

“IF YOUR FRIEND IS SUICIDAL”

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- **Actuality**

The theme of the project is very actual for modern times. More and more teenagers with a future, a whole life to live in front of them and an immense potential for greatness are choosing to end it all far too soon. It is crucial to address this issue as soon as possible, attract the general public's attention to it and take immediate action before it is too late.

- **Aims**

The aim of this project is for it to serve as a tool in the global fight against suicide, specifically teenage suicide. This work aims to prove that the most realistic method of suicide prevention is teaching the closest to the sufferers to guide and help them whenever they consider ending their life, so as to diminish the possibility of committing this act. The ultimate goal is to effectively reduce the number of suicides by using the aforementioned method in practice.

- **Objective**

The objective of this project is to publish a short book entitled the same as the project, "If Your Friend Is Suicidal", which will consolidate and simplify the advice presented in the dissertation. According to international statistics, results of the poll among my peers, interviews with survivors and other scientific research, I aim to create a list of pieces of advice referring to what a young person must do, should they find themselves in a situation of their friend wishing to commit suicide. Other than that, the book is supposed to contain inspirational quotes and a list of suicide lifelines in various countries.

- **Problem**

The problem of this project is to answer two questions:

1. Is suicide among teenagers in the 21st century prevalent enough to be considered an urgent public health hazard and a social crisis?
2. Is the immediate social circle of young suicidal people better at helping their peers stay alive than professional psychologists and psychiatrists?

- **Thesis**

Suicide in teenagers is an ongoing worldwide social crisis of the 21st century, having affected the majority of people belonging to this strata. The only way to reduce the number of youth who choose to end their lives is to teach their peers to provide first psychological aid if and when such a situation ever occurs.

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- **Methods**

This project utilizes a number of methods, which are the following:

- I. Theoretical methods: analysis, synthesis, classification
- II. Empirical methods: scientific research, practical experiment

- **Experiment**

The practical experiment of this project consists of two parts.

The first part entails an anonymous poll of Grade 9-11 students of School № 1535 conducted via corporate e-mail and containing the following questions:

1. How old are you?
2. At the moment, are you satisfied with your life?
3. Have you ever been unsatisfied with life to the point of it being unbearable?
4. If yes, have you sought professional help or turned to friends for advice?
5. Have you ever been acquainted with a person who suffered such kind of extreme mental pain?
6. Answer the next two questions only if you said “yes” to the previous one: Have you been able to save this person and alleviate their pain? Do you think you would’ve solved their problems better if you knew the proper way to act?

The second part of the practical experiment includes finding a suicide survivor online or in person, interviewing them and publishing the interview while withholding confidential information such as the identity of the interviewee, revealing only the age (given that this is a project on teenagers, age is vital for the scientific purpose). The interview will consist of a variety of questions:

1. How old are you now?
2. How old you were when you first started experiencing suicidal thoughts?

3. What drove you to consider suicide?
4. Who helped you stay afloat and taught you that life is worth living no matter the hardships?

• List Of Literature And Sources

- Friedman P. On Suicide: With Particular Reference to Suicide among Young Students / P Friedman. – New York: International Universities Press, 1967. – 141 p.
- Aarons L. F. Prayers for Bobby: A Mother’s Coming to Terms with the Suicide of Her Gay Son / LF Aarons. – New York: HarperCollins, 1995. – 288 p.
- Balthazar N. Niets Was Alles Wat Hij Zei (Nothing Was All He Said) / N Balthazar. – Averbode: Averbode, 2003. – 136 p.
- Gambotto-Burke A. The Eclipse: A Memoir of Suicide / A Gambotto-Burke. – Broken Ankle Books, 2003. – 205 p.
- Asher J. Thirteen Reasons Why / J Asher. – London: RazorBill, 2007. – 288 p.
- Preventing suicide: a global imperative. WHO. 2014. ISBN 978-92-4-156477-9.
- <http://freakonomics.com/podcast/new-freakonomics-radio-podcast-the-suicide-paradox/>
- <https://www.wikihow.com/Deal-with-a-Suicidal-Person>
- https://en.wikiludia.com/wiki/Teenage_suicide_in_the_United_States
- <https://en.wikiludia.com/wiki/Suicide>
- https://en.wikiludia.com/wiki/Assessment_of_suicide_risk
- https://en.wikiludia.com/wiki/Youth_suicide

• I. Suicide In The Twenty-First Century: A Crisis

To begin with, what is suicide?

