An Examination of the Literature Base on the Suicidal Behaviors of Gifted Students

Karyn Gust-Brey
Tracy Cross

This article involves an examination of the literature concerning suicide among gifted adolescents. Background is provided concerning the historical overview of the field of suicidology and the theory on suicide. The literature on suicide among adolescents in general is overviewed, and the literature concerning suicide among the gifted is examined in more depth. Lastly, the literature on the roles schools can play in suicide prevention and intervention is examined due to the impact educational institutions can have on the lives of students, including the gifted. What is apparent from this review is that the knowledge about suicide among adolescents has proven and continually since the conception of the field of suicidology. However, the literature directly concerned with the topic of suicide among gifted adolescents is filled with much conjecture rather than empirically sound research. At this time there is no significant research to support the claim that the rates of attempted or completed suicide among the gifted differ from rates on nongifted adolescents, but research does indicate that suicide occurs among the gifted population. It is also apparent that suicide is occurring among the gifted at a rate which necessitates school personnel to have the ability to recognize warning signs in an effort to help students and deter loss of lives.

Karyn L. Gust-Brey is an Assistant Professor in Educational Psychology and Director of the Center for Learning, a training clinic operated by the School Psychology Program at Saint-Louis University. She has provided individual, group, and family therapy with a diverse range of student populations, ranging from inner-city elementary students, adjudicated delinquents, and gifted adolescents attending a state-supported residential school. Her research interests include suicide prevention and intervention, the psychological needs of gifted students, assessment of gifted populations, and the recidivism and treatment of adjudicated youth. Tracy Cross is Executive Director, Indiana Academy for Science, Mathematics, and Humanities, Ball State University, Indiana. He has served as reviewer and/or editor for over a dozen journals including editor of the Gifted Child Quarterly, former editor and current section editor of The Journal of Secondary Gifted Education, featured columnist in The Gifted Child Today, and a Contributing Editor of the Roeper Review. He is the President Elect of the Association of the Gifted (TAG) of the Council for Exceptional Children and a member of the Board of Trustees of The Roeper School.

The following is a gifted adolescent’s last journal entry before he committed suicide. It is reproduced in the same format as originally written:

I am having trouble deciding where to kill myself. I can either do it here (home)
- when no one is home
- call the police before so they can clean up so my family won’t have to discover me
- There is a chance the police would get here too soon and save me
- My family would probably have very bad memories if they knew I did it in one of our trees
I can do it somewhere else
- someone would find me, call the police, my family would never see me
- This would receive more publicity which would be shitty for my parents and friends

Even though both are flawed I believe doing it somewhere else is the best option (Cross, Cook, & Dixon, 1996, p. 403).

Research concerning suicide among adolescents consists primarily of studies of psychiatric inpatients and juvenile offenders (Holinger, Offer, Barter, & Bell, 1994). Little research examines the prevalence of suicide among another group of adolescents, the gifted, but suicide occurs among this population. In one study, Harkavy and Asnis (1985) surveyed 382 gifted students attending a special high school and found that 9% of these students reported making at least one suicide attempt, and 48% of these attempts had reached the attention of mental health professionals. Additionally, there are recent reports of multiple suicide attempts at a state-supported, residential high school for the gifted in the Midwest (Adams, 1996; Cross et al., 1996). This article will begin with a historical overview of the field of suicidology and theory on suicide. After this background is provided, the research on suicide among adolescents in general and then gifted adolescents will be reviewed. Lastly, the literature on the role schools can play in suicide prevention and intervention will be examined due to the impact educational institutions can have on the lives of gifted adolescents.

