death is the only certainty of life, and for *Camús* there is only one truly serious problem, and that is suicide. For *Freud* suicide is an intrapsychic phenomenon originated primarily in the subconscious and in which prevail aggressiveness and hostility against oneself that cannot be exteriorised. The basis of suicide is in the death instinct.

Menninger discovers two forms of suicide: “chronic suicides” (alcoholism, disablement, martyrdom, frigidity, psychosis, etc.) and “localised suicides” (self-mutilations, intentional accidents, polysurgery, impotence, frigidity). *Emile Durkheim* admits three forms of suicide: “egoistic” by defects of social integration; “anomic” that occurs when the equilibrium between the individual and society is broken; “altruistic” where the social body dictates the suicide. In any case, suicide is **the last expression of freedom** that in other levels, not popular, is not talked of as an act of cowardice or bravery, freedom or submission, but as something voluntary or not, but in the face of which the laws and public opinion leave a kind of shameful freedom watched over by doctors, policemen, parents... and in the field of medical pathology.

SUICIDE AS A POLYDIMENSIONAL TRANSGRESSION		Table 1
RELIGIOUS	Sin	
ETHIC- MORAL	Immorality	
LEGAL-POLITICAL	Crime/Evil	
MEDICAL-PSYCHIATRICAL	Illness/Insanity	
SOCIAL-FAMILIAR	Sociopathy / Familiopathy	
NATURE	Ecopathy (Against nature)	
ACT OF FREEDOM	Normal(Not transgressive)	

2. DESCRIPTIVE DATA

Suicidal behaviour in childhood and adolescence has become in the last decades an important health problem due to its increment, its emotional repercussion associated with the death of a youth, and the economic and social costs it implies.

The figures speak for themselves of the seriousness of the problem that has ceased to be exclusive of adults. In the past two decades suicide has become the second or third cause of death, after traffic accidents. However, and according to data of the *Instituto Nacional de Estadística* (National Institute of Statistics), compared with other nearby countries we can conclude that Spain registers one of the lowest rates of suicide in Europe. The provinces at the top of the rate of suicides are Lugo, Soria, Huesca, Tarragona, and Asturias with more than double the national media rate that in 1998, last year of which we know official data, was placed in 5.98 cases per hundred thousand. However, suicide attempts do not seem to be something worrying in the whole of the country. A recent report of the *Secretaría General de Planificación del Ministerio de Sanidad y Consumo* (General Secretariat of Planning of the Ministry of Health and Consumption) shows that Spain is one of the countries of the European Union with a lower rate of mortality by suicide, although a tendency to increase is observed.

Suicide in youths between 15-24 years of age				Table 2
1969	1974	1977	1990 (15-19 in USA)	
			2001 in Spain	
4 th cause of death	3 rd cause of death	2 nd cause of death	2 nd cause of death	
<ul style="list-style-type: none"> • Produces 40% of the paidopsychiatric hospitalisations • The most frequent cause of urgency in paidopsychiatry (Tomb 1996) • Spain: gradual increase, without reliability of data. In 1991 the rate was 5.6% 				

Rates of mortality by suicide in all ages. Europe					Table 3
Country	Historical year	Rate x 100.000	Last year available	Rate x 100.000	% of change
EU	1970	11,8	1991	11,7	- 0,6
Belgium		16,4	1989	17,8	8,8
Denmark		22,4	1992	20,4	- 9,2
France		15,9	1991	18,9	19,0
Germany		21,7	1991	15,4	- 28,8
Spain		4,7	1990	7,1	50,1
<ul style="list-style-type: none"> • World rate: 8 x 100.000 • Spanish rate 7-10 x 100.000 • Of 10 attempts, 1 consummated 					

3. NATURE OF THINGS AND THINGS OF NATURE

The logical abyss between nature and convection is a fundamental principle in modern science.

(Popper, 1945)

Peters (1958) pointed out the importance of rules and their hierarchisation in human behaviour. Natural phenomena and manifestations are morally and ethically neutral; those generated by the human body can be susceptible of being studied by neurology as a science of the brain and are susceptible of causal explanations. When human manifestations or phenomena have the meaning of signs they are forms of communication and hence belong to the field of psychiatry, psychology, or sociology, not being susceptible of causal explanations. The first are ethically and morally neutral and the second are not, as they emerge from a context of social rules determined by a moral and an ethic.