According to Wikipedia, suicide, from Latin “sui cadere” – “to kill oneself” - is the act of intentionally causing one's own death. As for the verb to use when talking about people who acted as such, the most common variant is “commit”, although in recent times some scholars argue that this is politically incorrect, as it implies suicide is a crime, sinful or wrong.

In fact, up to the recent era, suicide was considered exactly that – a crime, and was disapproved of and shunned by most of society. People were not considered to have rights to end their life, save for a few exceptions, and were punished accordingly by being denied respect or memory in death.

In ancient Athens, a person who committed suicide without the approval of the state was denied the honors of a normal burial. The person would be buried alone, on the outskirts of the city, without a headstone or marker. However, it was deemed to be an acceptable method to deal with military defeat. In Ancient Rome, while suicide was initially permitted, it was later deemed a crime against the state due to its economic costs. Aristotle condemned all forms of suicide while Plato was ambivalent. In Rome some reasons for suicide included volunteering death in a gladiator combat, guilt over murdering someone, to save the life of another, as a result of mourning, from shame from being raped, and as an escape from intolerable situations like physical suffering, military defeat, or criminal pursuit.

Suicide came to be regarded as a sin in Christian Europe and was condemned at the Council of Arles (452) as the work of the Devil. In the Middle Ages, the Church had drawn-out discussions as to when the desire for martyrdom was suicidal, as in the case of martyrs of Córdoba. Despite these disputes and occasional official rulings, Catholic doctrine was not entirely settled on the subject of suicide until the later 17th century. A criminal ordinance issued by Louis XIV of France in 1670 was extremely severe, even for the times: the dead person's body was drawn through the streets, face down, and then hung or thrown on a garbage heap. Additionally, all of the person's property was confiscated.

Attitudes towards suicide slowly began to shift during the Renaissance. John Donne's work *Biathanatos*, contained one of the first modern defences of suicide, bringing proof from the conduct of Biblical figures, such as Jesus, Samson and Saul, and presenting arguments on grounds of reason and nature to sanction suicide in certain circumstances.

The secularization of society that began during The Enlightenment questioned traditional religious attitudes toward suicide and brought a more modern perspective to the issue. David Hume denied that suicide was a crime as it affected no one and was potentially to the advantage of the individual. In his 1777 *Essays on Suicide and the Immortality of the Soul* he rhetorically asked, "Why should I prolong a miserable existence, because of some frivolous advantage which the public may perhaps receive from me?" A shift in public opinion at large can also be discerned; *The Times* in 1786 initiated a spirited debate on the motion "Is suicide an act of courage?".

By the 19th-century, the act of suicide had shifted from being viewed as caused by sin to being caused by insanity in Europe. Although suicide remained illegal during this period, it increasingly became the target of satirical comments, such as the Gilbert and Sullivan comic opera *The Mikado* that satirized the idea of executing someone who had already killed himself.

By 1879, English law began to distinguish between suicide and homicide, although suicide still resulted in forfeiture of estate. In 1882, the deceased were permitted daylight burial in England and by the middle of the 20th century, suicide had become legal in much of the western world. The term *suicide* first emerged shortly before 1700 to replace expressions on self-death which were often characterized as a form of self-murder in the West.

As science progressed and governments became more and more secular, religion no longer appealed to such a big number of people, neither did it have the same influence on society that it enjoyed for many centuries. As a result, the rates of suicide surged dramatically, and today are the highest in the history of humanity.

An estimated 1 million people die by suicide worldwide in a year. It has been calculated that annual suicide fatalities could rise to over 1.5 million by 2020. Globally, suicide ranks among the three leading

causes of death among those aged 15–44 years. In most countries, the incidence of suicides is higher than the incidence of homicides. More people die by suicide than by war or by murder. The World Health Organization has stated in a 2006 report that a suicide occurs roughly every 40 seconds.

Since the 1960s, the occurrence of suicide has increased by 60%, the majority of these incidents happening in the developing world.

Suicide rates are highest in Europe's Baltic states, where around 40 people per 100,000 die by suicide each year. The lowest rates are found mainly in Caribbean/West Indies nations and a few countries in Asia. As many as 60,000 people commit suicide in Russia every year; approximately 30,000 people die by suicide each year in the United States; over 30,000 kill themselves in Japan; and about 25,000 commit suicide each year in China. The countries of the former Soviet Bloc have the highest suicide rate in the world. Rate of suicide in South Korea is the highest among any other East Asian countries. The region with the lowest suicide rate is Latin America.