Background on the Study of Suicide

Historical Background

Suicidology, or the study of suicidal behavior, is an “interdisciplinary scientific discipline whose roots began with Durkheim (1897/1951) almost a century ago and whose emergence was signaled by the appearance of empirical, clinically guided studies” (Holinger et al., 1994, p. 2). Durkheim was instrumental in the establishment of this field. He believed that suicide was the result of society’s strength or weakness of control over the individual (Shneidman, 1981). Durkheim discussed three basic types of suicide. First, when the customs or rules of a group demand suicide under certain circumstances, this is called altruistic suicide. Second, egoistic suicide occurs when the individual has too few ties with his/her community (Shneidman, 1981). Lastly, anomic suicides occur when the relationship between an individual and his/her society is suddenly damaged or destroyed, such as in the loss of employment, significant others, or finances. As the science of suicidality developed, greater understanding about the incidence rates and risk factors of suicide among various age groups, including adolescents, ensued. In the United
Perspectives on Risk and Prevention

Depression is expressed differently in each of three stages of adolescence. In early adolescence, depression may be manifested by anger and disorganized or erratic behavior. In mid-adolescence, a stage of rebellion, depression may be seen in exaggerated autonomy and angry outbursts. Later adolescence brings a "new sense of separateness," with disillusionment, dissatisfaction, and a sense of loss. During this period, depression is more typically expressed by feelings of sadness and guilt and is more self-directed (p. 50).

Therefore, Golombek viewed late adolescence as the time in which suicide could most likely result from depression. Shneidman (1981) discussed four elements of suicide: heightened immi-
cality, exacerbation of perturbation, increased constriction of intellectual focus (tunneling or narrowing of the mind's content), and cessation. Inimicality involves "qualities within the individual that are unfriendly towards the self" (Shneidman, 1981, p. 222). This involves ways the individual is his/her own enemy, such as engaging in self-
destructive behaviors. According to Shneidman (1981), perturbation refers to "how disturbed, 'shook up,' ill at ease, or mentally upset a person is" (p. 223). Dichotomous thinking, blocking out memories of the past, or avoiding thought about how others would be affected are examples of constriction. Shneidman (1981) identified the concept of cessation as the spark that ignites the above potentially explosive mixture. Cessation involves the idea that one can put a stop to his/her pain, thereby pro-
ducing a perceived solution for the de-
perate individual.

Psychodynamic explanations for suicide include Erikson's description (Denhoeter, 1981) of the adolescent as "a person struggling between identity and identity diffusion. The adolescent is marked with extremes in behavior which are characterized as elation, despair, helplessness, emptiness and joy." (p. 3). Internal conflict can arise when there exists difficulty in bal-
ancing the forces of identity and identity
diffusion (Willings & Arsenault, 1986). Freud, on the other hand, viewed suicide as internal conflict or aggression turned upon one's self (Grollman, 1971). A suicide attempt may also be the expression of aggression against an internalized object (Shneidman, 1981). A more con-
temporary psychodynamic theory of sui-
cide is that adolescents who commit sui-
cide escape conflict and stress (Holmes, 1991). Evidence of the influence stress can have on the incidence of suicide includes the historical patterns apparent in the field of suicidology, for example, higher rates of suicide were observed during the Great Depression, a time of great stress.

Learning explanations for the occurrence of suicide include the concepts of imitation and behavioral contagion. An adolescent who is faced with significant problems in his/her life may hear of another adolescent's suicide, and that may suggest suicide as a solution (Holmes, 1991). Evidence for the above includes the increase of suicide ideation or depression following exposure to previous attempts or com-
pletions (Brent et al., 1993; Davidson & Gould, 1991; Hazell & Lewin, 1993). However, getting the idea to commit suicide is rarely enough to result in an adolescent committing the act. Even if an adolescent wants to commit suicide, there exists cultural restraints. Those restraints can be overcome through the process of behavioral contagion, as Holmes (1991) described: "Behavioral contagion occurs when an individual wants to do something, is restrained from doing it because society says that the behavior is wrong, sees someone else do it and 'get away with it,' and then thinks that he or she can do it also" (p.199). Learning theory also conceptu-
alizes that suicide threats and gestures may be operant behaviors used to manipulate others and get rewards.