Szasz (1961) declares that: "How to approach once and for all the orientation of our activity: depending on "substantives and entities" or depending on "processes and activities". For a long time physics, chemistry, and other sciences have complemented their conceptualisations with process theories; psychiatry has not yet done so".

Following *Ortega* (1995): The nature of things is to preserve their identity, to remain in the space-time dimension; the things of nature are change and transformation and development, its character is determined by the flexibility that the process of destiny determines; in synthesis to keep changing.

3.1 ADOLESCENCE

“Youth loves luxury. It has bad manners, despises authority, has no respect for the elderly people, speaks when it should work. The youths no longer stand up when older people enter the room, they contradict their parents, speak with no knowledge of society, devour the food, cross their legs, and tyrannise their parents.”

Aristotle (384-322 BC).

“...The unlimited petulance of youth must be considered as a sign that the end of the world is near”.

Melanchthon (1497-1570).

“...The precocious corruption of youth has become such a generalised complaint that it seems necessary to subject this matter to a public debate and to put forward proposals to improve it”.

Loke (1960).

Adolescence is a period of the human life cycle whose defining character is **transition**: a vital moment where we are no longer children but we are a child, we do not have the attributes of children but we still have these attributes, we are not adults but we are already adults, and we do not have things of the adult but we already have some things of the adult. It is something like the **present** time (very signified in this period of life: to live the present) where it has something of the past but it is not the past, and it has something of the future but it is not yet the future, but at the same time it is everything that exists in a paradoxical point where nothing exists.

Adolescence is a modern cultural emergent concept: “Adolescence is only recognised as a differentiated stage of development in the present epoch due to the fact that the coincidence in the most developed countries of a more extensive education and an early sexual maturation have produced a prolonged phase of physical maturation associated in an equivocal way with an economic and psycho-social dependence” *Rutter*. The mixture of a physical maturity and a psycho-social immaturity.

For *Marcelli* and *Braconnier* (1960) the essence itself is the “crisis” in the psychic process that every adolescent goes through. For *Spranger* it also presents this character of process without a fixed state. What we always must bear in mind is that if there is something specific about adolescence it is that it consists in a “changing period”, not only as the passage of childhood to adulthood, but as a complex and contradictory period in many aspects, which is valid both for the adolescent him/herself as for the adult who observes him/her, so this age has frequently been analysed from the notion of *crisis*. A crisis of emancipation, a crisis in sexuality, and an identity crisis.

As for the family, it is a live social organism. It has its own life cycle, and in this process one of its phases is that of the Family with adolescent sons and daughters.

The family is an open social and cultural system in constant relation and interaction with the society it forms part of, and it is also a live system, subjected to its own life cycle. Thus it must adapt both to the changes that occur inside it and to those experimented by the social and cultural suprasystem in which it is inscribed. From a systemic epistemology we have to widen the focus of attention towards the whole of the family group, placed in the centre of the interaction individual-family-society. From this point of view we have to begin by considering that the adolescent is not the only one

who experiments important modifications faced with the growing autonomy and the perspective of one of its members leaving. The identity crisis affects all the family group.