In western countries, men commit suicide at four times the rate of women. Women are more likely to attempt suicide than men. This creates a certain gender paradox, which is prevalent almost universally in the western hemisphere. China is one of the only countries in the world where the rate of suicide by women matches that of men, with statistics even showing a slightly higher number of female cases. What this means is that while western women are generally more susceptible to suicidal thoughts, they are not as likely to actually carry out such actions; in other words, they are people of thoughts, while men are people of actions. Male suicide rates are higher than females in all age groups (the ratio varies from 3:1 to 10:1) in the USA. In other western countries, males are also much more likely to die by suicide than females (usually by a factor of 3–4:1). It is the 8th leading cause of death for males, and 19th leading cause of death for females. For women, it is more common to engage in self-harm versus inflicting death on themselves. As for eastern women, they are the opposite: in eight non-western countries, including the aforementioned China, whose inhabitants comprise 20% of the world's population, excess male mortality from suicide is absent, with females more likely to die by suicide than males by a factor of 1.3–1.6.

Suicide rates also vary among people of different races and sexual orientations. In 2003, in the United States, whites and Asians were nearly 2.5 times more likely to kill themselves than were blacks or Hispanics.

The likelihood of suicide attempts is increased in both gay males and lesbians, as well as bisexuals of both sexes when compared to their heterosexual counterparts. The trend of having a higher incident rate among females is no exception with lesbians or bisexual females and when compared with homosexual males, lesbians are more likely to attempt than gay or bisexual males.

Studies vary with just how increased the risk is compared to heterosexuals with a low of 0.8-1.1 times more likely for females and 1.5-2.5 times more likely for males. The highs reach 4.6 more likely in females and 14.6 more likely in males.

Race and age play a factor in the increased risk. The highest ratios for males are attributed to Caucasians when they are in their youth. By the age of 25, their risk is down to less than half of what it was however black gay males risk steadily increases to 8.6 times more likely. Through a lifetime the risks are 5.7 for white and 12.8 for black gay and bisexual males.

Lesbian and bisexual females have opposite effects, with less attempts in youth when compared to heterosexual females. Through a lifetime the likelihood to attempt nearly triple the youth 1.1 ratio for Caucasian females, however for black females the rate is affected very little (less than 0.1 to 0.3

difference), with heterosexual black females having a slightly higher risk throughout most of the age-based study.

Gay and lesbian youth who attempt suicide are disproportionately subject to anti-gay attitudes, have weaker skills for coping with discrimination, isolation, and loneliness, and were more likely to experience family rejection¹ than those who do not attempt suicide. Another study found that gay and bisexual youth who attempted suicide had more feminine gender roles, adopted an LGB identity at a young age and were more likely than peers to report sexual abuse, drug abuse, and arrests for misconduct.

One study found that same-sex sexual behavior, but not homosexual attraction or homosexual identity, was significantly predictive of suicide among Norwegian adolescents. In Denmark, the age-adjusted suicide mortality risk for men in registered domestic partnerships was nearly eight times greater than for men with positive histories of heterosexual marriage and nearly twice as high for men who had never married.

A study of suicide, undertaken in Sweden, involved the analysis of data records for 6,456 same-sex married couples and 1,181,723 man-women marriages. Even with Sweden's tolerant attitude regarding homosexuality, it was determined that for same-sex married men the suicide risk was nearly three times higher than for different-sex married men, even after an adjustment for HIV status. For women, it was shown that there was a tentatively elevated suicide risk for same-sex married women over that of different-sex married women.

As one can clearly see, suicide is epidemically prominent worldwide. To understand the source of such prominence, which is extensively displayed in the aforementioned statistics, it is necessary to delve into the motives that drive people to this heinous and irreversible action.

• II. What Causes Suicide?

There certainly has to be a cause for going so far as to inflict death on oneself. In society, there has always been a great stigma surrounding people who killed themselves or engaged in self-harmful behavior with an intent to cause death. Many stereotypes exist pertaining as to why one might choose to die by suicide, among them boredom with life, a need to get attention and a wish to become posthumously famous. In reality, however, everything is not so easy. Statistics present a grim list of the most common reasons to commit suicide.