One cognitive explanation for sui-
cide suggests that when adolescents lack adequate problem-solving skills and face stress-provoking problems, they develop an attitude of hopelessness and eventual-
ly attempt suicide because they see no other alternative. Holmes (1991) described this process as the following: adolescents who are unable to solve problems will experience more failures, which will increase their stress. This inability to solve problems leads to feel-
ings of hopelessness, which can be closely related to suicide. Once cogni-
tively rigid adolescents decide on sui-
cide as a solution to their problems, they
Physiological explanations of suicide have consisted of the examination of the involvement of neurotransmitters and genetic factors in predisposing adolescents to suicide. Concerning brain chemistry, it is believed that higher levels of stress, lower the levels of neurotransmitters and bring on depression, which can then lead to suicide in some adolescents (Holmes, 1991). Studies (Holmes, 1991) of suicide among families, twins, and adoptees have provided evidence for a genetic influence on suicide.

**Literature on Suicide Among Adolescents in General**

In 1990, 30,906 people died by suicide in the United States of America. The 15- to 24-year-old age group had the third highest number of suicides during this time (4,869). The number of suicides, however, must be distinguished from the rate of suicide, which is calculated based upon the population size of a particular age group. Because the population size of 15- to 24-year-olds is larger in comparison to most other age groups, this group has the second lowest rate of suicide (Holinger et al., 1994). The incidence of suicide has grown dramatically since 1955, now becoming the second leading cause of death among adolescents (Felner, Adan, & Silverman, 1992; Vital Statistics, 1986). In addition, historical patterns of attempted and completed suicides appear among the 15- to 24-year-old age group. High rates were observed in the 1930s (the Great Depression), lower rates in the 1940s (World War II), and steady growth in rates from the 1950s to the present. Holinger et al. (1994) suggested that some of the increase in suicide may be due to misclassification errors. It remains, however, that suicide among adolescents merits serious attention in terms of its escalating numbers.

Research on the incidence of suicide among adolescents consists of epidemiological and clinical studies (Holinger et al., 1994). Epidemiological studies concern the frequency and distribution of suicide, whereas clinical research involves the study of symptoms and course of suicide ideology, attempts, and/or completion among individual adolescents. Epidemiological and clinical perspectives integrate on two levels of abstraction, microscopic and macroscopic. On the microscopic level, epidemiological and clinical data are used to assess and treat individual adolescents. For instance, epidemiological trends in the literature and information from clinical studies are utilized in assessing the risk of self-harm of individual students. Holinger et al. (1994) described the utility of the microscopic perspective: “The specific clinical cases generate ideas and hypotheses, which are then explored on the large epidemiologic level, and these generalizations in turn ultimately influence clinical practice. There is, then, a constant interchange of information between the epidemiologic and clinical perspectives” (p. 27). On the macroscopic level, epidemiological and clinical viewpoints interact at the level of the entire population. For example, prevention strategies involving the training of professionals and paraprofessionals in recognizing potentially suicidal youth consist of an integration of epidemiological and clinical viewpoints on a macroscopic level.

Epidemiological research suggests that the incidence rates of attempted suicide vary for different groups of adolescents. For example, in specific studies it is found that as many as 10% of all adolescents (Smith & Crawford, 1986), 33% of troubled adolescents (Tomlinson-Keasey & Keasey, 1988), and 61% of juvenile offenders (Alessi, McManus, Brickman, & Grapentine, 1984) attempt suicide. Males have a higher rate of completed suicide at nearly every age level and are at greatest risk for attempting suicide in the 15-19 and 20-24 age groups (Holinger et al., 1994).