Emergencies in the family with adolescent sons and daughters

1. *Changes in the model of authority.* Emotionally for the parents the child is a part of themselves. The questioning by the adolescent of the limits of the parental system and of the authority of the parents is lived by the parents as an undermining of their position. Authority must be exercised with less asymmetry, accepting more dialogue with the adolescent.
2. The adolescent is exposed to *Real external dangers* (drugs, traffic accidents, non desired pregnancies).
3. *Physical changes.* Physically the adolescent is an adult. The parents cannot impose themselves on him/her by physical force. The presence of a situation of change and crisis in the life cycle of the family makes a greater degree of agreement between the parents necessary.
4. *Rupture in the family solidarity.* Everything happens as if a rupture had taken place. For the adolescent the elements that are external to the family system acquire much importance, especially the group of peers.
5. *Looking glass phenomena.* As in every situation of change or crisis not only the stability of the system but also the functions, competence, and self-esteem of all its members are questioned. The changes that are traditionally observed and described in adolescents have their "looking glass" image in those produced in their parents.
6. *Modification of the priority in the family functions.* The functions of direct care and protection carried out by the parents loose importance. The parents have now more time to attend to their own needs and relations. The fact that the adolescent is more and more autonomous and can take care of him/herself can question the role of his/her parents as carers.
7. *Phenomena of parentalisation and maritalisation.* The presence of grown-up sons and daughters allows to delegate in them some of the functions of the parents and to perform and develop adult functions, proper or improper.
8. *The communication channels are disturbed by emotional phenomena* or by the sensation of the adolescent of "not being understood" and he/she silences what for him/her is important.
9. *Cycles of aggressiveness/guilt.* The adolescent and his/her parents see with impotence that they are not capable of alleviating the suffering they perceive in their sons and daughters generating improper traps for the moment.
10. *Maturity and responsibility.* The adolescent with his/her behaviour can question the competence of the parents as educators. In a social environment marked by a certain "cult of the child" said child is defined by him/herself and by society as someone capable of deciding for him/herself, but if he/she decides wrongly, the extensive family, the society, and its agents will hold the parents responsible for that error.
11. *Mourning phenomena.* We are in the previous phase to separation and differentiation. Likewise, the expectations of personal and/or social growth that the parents had laid on their children in a somewhat projective way are also questioned. Finally the adolescent will end up proposing the perspective of his/her leaving the family, that ends up as what it initially was: the couple.

Predisposing social emergencies

1. Decrease and questioning of the parental function -> disappearance of the aura of knowledge and power -> reduction of the identification capacities of the children.
2. Abolition of the generation barriers -> lack of adequate models -> search or invention of other models: gangs -> peers sometimes inadequate.
3. High frequency of broken families -> single parent families -> high rate of suicides.
4. Dysfunctions of parentality, search for models: "adequate models". Quick changes of the political, social, and ethical forms -> "there is no future".
5. Intense impact of the media.

Evidently to take into account the position of the parents and to avoid making mistakes that can be fatal in the therapy of families with adolescent sons and daughters can be important. Obsessed with the idea that we only have to facilitate the maturation-separation of the adolescent, which implies a fairly lineal perspective, we often forget the need of all the family system to adopt a new identity. We put aside taking into account the specific needs of the parents, which can even determine a univocal positioning of the adolescent "who the family system prevents the differentiation", an approach that disqualifies the parents and at the same time disqualifies the therapist as an agent of change.

Adolescence is a stage in which the human being "lacks something" to make him/herself, to come to be, and very often the family systems and other levels that feed these also "lack something".

3.2 DEATH

The human species is the only one for which death is present during all the life. It is the only species that accompanies death with a funerary ritual, and the only one that believes in the survival or resurrection of the dead.

Rocheffoucauld declares: "Neither the Sun nor death can look at their faces".

Metchnicoff points out: "Our intelligence so daring and active has hardly occupied itself with death".

E. Morin declares: "It is necessary to reveal the deep passions of man faced with death, to consider the myth of its humanity, and to consider man himself as unconscious guardian of the secret. If we want to escape the myth, the false evidence, and the false mystery it is necessary to "coopernise" death. The field of death will continue to be the dark zone in which irrationality, magic, and myth most categorically triumph. The rites, practices, and beliefs around death continue to be the most primitive part of our civilizations. This determines that death escapes the dialectic magical practices/scientific-technical practices. And in this dark hole remains death. It is not possible for the human being to adapt death to his technique and his science. He can only adapt it magically, he can only humanise it mythically.

For *Freud* man is always surprised by death. It is a need with a tendency to deny and forget. It is always incredible, unexpected, and inadmissible. This is why in daily life death is normally not present amongst the habits, work, and activities. Death only reappears when the self contemplates it or contemplates itself (bad son of laziness or of the love of oneself). And *Frazer* in the same line declares: "It is impossible not to be surprised of the force and universality of the belief in immortality".

And in this way death will continue to be an inhuman gap in the deepest of the being. Everything that makes reference to death is the most universally infantile there is in mankind.

The idea of death is an idea with no content, “empty”, or whose content is the infinite vacuum.

Here we are faced with the phenomenon of disappearance, extinction, the ineffable, unimaginable, unthinkable nothing, the vaguest of empty ideas.