Leading among them are eating disorders. Studies have shown that anorexia nervosa has a particularly strong association with suicide: the rate of suicide is forty times greater than the general population. The lifetime risk of suicide was 18% in one study, and in another study 27% of all deaths related to anorexia nervosa were due to suicide. Sufferers of anorexia, bulimia and other diseases of such kind have a high susceptibility to body dysmorphic disorder, which can cause person to have a false negative perception of their appearance. It can gravely affect one's self-esteem and lead to life eventually becoming unbearable.

However, eating disorders are far from the only illnesses that cause suicidal ideation. More than 90% cases of self-killing involve individuals with a history of mental ailments, which include clinical depression, bipolar disorder, schizophrenia and borderline personality disorder, among many others. The long-term suicide rate for people with schizophrenia was estimated to be between 10 and 22% based upon longitudinal studies that extrapolated 10 years of illness for lifetime, but a more recent meta-analysis has

estimated that 4.9% of schizophrenics will commit suicide during their lifetimes, usually near the illness onset. Risk factors for suicide among people with schizophrenia include a history of previous suicide attempts, the degree of illness severity, comorbid depression or post-psychotic depression, social isolation, and male gender. The risk is higher for the paranoid subtype of schizophrenia, and is highest in the time immediately after discharge from hospital.

While the lifetime suicide risk for mood disorders in general is around 1%, long-term follow-up studies of people who have been hospitalized for severe depression show a suicide risk of up to 13%. People with severe depression are 20 times more likely and people with bipolar disorder are 15 times more likely to die from suicide than members of the general population. Depressed people with agitation, severe insomnia, anxiety symptoms, and co-morbid anxiety disorders are particularly at-risk. Antidepressants have been linked with suicide as Healy (2009) stated that people on antidepressant have the tendency to commit suicide after 10–14 days of commencement of antidepressant.

People with a diagnosis of a personality disorder, particularly borderline, antisocial or narcissistic personality disorders, are at a high risk of suicide. In this group, elevated suicide risk is associated with younger age, comorbid drug addiction and major mood disorders, a history of childhood sexual abuse, impulsive and antisocial personality traits, and recent reduction of psychiatric care, such as recent discharge from hospital. While some people with personality disorders may make manipulative or contingent suicide threats, the threat is likely to be non-contingent when the person is silent, passive, withdrawn, hopeless, and making few demands.

To sum up, all major mental disorders carry an increased risk of suicide. But mental illness is only one side of the problem. On the other side, there are people who may not be ill per se, but still suffer from impaired quality of life due to different circumstances and factors.

For instance, an affective state of hopelessness, in other words, a sense that nothing will ever get better, is a feature that can predict suicide. High risk is also associated with a state of severe anger and hostility, or with agitation, anxiety, fearfulness, or apprehension. Moreover, stress has a profound impact on people, and studies have shown that many of those who committed suicide were extremely stressed by their daily routines. There is a correlation between suicidal ideation and feeling unloved, uncared and unprotected or even betrayed by your social circle. Some of those who want to end their life are social outcasts of various kinds. Significant interpersonal loss and family instability, such as bereavement, poor relationship with family, domestic partner violence, separation, and divorce have all been identified as risk factors. Financial stress, unemployment, and a drop in socioeconomic status can also be triggers for a suicidal crisis. A family history of committed suicide in first-degree relatives and adverse childhood experiences (parental loss and emotional, physical and sexual abuse) are associated with high suicide risk.

Two possible determinants to suicide attempts are lifetime sexual abuse and adult physical violence. Among participants aged 18–25, the odds ratios for lifetime sexual abuse and adult physical violence are 4.27 and 3.85, respectively. In other words, those who committed suicide are 327% more likely to have experienced lifetime sexual assault. Similarly, a suicide victim is 285% more likely to have suffered physical violence as an adult.

In conclusion, it can be seen that triggers for suicidal thoughts commonly fall into two categories. The first can be described as clinical mental illnesses, while the second encompasses issues caused by

socioeconomic or demographic factors and a stressful personal life. We will, therefore, call the first group “Mental Determinants”, and the second “Social Determinants”.