Students are considered at-risk for suicide when they present a variety of risk factors and begin thinking or planning about taking their life. Salient risk factors related to suicide include psychiatric disorders, family relations, family history of psychiatric disorders and/or suicide, drug and/or alcohol abuse, environmental stressors, exposure to other attempts, social isolation, homosexuality, prior suicidal behavior, and firearms present within the home (Dixon & Scheckel, 1996; Holinger et al., 1994). Schuckit and Schuckit (1991) examined substance use and abuse as a risk factor in adolescent suicide. Controlled substances and/or alcohol are frequently used as the means of self-harm or as a prelude to a suicidal act, contributing to reducing one’s inhibitions, increasing one’s impulsivity, and impairing one’s judgment. Farber (1977) identified various factors in determining the incidence of suicide within families. These factors include: social and economic problems, dependent personalities within families, imitative behavior patterns, problems in personal interaction, styles of child-rearing, and genetic factors in depressive disorders. Family factors associated with high risk of suicide include exposure of high levels of stress, especially at an early age (Pfeffer, 1991). Such stress can include: loss of social supports through death, parental separation or divorce, change in school environments, and problems with peer relationships. If family disorganization, parental psychopathology, and family violence increase the risk of suicide, then the qualities of empathy, consistent availability, and capacity to set limits and offer structure may reduce the risk of suicide.

Holinger et al. (1994) reviewed retrospective and prospective research on suicide. These authors found that the research indicated most adolescents who kill themselves meet criteria for diagnosable psychiatric disorders, including affective disorders (25-75%) and/or personality disorders (25-40%). The comorbidity of affective disorders, personality disorders, and/or substance abuse appears to be particularly lethal. Approximately 25 to 50% of adolescents completing suicide have a family history of psychiatric disorders and/or suicides, and 25 to 50% have made previous attempts at taking their own life. The number and lethality of attempts also are found to correlate positively with completed suicide. In addition, when firearms are found within the home, a marked increase in the risk of suicide is observed. Gender identity issues, such as homosexuality, also increase the risk of suicide among adolescents.

Research (Sargent, 1984) has indicated that suicide completers have generally tended to be brighter than average. Sargent (1984) also reported that family histories of suicidal adolescents show high incidence of economic stress,
Literature on Suicide Among Gifted Students

Theory on Suicide Among Gifted Students

Dixon and Scheckel (1996) summarized various characteristics of gifted adolescents that are often associated with increased risk of suicide. These characteristics include: unusual sensitivity and perfectionism (Delisle, 1986), isolationism related to extreme introversion (Kaiser & Berndt, 1985), and overexcitabilities identified by Dabrowski. Dixon and Scheckel (1996) described the five overexcitabilities identified by Dabrowski. Dixon and Scheckel (1996) described the five overexcitabilities identified by Dabrowski and reiterated by Piechowski (1979) as: "psychomotor (e.g., fast games and sports, acting out, impulsive actions), sensual (e.g., sensory pleasure, sexual overindulgences), intellectual (e.g., introspection, avid reading, curiosity), imaginative (e.g., fantasy, animistic and magical thinking, mixed truth and fiction, illusions), and emotional (e.g., strong affective memory, concern with death, depressive and suicidal moods, sensitivity in relationships, feelings of inadequacy and inferiority)" (p. 389). Emotional overexcitabilities are of special concern when it comes to suicide among the gifted. Perfectionism has also been identified as playing a role in suicide among bright individuals (Blatt, 1995). Other authors (Roeppe & Willings, 1984; Willings & Arsenault, 1986) applied Rollo May's existential view specifically to the experience of being gifted. They indicated that gifted adolescents can perceive themselves as being without significance, as in the statement: "I am without significance unless I am on top: unless I am the superstar....I am nothing unless I am seen to be achieving something spectacular" (Willings & Arsenault, 1986, p. 11). These beliefs are further illustrated by Webb, Meckstroth, and Tolan's (1982) contention that American society favors mediocrity, thereby putting the gifted adolescent at risk for feeling inferior and potentially attempting suicide. Furthermore, much discussion exists in the literature (Delisle, 1990) about potential characteristics, such as sensitivity and overexcitabilities, that may make a gifted individual more vulnerable in this area. Warning signs among gifted students have also been discussed. Delisle (1982) reviewed research on the signs of suicide among gifted students and cited lack of friendships, self-deprecation, sudden shift in school performance, total absorption in schoolwork, and frequent mood shifts as possible warning signs. Little empirical research exists examining the prevalence of suicide among gifted adolescents. There are, however, reports of the occurrence of suicide among this population (Adams, 1996; Cross, et al., 1996).