The loss of individuality produces pain and terror in man. The pain produced by death only exists when the individuality of death is present and recognised. The closer, more intimate and familiar, more respected and “unique” the deceased the deeper the pain. The horror of death depends on how detached the individual is of the group. The imperative presence of the group rejects, annihilates, inhibits, or diminishes the consciousness and the horror of death. The more the group participation the less the consciousness of death, and the less the social participation the greater the individual self-affirmation and the greater the consciousness of death. Civility and the group gives the individual a compensation for death, being able to extract from the civic participation a strength that is capable of dominating death.

When the disappearance is of another, someone alive, “perceivable”, because he/she stops being perceived in the physical plane but not in others, we can verify this in some experiences of mourning, it is the extinction, feeling the vacuum (all negative phenomena... persons or things that no longer exist...) although we use words that in an automatic and unconscious way we assimilate to the existence of something, this is a phenomenon accomplished in our linguistic/unconscious operations, the nothing is in itself a paradox, it is a paradoxical and maddening concept and word. Because nothing is the absence of everything, these concepts for the humans are not cognisable. Thus death as an empty idea or idea of emptiness, of something where there is less than nothing, we will say what *Wittgenstein* declared: “Of what we cannot speak it is better to be silent”. Maybe we can only know “what death is not” through its absence, what is full of life, that is not death.

We can determine that there exist three types of Death:

Death as a gradual and polydimensional process, not as a concrete and specific fact, where time, “the psychical tempo”, time as experience is of determining importance.

Biological Death: The evident process of the end of vital functions that today is translated as “brain death” registered in the electroencephalograph.

Psychological Death: Related to the feelings: the feeling of “internal vacuum”, “feeling of nothing”, “to not feel nothing”, etc. that we can observe in psychopaths or isolated people.

Social Death: Related to states of social detachment, isolation, and anomie.

3.3 SUICIDE

For *Solomon (1976)* suicide is the common final path and the result of a progressive failure in the adaptation with isolation and alteration of the human relational networks that sustain us and give meaning to life, vanishing that mysterious and vital force that makes every living creature desire to keep itself alive, constitutes a polydimensional and complex phenomenon studied from the biological, sociological, and clinical approach.

Emile Durkheim (1897) in his work *Suicide, a study in sociology* defines suicide as a social emerging phenomenon in which there not always is a basis of mental disorder, and describes four ways of suicide: egoistic suicide, altruistic suicide, anomic suicide, and fatalistic suicide.

For *Freud* suicide is a painful symptom produced by self-destructive tendencies that are present in all types of people. An intrapsychical phenomenon determined unconsciously in which intervene the aggression and the hostility towards oneself due to not being able to externalise it. The basis of suicide is in the death instinct. It attends to an aggressive impulse that is introjected towards itself. For *Albert Camús* there is no philosophical problem truly as important as suicide. *Landsberg* declares: “The will to live of the human animal is not unlimited nor unconditional. We still have to know if suicide is in all cases contrary to the love we owe ourselves”.

“An unembraceable and enigmatic question as the human condition, a terrible and disturbing mystery of which in reality we know little” *Ros Montalbán*. Following *E. Morin* we think that: wherever suicide occurs society has not only failed in its attempt to drive death away, to give the taste for life to the individual, but also that it has been defeated and denied: it was not able to do anything for and against the death of man. The individual affirmation wins its extreme victory that at the same time is an inevitable disaster. Wherever individuality, solitary, radiant detaches itself from any bind there also solitary, radiant death rises like the sun.

Why is the fact of self-inflicted death stigmatised, forbidden, anathematised, and persecuted? It is an act that is too radical, too libertine, too much individual self-affirmation, too unstructuring of the social organisation in all its dimensions; it is an emerging phenomenon that speaks of the failure of a society in the measure that it fulfils the functions for which it is organised and has sense, containing and favouring the processes that generate life.

4. REFLECTIONS ON THINGS

Perceptive fascination of the senses.

The human being presents certain perceptive inertias and customs, as there exist cognitive patterns of processing information and styles of facing problems. We humans tend to observe, classify, give priority and meaning to those phenomena of nature that “perceptively are more striking”. It is like a tyranny of the perceptive senses, inertias, patterns, and routines. We are in the “empire of the concrete, the measurable, and the tangible, sometimes similar to that which is most real and scientific”.