• **III. Vulnerability Of The Youth**

Curiously albeit tragically, the group of society aged 15 through 25 are at the largest risk among all the others. Rates of attempted and completed youth suicide in Western societies and other countries are high. Suicide rates in youths have nearly tripled between the 1960s and 1980s. For example, in Australia suicide is second only to motor vehicle accidents as its leading cause of death for people aged 15–25, and according to the National Institute for Mental Health, suicide is the third leading cause of death among teens in the United States.

According to the Center for Disease Control and Prevention (CDC), suicide is considered the second leading cause of death among college students, the second leading cause of death for people ages 25–34, and the fourth leading cause of death for adults between the ages of 18 and 65. In 2015, the CDC also stated that an estimated 9.3 million adults, which is roughly 4% of the United States population, had suicidal thoughts in one year alone. 1.3 million adults 18 and older attempted suicide in one year, with 1.1 million actually making plans to commit suicide. Looking at younger teenagers, suicide is the third leading cause of death of individuals aged from 10 to 14. College students aged 18–22 are less likely to attempt suicide than teenagers.

Based on a survey done on American high school students, 16% reported considering suicide and 8% reported attempting suicide sometime within the 12 months before taking the survey. Between 1980 and 1994, the suicide rates of young black males doubled. American Indians and Alaska Natives commit suicide at a higher rate than any other ethnic group in the United States. In India, one-third of suicides are young people 15–29. Some Aboriginal teens and gay or lesbian teens are at high risk, depending on their community and their own self-esteem.

According to research conducted by the Commission for Children and Young People and Child Guardian in 2007, 39% of all youth suicides are completed by young people who have lost someone of influence or significance to them to suicide. The Commission terms this suicide contagion.

One study says, "In teenagers, depression is considered a major - if not the leading - cause of teen suicide." Factors and risks contributed to youth suicide are academic pressure, alcohol consumption, the loss of a valued relationship, frequent change of residency, and poor family patterns. Harassment is a leading cause of teen suicide, along with abuse. Gay teens or those unsure of their sexual identity are more likely to commit suicide, particularly if they have suffered bullying or harassment, as discussed next.

Lack of impulse control has been found to differentiate adolescent suicide attempters from a control group of adolescents with an acute illness (Slap, Vorters, Chaudhuri, & Centor, 1988). However, impulsivity does not characterize all suicide attempters, since group comparisons have found no differences between suicidal patients and psychiatric controls on a measure of cognitive impulsivity (Patsiokas, Clum, & Luscomb, 1979). Instead, impulsivity may be important in identifying high risk subgroups.

Youth that fall under the category of sexual minorities are at an elevated risk of depression and succumbing to self-harm. Among the population of sexual minority youth, on average, 28% explain

having past experiences with suicidal actions and/or thoughts. Lesbian and gay youth are the group most likely to face negative experiences, leading to a higher likelihood of the development of suicidal thoughts according to mental care professionals. Bisexuality also carries a higher likelihood of suicidality with bisexuals being 5 times more likely to report suicidal thoughts and actions. Sexual minority youth also report a higher incidence of substance abuse when compared to heterosexuals. Overall, studies suggest that sexual minority youth carry a higher incidence of suicide and depression.

Exposure to suicide, previous attempts of suicide, and age are some of the most influential factors of young individuals and their probability of dying by suicide. Adolescent exposure to suicide through classmates has caused researchers to hypothesize suicide as a contagion. They note how a child's exposure to suicide predicts suicide ideation and attempts. Previous exposure to suicide through parental attempts have also been found to have a 3.5 increase in a youth's probability of having suicidal thoughts, with a 2.6 increased chance of them attempting suicide. Aggression in families and its transference can be one of the main causes of transmission of suicidal tendencies in families.

Previous attempts of suicide also play a major role in a youth attempting suicide again. On average, it has been recorded that the follow-up period for suicide-attempters was 3.88 years. Evidence shows those most at risk for suicide are those who previously attempted suicide, with research showing that they can have anywhere from a 40 to over a 100 times higher chance of dying by suicide compared to the general population.

The primary goals of suicide postvention include assisting the survivors of suicide with the grief process, along with identifying and referring those survivors who may be at risk for negative outcomes such as depressive and anxiety disorders, and suicidal behaviour. With 42% of completed youth suicides being suicide bereavement (or contagion) related - further research and investment must be made into supporting this group of people. A few suggestions to make sure the support is effective include making the individuals feel connected and understood.