Review of the Research Literature on Suicide Among Gifted Students

Epidemiological research on suicide among gifted adolescents is largely concerned with the incidence of attempted and completed suicide. Cross (1996a) characterized the literature on gifted adolescents and suicide as consisting of three basic patterns. The first pattern was described as a "tendency for authors to make conclusions and recommendations about the incidence of suicide without supporting data" (p. 46). For example, the literature is greatly concerned with discussing the prevalence of suicide among the gifted in comparison with other adolescents. However, the majority of these discussions regarding the prevalence of attempted and attempted suicide among gifted students generally lacks empirical evidence. Literature fitting this pattern (Delisle, 1982/1988; Lajoie & Shore, 1981; Leroux, 1986; McCants, 1985; Schauer, 1976) often cites dated or marginally related studies in an attempt to support authors' claims about whether suicide among gifted students is the same, lower, or higher than other groups of adolescents.
do exist in the literature base. A variety of studies examined the prevalence of suicide ideation, depression, and/or significant amounts of stress among gifted adolescents. For example, Baker (1995) examined the prevalence and nature of depression and suicide ideation in “exceptionally” gifted students (n = 32), defined as those scoring above 900 on the Scholastic Aptitude Test (SAT) at age thirteen; gifted students (n = 58), defined as those in the upper 5% of their class rankings or scoring above the 95th percentile on standardized achievement tests; and academically average students (n = 56), defined as those at the midpoint of their class rankings. All three groups completed the Reynolds Adolescent Depression Scale (RADS) and Suicide Ideation Questionnaire (SIQ). No significant difference was found among the three groups on either the RADS or SIQ. In addition, no significant difference was found concerning the nature of depression among “exceptionally” gifted students, 8% of gifted adolescents, and 9% of average adolescents experienced significant levels of depression. Therefore, in this study’s sample, the incidence rate of depression and suicide ideation was similar for both gifted and average adolescents. Baker (1995) described the following implications of her findings for educators of the gifted:

...educators of the gifted should be alerted that approximately 10% of their students may be suffering from clinically significant levels of depression. This finding supports the need for faculty to receive training in recognizing and intervening with depressed students in their classrooms...gifted students, like their average peers, could benefit from preventive affective education or from support to understand their affective development and to cope with stressors and psychological distress. Given the incidence of depressive symptomatology in adolescents, school-based curricula seem warranted to address the mental health needs of high school students (p. 223).

Baker’s study does provide evidence that some gifted adolescents seriously consider taking their own lives and display warning signs (e.g., depression) about this consideration. Therefore, the role the school can play in identifying such warning signs may prove as beneficial in saving a student if he/she decides to take the next step and act upon his/her ideations.

Hayes and Sloat (1990) examined the prevalence of suicide among the gifted and studied attempted and completed suicide among 69 schools in a four county area. These authors found that 19% (or eight cases) of the 42 reports of suicide-related occurrences were among gifted students. None of these eight cases, however, involved a completed suicide. Hayes and Sloat considered these results preliminary because of a lack of clear definition of gifted among the schools sampled. However, these authors support the need for further study and intervention in this area to potentially save lives because of the highly personal levels of concern they received from school personnel participating in this study.