On the other hand we attend the discredit and marginalisation of that which is scientifically less plastic, perceptible, measurable, and provable: statistically significant. We are at a moment where the most important is: the individual, the person, the body, the brain, the organ; something like the tyranny of the *OBJECTIVAL UNITS*, by our senses or our machines of defining and objectivating units in detriment of the relations between said units. It is something like a “*Narcisist Regression or a Perceptive Primitivisation*”.

Personalisation and individualisation of the process of death.

The unstructuring processes that increase entropy are inherent and natural phenomena in the systems and in the transactions that take place in them. Some of these processes are

difficult to observe and perceive as they are subtle and of a high degree of relational sophistication between the units. In this way emerge phenomena of *Incarnation or Embodiment of death*. These are processes by which we can objectivise, evidence, prove, and give testimony of these processes. Suicide is one of these processes and it is determined in a perfectly established way as a phenomenon in which the relational dimensions determined by processes of starvation or need, “*dis*” phenomena, or dysfunctional processes in general and in less degree harmful, violent, or fatal processes intercur. From the point of view of the different levels of structure of the systems and the laws that regulate them, their principles, rules, and regulations, the act of suicide imposes itself in the different constellations and levels in which it participates, composes, and intersects the human being. An act “against nature” in the legal organisations and structures that rule the different levels in which it participates and represents. This self-annihilation affects and alters all the levels, destroying in the microcosms, suicidal subject, and a whole macrocosms, different systems in which it is immersed. This perceptive and plastic apotheosis offered to the others, to the senses of the others where it communicates the nature of the thing, ritual, or orgy for the senses, a brutal analogical message of all the words, conversations, and emotions not said nor expressed, grotesque iconic synthesis where we have not passed to digital verbal codes manageable by language and its syntax, all the words and conversations not said nor expressed, where all the information is synthesised without structuring, producing a phenomenon of change and transformation: physical death, psychical death, family death, social death, death of the system of beliefs, death of nature.

Following *Watzlawick (1967)*, based on the contributions on the communication of *Ruesch and Bateson (1951)*, the digital verbal communication speaks of the content and the analogical communications on the relation and rules that regulate the relation, being in the field of the relational and the regulating rules. Failure of the functions of each of the systems in its work of providing and maintaining the adequate means and ways of communication in order to maintain life.

The idea will be to change the trend of problematic expression, to perform a translation so that it can express this in an intelligible way and with common means, and thus to be able to understand itself and others.

The vital organisers.

If in the measure that systems are given information or input they develop their negentropy as a variable that indicates the structure and organisation, then those structuring elements of life in each of the dimensions are competence of the different levels or constellations and in a singularised way in each human being. In some way the suicide of an adolescent youth is an ecosystemic emergent that evidences the needs or dysfunctions, “the adolescence” of certain basic “nutrients”, functions, communication, and information that each of the levels should be competent in and contribute, and of which this bio-psycho-social environment has not attended or has failed, or is dysfunctional. In the ecosystem sometimes it is more important “what is lacking”, “what there is not” than what this ecosystem lacks as an organisation and as a structuring and life facilitating ecosystem, as a vital, singular, and particular nutrition in each human being. But in these cases there exists a deficit (needs, dysfunctions, substitutes, etc.). In the interactive and relational spiral of the different systems that determine structures and organisations each of them “lacks” or fails in its task of creating, maintaining, and promoting life.

In this sense we can describe only the different systems involved and their ramifications: **Parental figures and family systems:** intense sufferings, deficit of paternal role, overload and transformation of the role of the mother, disorders, dysfunctions, family disintegrations, fraternal organisation, single parent systems. **Groups of peers:** similar needs and dysfunctions, networks, organisation of “valid” groups of peers, friendship. **Teaching systems:** health of the educational organisations, educational policies, state of the teaching collectivities, “sufficiently good teacher”, associations of parents. **Society/Image and the body:** sportive, aesthetic, fashions, diets, etc. **Festive-ludic aspects and leisure time:** festivals, music, the world of the consumption of substances, systems of cultural organisation. **Artistic:** Degree of stimulus of the arts for youth? **Moral, ethical, philosophical, and religious systems.** **Health devices.** There also exist dysfunctions and deficits. **Media:** Strong impact on youths and their messages.