There is a correlation between the use of social media and the increase of mental illness and teen suicide. Recent studies are showing that there is a link between using social media platforms and depression and anxiety. A recent national survey of 1787 young adults looked at the use of 11 different social media platforms. The survey showed that the teens that used between 7 to 11 platforms were three times at risk for depression or anxiety. Depression is one of the leading causes of suicide. Another problem with teens and social media is cyberbullying. When teens are on social media that can say whatever they want about anybody and they do not feel there is any repercussions for their actions. They do not have to look their victims in the eyes and see the hurt and torment they are causing. The link between cyberbullying and teen suicide is one reason that people are trying to criminalize cyberbullying. In 2011 the US Center for Disease Control showed that 13.7% of teens that reported being cyberbullied had attempted suicide.

A very common problem among suicidal teenagers is that they oftentimes fail to seek psychiatric counseling when needed, which hinders the likelihood of them not contemplating suicide. They may also be secretive and hide the turmoil they are going through from parents and other superiors so as not to cause pain. However, they may display certain clues.

Potential signs include threatening the well-being of oneself and others through physical violence. Other potentially serious threats could include a shared willingness to run away from home, as well the damaging of property. Individuals may also give away most to all personal belongings, reference suicide

or suicidal thought on social media, or various other online platforms, increase their use of drugs or alcohol, sleep too little or too much, or may display extreme mood swings. Parents witnessing such threats are recommended to immediately speak with their child and seek immediate mental health evaluation if further threats are made. The American Foundation for Suicide Prevention advocates taking suicide threats seriously. Seventy-five percent of all suicides give some warning of their intentions to a friend or family member.

It is truly sad that so many young people who have a future and a life to live in front of them choose to end it all. Hence, the epidemic has prompted people to take action, and what better place than mass culture to attract attention to a problem?

• **IV. The Fight In Mass Culture**

Due to this crisis affecting all nations and countries, it has been practically impossible not to explore this topic in art, as creative people are always eager to expose the dirtiest laundry of society. In fact, in recent years talking of suicide in songs, books and poems or depicting it in paintings, series and movies has become somewhat of a staple, and everyone seems to jump on this bandwagon. However, only a select few have managed to show the true insides of this issue, and in this chapter we are going to study the most successful attempt to combat suicide and draw attention to it.

“1-800-273-8255” by Logic feat. Alessia Cara & Khalid: Sincere Message

In 2017, our world was blessed with a true lyrical and musical masterpiece, a song named for USA’s National Suicide Prevention Lifeline number, which touched on the extremely sensitive societal and psychological topic of ending one’s life. The clever biracial rapper Logic managed to provoke an enormous reaction with his seemingly simple yet brilliant poetry. In the immediate three weeks after the song’s release, calls directed to the suicide lifeline rose by 27%, and after the performance of the song at the 2017 MTV Video Music Awards, the lifeline experienced a 50% surge in the number of calls to them. Many people worldwide were influenced and moved by the powerful message. To wholly understand the aim of Logic’s, it is necessary to analyze the very lyrics in question.

The melody of the song may seem far too lighthearted and upbeat for discussing such a matter, but the artist has a point: in choosing this beat, he is trying to highlight his main idea of life being beautiful, amazing, fun and worth living regardless of any issues and problems one might meet with.

The narrative is as follows. The song is written from a perspective of a young man who is eager to commit suicide. He lists off all the issues that don’t allow him to be happy and satisfied with his life. However, after calling the NSPL as a last resort, he is convinced to go on to be alive by the operator, who tells him why life is great. The character is so influenced by her words that he not only merely stays alive, but actually wants to.

In the pre-chorus, which starts off the song and sets the theme, the man shares his struggles with the audience. The very first stanza (“I’ve been on the low, I’ve been taking my time”) refers to him being in low spirits for quite a long time and using this time to try to slowly solve the problems fate throws at him and achieve peace of mind. However, the next lines (“I feel like I’m out of my mind, I feel like my life ain’t mine”) reveal that his efforts have so far been fruitless, as he has difficulty staying in sound mind and is becoming more and more insane with time, not to mention that he clearly is no longer able to control his state and to restrain negative tendencies or suppress intrusive thoughts about ending his life. Finally, he cries out for help, asking whether anyone can relate to the turmoil he is going through at the moment. For every sufferer it is extremely crucial to find another person who bears the same burden and

understands their emotions through personal experience rather than assumptions, as this significantly eases the pain due to the second survivor helping the first not to feel alone, neglected or misunderstood, therefore this line is the most important in this part of the track despite only being rapped once.