Ferguson (1981) examined whether gifted students experience similar stressors to those who are not considered gifted. Ninety-six ninth graders from a suburban Philadelphia school district (25 gifted, 71 non-gifted) completed an adaptation of the Adolescent Life Change Event Scale (Yeaworth, York, Hussey, Ingle, & Goodwin, 1980), a measure rating various life events in respect to the degree to which adolescents would feel upset. Ferguson added two additional items to this scale that were related to the topic of suicide. Both groups ranked stressors in a similar fashion, but females perceived items as more stressful. On the two items that dealt with the topic of suicide one was ranked 4 (friend considers/attempt suicide) and the other was ranked 15.5 (subject considers suicide). In a follow-up study, Metha and McWhirter (1997) found that the mean number of life-change events experienced by “nongifted” students was significantly higher than “gifted” students using the same scale as Ferguson (1981). These authors, however, did not offer any explanations for this finding. They also found, as did Baker (1995), that gifted students did not significantly differ from nongifted students in the areas of depression and suicide ideation.

Parkes and Adkins (1995) studied perfectionism among Honors College students and their more typical peers. Honors College students demonstrated significantly higher scores on subscales of an instrument that has been considered indicative of neurotic perfectionism. However, these authors questioned whether this elevated perfectionism is indicative of “predisposition to maladjustment or is a healthy component of the pursuit of academic excellence among the highly able” (p. 303).

Research also is concerned with what gifted adolescents know and think about suicide. Sloat and Hayes (1991) surveyed a sample of gifted and nongifted high school students. The results indicated that more than 50% of both groups knew someone who attempted suicide, more than 20% had seriously considered suicide themselves, and over 70% believed that depression, withdrawal, and giving away possessions were signs of suicide. A significant difference was observed between the two groups regarding who they would see as the primary intervention person when they learned about a potential suicide. The gifted sample indicated that they would be that intervention person, while the other students in the sample more readily sought help from others (e.g., parents, psychologists). Limitations were noted in the differences between the schools surveyed where the two samples were drawn.

Clinical research studies examining potential risk factors of suicide among gifted adolescents and adults also exist in the literature. One longitudinal study (Lester, 1991) examined individuals from Terman’s sample who had committed suicide. Lester found that participants whose mothers experienced longer pregnancies and who themselves experienced an early loss of another by death were more likely to have committed suicide at a younger age. Other studies (Tomlinson-Keasey & Warren, 1987; Tomlinson-Keasey, Warren, & Elliott, 1986) utilized longitudinal data from Terman’s sample, but focused entirely on female participants. In these two articles, discriminant function analyses were performed utilizing seven risk factors as predictors of membership in three groups, those who committed suicide, living controls, and deceased controls. Signatures of suicide (e.g., previous suicide attempts, anxiety, depression), temperament, mental health, loss of father before age 20, stress in the family of origin, physical health, and alcohol abuse correctly classified 37 of 40 participants (93%). However, as with the majority of research utilizing Terman’s sample, questions have been raised regarding how accurately these individuals represent gifted adolescents in the 1990s.

A variety of individual case studies (Johnson, 1994; Peterson, 1993; Willings, 1985, 1994; Willings & Arse-
reduce the likelihood of suicidal behavior, conflictual family relationships, and mood swings, and confusion about the psychological autopsies of three gifted males, all manifested four emotions: all subjects were adolescent Caucasian males, all had contemplated suicide and devised a means to kill themselves and 8 out of 16 had made at least one suicide attempt. They described four of these eight cases in their article.

Another way researchers have attempted to study the signs of suicide is through conducting psychological autopsies. A psychological autopsy is a process designed to assess the behaviors, thoughts, feelings, and relationships of individuals who are deceased (Ebert, 1987). As a posthumous evaluation of mental, social, and environmental influences, this technique allows researchers to investigate the lives of victims in an attempt to reduce the likelihood of suicidal behaviors in other individuals (Cook, Cross, & Gust, 1996; Cross, 1996b). In the psychological autopsies of three gifted students attending a residential high school in the Midwest, Cross et al. (1996) found the following commonalities: all subjects were adolescent Caucasian males, all manifested four emotional states (i.e., depression, anger, mood swings, and confusion about the future), all showed similar behaviors (i.e., poor impulse control and substance use and abuse), all had relational difficulties (i.e., romantic relationship difficulties, self-esteem difficulties, conflictual family relationships, and isolation from persons capable of disconfirming irrational logic), and all shared warning signs (i.e., behavior problems, period of escalation of problems, talking about suicide, changes in school performance, and family histories of psychological problems).