5. THERAPEUTICAL ASPECTS

- ❖ Biological dimension. The surgical medical moment / “**to attend to the body**”
- ❖ Psychological or psychiatric dimension / “**to attend to the individual**”
- ❖ Family dimension / “**to attend to the family**”
- ❖ Social dimension / “**to attend to the other systems, the network**”
- ❖ Prevention aspects / “**to prepare the attention**”

5.1 THERAPEUTICAL POSITIONING

Homeostatic Positioning (change I)

- ✘ Style of factic answer (medical-psychiatric, legal, police, family)
- ✘ Disqualification and disconfirmation (role of the sick, mad, bad, irresponsible person)
- ✘ Attitude of improper cares, regressive positioning
- ✘ Mistrust, Attitude of control
- ✘ Psychiatrisation, moralisation, legalisation
- ✘ In synthesis, “attitude of avoiding killings”

Morphosynthetic Positioning (change II)

- ✘ Strategic answer of change: therapeutic programmes
- ✘ The therapist through his/her work will be a catalyst of the processes of change to generate a search of the necessary contributions for the decision of living and organising the system for life
- ✘ Knowledge of the nature of things
- ✘ Social representative that catalyses the changes
- ✘ To give something that represents life
- ✘ Coordinator of changes in the systems that generates the necessary contributions so that the adolescent wants to live
- ✘ Therapist as an interface of the conscience of the constellations so that the patient/family/system is recognised and recognises itself.

- **Specific techniques of approach:**
 - Bind of confidence and support (Joining)

- Verbalisation of problems and difficulties
- Empathic attention and understanding predisposition
- A space of communicative freedom
- To represent a vital ally
- To represent a lethal ally (paradoxical strategies)
- Resetting:
 - To take care of another
 - To take care of other things
 - To take care of his/her carers
 - To save others
 - To face other less “evident” problems
- “Magic wand” effect
- “Snowball” effect
- “Snowball going down hell’s slope” effect
- Ghost constructions of fiction: “the details of the funeral”
- “Family/systemic dilution of the symptom” effect
- Searching the forgotten saviour
- Creation of training systems

6. CONCLUSIONS AND SUGGESTIONS

1. The concept of Sufficiently Good Team/Therapist

- Knowledge/training/experience/support team
- “Joining” Individual/family (real and valid contact)
- Understanding, empathic, and respectful attitude of the family system
- Consciousness of the things of nature and the nature of things
- Adequate and appropriate positioning
- Understanding of the homeostatic needs and organisation of the patient and the family
- Therapeutic strategy/therapeutic programme
- Representative and social mediator of the processes of life
- Transmission of confidence, respect, and hope
- Catalyst of the processes of change of the system: to give or train in that they search and achieve what they need (use of the system’s resources)

2. The importance of the “therapeutic tempo”.

The moment the problem is identified the time of the demand or of the detection of the “problem of suicide” in a youth is relevant at the time of the therapeutic positioning.

Let us not forget that therapists and therapeutic teams have a limited margin of manoeuvre and flexibility as they also belong to complex systems and are part of the social ecosystem.

This is important in relation with the more homeostatic or morphosynthetic positionings.

Following the famous phrase of *T. de Zurilla and M. Golfried (1971)*: The problem is not the problem; the problem is the solution. We can say that the art of therapeutic intervention is in knowing when and how is the moment of applying a logical solution and when the logic of the solution stops being so and becomes the problem.

3. The ecological dimension of the phenomenon.

Let us remember the importance of the emergence of the phenomenon of suicide as an ecological event in the patient's world, the importance of this conceptualisation for the exploration procedure and the therapeutic programme. As it is an eminently relational phenomenon the strictly individual approaches or the purist intrapsychical approaches do not make much sense as very frequently there exist problems that are relevant in the family, psychic pathology of the parents, or important surrounding relational problems.

4. The importance of the work of the network and the group of peers.

In this way it becomes relevant and whenever it can the work on the network of the ecosystem of the patient and/or the family is fundamental, or the format of group activities of relational training of the adolescent.

5. Prevention/information programmes.

The school programmes of prevention of suicide aimed at the infant-juvenile population based on (doubtful) premises that every adolescent in a situation of stress is at risk of suicide have been evaluated by studies and the results are conclusive: these programmes are not effective in preventing suicide or in changing attitudes of adolescents towards it. Likewise it has been proven that there exists a significant increase of suicides in adolescents in the two weeks following the presentation in the media of real or fictitious stories of juvenile suicide (*Pfeffer 1996*).

The publishing of *The sufferings of young Werther* was followed by a plague of suicides. Since then the possible inductive factor of literature, cinema, music, and the media is a continuous debate on suicide between those in favour of a total freedom of communication and those in favour of the so called "law of silence". On the contrary, the programmes of public health that promote health and that life is healthy are advisable. To sum up, the projects that stimulate and develop healthy activities are more effective than the programmes mentioned above.

7. BIBLIOGRAPHY

1. **Ariés Ph.** El hombre ante la muerte. Taurus humanidades. 1983
2. **Bataille, G.** El erotismo. Tusquet Editores. 1992
3. **Bejar, H.** La cultura del yo. Alianza Universidad. 1993
4. **Bobes García, J. et al.** Prevención de las conductas suicidas y parasuicidas. Editorial Masson, 1997
5. **Bowen, M.** De la familia al individuo. Paidós. 1991
6. **Boszormenyi-Nagy, I & Spark, G.M.** Lealtades invisibles. Amorrortu Editores, 1983
7. **Brand, G.** Los textos fundamentales de Ludwig Wittgenstein. Alianza Editorial. 1987
8. **Chabanes, J. P. (comp.)** Suicide et Culture. Conduites suicidaires de l'adolescent. XXVI réunion du G.E.P.S. 1994

- 9.Chabanes, J. P. (comp..)** Après le suicide ceux qui restent. XXVII reunión du G.E.P.S. 1995.
- 10.Durkheim, E.** El suicidio. AKAL / UNIVERSITARIA. 1989
- 11.Freud, S.** Obras completas. Editorial Orbis. 1988.
- 12.González Sanz, L. et al.** Reflexiones sobre la posición de los padres en la familia durante la crisis de la adolescencia. Anales de Terapia Familiar. SYFA Vol. 2 Octubre 1996
- 13.Green, A. et al** Pulsión de muerte. Amorrortu Editores.1991
- 14.Laplanche, J.** Vida y muerte en psicoanálisis.. Amorrortu editores. 1973
- 15.Morin, E.** El hombre y la muerte. Editorial Kairos. 1974
- 16.Morin, E** El Método. La naturaleza de la naturaleza. Catedra. 1997
- 17.Morin, E.** Introducción al pensamiento complejo. Gedisa editorial. 1998
- 18.Ortega Beviá, F .** Le jeu et les régles. Thérapie Familiale. XV(4) 1994
- 19.Peters, R.S .**The Concept of Motivation. London: Routledge&Kegan Paul. 1958
- 20.Popper, K.R.** La sociedad abierta y sus enemigos. Paidós. 1957
- 21.Rojas Montes, E .De las Heras, F.J.** Apuntes para una historia del suicidio.Fol.Neurop.Vol. XXII nº 2 1987
- 22.Ros Montalbán, S .** La conducta suicida. Editorial ELA. 1997
- 23.Ruesch, J.& Bateson , G.** Comunicación. Paidós, 1965
- 24.Ryle, G.** El concepto de lo mental. Paidós , 1967
- 25.Szasz ,T. S.** El mito de la enfermedad mental. Amorrortu Editores, 1973.
- 26.Thomas, L.V.** La muerte. Paidós estudio. 1991
- 27.Varios Autor.** Aspectos de la psicopatología adolescente I y II .Confront.psiqu. Vol. 24. 1990
- 28.Various Authors.** Diagnostico. y Tratamiento de los Trastornos psíquicos en la edad juvenil. Comité PTD España. et al.1995
- 29.Watzlawick, P . et al.** Cambio. Biblioteca de Psicología. Editorial Herder.1989
- 30.Watzlawick, P .** Teoría de la comunicación humana. Editorial Herder.1991
- 31.Watzlawick, P . et al.** ¿Es real la realidad? Biblioteca de Psicología. Editorial Herder.1994

Mail:

**Servicio de Unidad de día
HUS “Macarena”
Avda Dr.Fedriani, S/N
41009- Sevilla (Spain)
Email: joseperez@psiquia.com**