Literature on the Role of Schools in Suicide Prevention & Intervention

Theory on the Role of Schools

With the growth in literature concerning the topic of suicide among adolescents, there is growth in the level of concern about how schools can meet the needs of students who commit suicide. Schools’ roles in responding to suicidal behavior fall within established missions to not only educate, but also protect the health and safety of their students (Kalafat, 1994). Concern exists regarding the potential liability school personnel may have if they fail to respond adequately to students at-risk for attempting suicide. For example, the federal court decision of *Kelson v. City of Springfield* (1985) held that the parents of a suicidal youth may sue the school if their child’s death allegedly resulted from inadequate training in suicide prevention. Furthermore, Davis and Sandoval (1991) noted that professionals may be charged with negligence or malpractice if they fail to perform according to a recognized standard in the profession.

Suicide among students is considered a contemporary issue in education (Lamorey & Leigh, 1996). School personnel are identified as having the potential to be instrumental in preventing suicide among students because of their daily interaction with students (Seibel & Murray, 1988). In order to help students, school personnel must be familiar with epidemiological and clinical data on suicide especially when emergency situations arise and outside mental health professionals are not on the scene (Bauer & Shea, 1987; Pollard, 1986).

Berkovitz (1987) viewed schools as possibly being the last public agency that can provide assistance before other social or legal agencies are called. Therefore, he described two key components as being necessary for the success of schools in meeting these needs in their students. First, the climate of the school is essential to the success of a suicide prevention/intervention program, because an understanding, supportive, and challenging environment can provide validation, growth, support, training, and enhancement of students. Administrators play a paramount role in establishing such environments. Second, Berkovitz cited a need for schools to establish enhanced psychological services and increased assistance of mental health consultants from outside agencies. He did realistically state: “Often it takes a suicide to mobilize faculty, support staff, community, and students to provide more effective inschool attention to the needs of depressed, alienated, or otherwise needy students” (Berkovitz, 1987, p. 505). Unfortunately, often a crisis must occur before a school will mobilize.

Schools have been identified as potential locations to identify, educate, and intervene with students at-risk for attempting suicide (Kalafat, 1994). However, Holinger et al. (1994) reported that epidemiological data are not used effectively in the assessment of individual suicidal behavior. Rosenberg et al. (1987) estimated that additional training of “gatekeepers” (i.e., clergy, primary care physicians, school personnel) about suicide in adolescence would result in the saving of approximately 750 lives per year. The roles of school personnel could include education, identification and referral of students at-risk for committing suicide, creating a supportive school environment, and maintaining solid working relationships with community gatekeepers and parents (Kalafat, 1994). Holinger et al. (1994) recommended school classes dealing with the topic of suicide and the availability of counselors to screen students for risk when it comes to attempting suicide. School classes concerning suicidality should attempt to enhance students’ knowledge about helping resources and warning signs, improve students’ skills responding to suicidal peers, and increase the likelihood of students taking responsible action in response to these peers (Kalafat, 1994).

Along with the necessity that school personnel have the appropriate skills to recognize warning signs and respond appropriately, the school environment must be conducive to allow these individuals to work together in the prevention of suicide. School environments which are perceived as competitive and/or impersonal tend to be ineffective in preventing suicide in students (Berkovitz, 1987; Davis & Sandoval, 1991; Jackson & Hornbeck, 1989; Kalafat, 1994).

Literature on Suicide Prevention and Intervention in Schools

A variety of studies examined school personnel’s attitudes toward suicide prevention and intervention. Ross (1980) found school personnel in San...
In an action research study, Klingman (1990) surveyed 118 teachers and 23 counselors regarding their existing knowledge and attitudes toward suicide prevention. This author found that 28.3% of the teachers and 91.3% of all counselors encountered students they considered to be at high risk for attempting suicide, and 12.4% of the teachers and 69.6% of the counselors received formal guidance (i.e., lecture, workshop) on how to react to potential suicide. This sample, however, was exclusively from Israel, thereby limiting generalizability to American teachers and counselors.

Siehl and Moomaw (1991) found that 92% of the counselors they sampled felt comfortable assessing suicidal risk if team approaches were used; 52% felt comfortable when they were solely responsible for suicide assessment. Kush and Malley (1991) reported that 51% of the school counselors they surveyed felt confident about their level of adolescent suicide prevention/intervention training in relation to their capacity to function as a suicide prevention agent. These authors also reported that 51% of the schools sampled nationwide had a formal suicide prevention/intervention policy. However, the perception of faculty in how comfortable they would feel completing suicide assessment was not studied. What is apparent from the above is that these studies support the notion of team interventions in school.

One article specifically dealt with suicide prevention/intervention in a state-supported, residential high school for gifted adolescents. Adams (1996) outlined the response of one school following three completed suicides of past or current students within one year. When the school was founded, “specific provisions for addressing the social and emotional needs of gifted students had been omitted on the assumption that gifted students were very bright and had few social and emotional problems” (Adams, 1996, p. 413). After the suicides, however, the school took action to employ additional mental health professionals and alter the admission process. Changes in the latter included procedures for following teacher recommendations of incoming students that expressed concern about mental health or emotional wellness, and questions of emotional, social, and mental wellness in required student interviews. Two attempts also were made to train staff in reacting to students at-risk for attempting suicide. However, such attempts appeared unsuccessful in respect to faculty attitude because only about 20% of the personnel who had been at the school during the time of the suicides attended. The most common reason given for lack of attendance was that these individuals needed to come to terms with their own pain. However, in a crisis management workshop given several months later, only the principal, one guidance counselor, one residence counselor, five secretaries, and one faculty fellow attended. No regular faculty members were present at this workshop. Adams cited the recent change in leadership at the school as a potential factor in poor faculty turnout. However, from the above review of the literature it appears training school personnel in the area of suicide prevention/intervention is justified and imperative. Therefore, training in this area needs to be pursued.

Conclusion

Knowledge about suicide among adolescents has grown dramatically since the conception of the field of suicidology. Various theories (Blatt; 1995; Delisle, 1986; Dixon & Scheckel, 1996; Kaiser & Berndt, 1985; Pichowski, 1979) about characteristics of the gifted have suggested that this population has a higher risk of suicide than their average peers. However, the literature base directly concerned with the topic of suicide among gifted adolescents is filled with much conjecture rather than empirically sound research. At this time there is no significant research to support the notion that the rates of attempted or completed suicide among the gifted differ from rates on nongifted adolescents. However, research does indicate that suicide occurs among this population. Because of this, it is apparent that school personnel need to develop and maintain skills in suicide intervention and prevention among gifted students, as they would with other adolescents. One publication (Adams, 1996) showed that at least one state-supported, residential high school for gifted students attempted to train faculty in the area of suicide, but experienced apathy when it came to attendance of such trainings. Therefore, this review of the literature indicates a need for further research examining and clarifying the prevalence of suicide among gifted adolescents and school personnel’s perceptions of their roles in preventing or intervening with students in this area.

REFERENCES


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GIFTED TEACHERS/TEACHERS OF GIFTED LEARNERS

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The editor seeks articles that focus on teachers who are particularly gifted at releasing, facilitating, orchestrating the gifted development of gifted learners. The editor also seeks manuscripts that will examine varying perspectives on such teachers, believing there is no one specific personality cluster nor one specific pedagogical approach that defines a “gifted teacher”. The goal is to give readers a window into the essences of what makes a gifted teacher rather than to delimit a categorical type or to prescribe a specific teacher preparation program. The intent of this issue is to extend the dialogue prevalent approximately ten years ago on teacher competencies, staff development, and teacher professionalism in our field.

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