The chorus is even more disheartening than its predecessor, as it only consists of the artist softly, almost cheerfully singing the horrible words which only one who has hit rock bottom and has nowhere to go or no one to turn to might say. The man simply and blatantly repeatedly states that he would like to be deceased as soon as possible, most preferably even before the day ends. As Logic put it himself, not many world famous musicians dare to speak so openly about taboo subjects in their music, and that is exactly what he set off to do. In modern times, the most renowned musicians are not exactly the best lyricists – typical songs that top the charts have an upbeat melody a teenager can sway their sweetheart to at a high school party, a catchy hook with no deep meaning and a narrative that is relatable to everybody and no one in particular at the same time. Topics of these songs are commonly not philosophical or intelligent and are based on primitive instincts and urges. It does not mean that these people are as shallow as their art or the audience they are trying to appeal to, as oftentimes they are just following trends and sacrifice creativity and openness for guaranteed money, success and fame. As a result, the problem of suicide is not frequently discussed in pop culture, as the average listener does not approve of this due to deep-rooted stigma or simply not being clever enough to understand such a complicated issue, and the demand for such tracks will be lower than the supply, leading to less profit, which is to be avoided at all costs. For Robert Hall (Logic's legal name) to elaborate this straightforwardly on such a stigmatized topic is no less than a revolution. Before him, a song about suicide would have been a romanticized Hollywood-esque artificially optimistic and doctored boulevard verse at most. Mr. Hall, on the contrary, makes it clear that suicidal thoughts are no joke or plot for another cheap comedy – rather, they are a dire social crisis and a mental illness that ruins every human it affects. To finish off the chorus, the character foreshadows his next words by saying “and let me tell you why”. This is an attempt to deconstruct society's disbelief in the truthfulness of suicidal people's intentions. As everyone knows, suicide is a cause of death primarily among the youth, particularly with regards to the recent epidemic of it that the song is in honor of. A large part of the older generations, be it parents or grandparents of the survivors, due to their conservativeness or strong religious affiliations mainly consider those that suffer to simply have made up a non-existing hassle, telling them the infamous phrase “it is all in your head”, convinced that people kill themselves simply because they are bored and have no better activities to occupy themselves with or, even more nefariously, for attention, posthumous honors and revenge. When someone makes such a plea to their interlocutor, they obviously mean that their actions have valid motives, which they are about to explain. By putting this line in the song, Logic displays that human beings commit suicide for actual and relatable reasons rather than play with their life. Simply put, they do not want to die that much, they want to end their pain, and it just so happens that death is the only method to do so, as the pain is unbearable.

The first verse is a compilation of complaints and grievances the character has. Those problems he expresses are the very reasons why he wants to end his life. Among them are loneliness, feelings of being not important enough for the world or not having a supportive friend to rely on, to name a few. To be exact, the man in question even prays to God for somebody to save him, but “no one's heroic”. This line is something a lot of us can relate to, as any issue becomes impossible to solve or overcome if no one lends a helping hand. As the saying goes, “a problem shared is a problem halved”. Nowadays humanity is less humanist in this aspect than ever, and mostly humans only care about themselves – heroes who would give up their life for a loyal friend, for their mother, for their country or for the woman of their heart had long perished and vanished into thin air, hence no one is “heroic” enough to get their friend through a crisis. In the verse, Logic repeatedly says that his life either does not matter or is not a subject of anyone's thoughts and worries. As a result, he has harbored deep feelings of hurt, deceit, sadness and depression. Nevertheless, no matter how much these feelings taunt him and hinder the quality of his daily existence, he cannot display them or show them to the world, as nobody is interested. The line “I know

I'm hurting deep down but can't show it", according to the rapper himself, has a double meaning: either the man is so insecure, shy and reserved that he hesitates to confide in people about his problems, or he simply does not have anyone willing enough to listen to him. From the next stanza the listener finds out that familial conflicts also play a significant role in suicidal tendencies, because by saying "I never had a place to call my own, I never had a home" the artist may, of course, convey materialistic struggles such as not being able to afford an apartment, but more likely than not he is hinting that he does not feel as his true self in his home due to abusive or toxic relatives, therefore in a sense home is not exactly home for this person, it is only a house as compared to a place where one can be who he wishes to be without any restrictions. Moreover, people outside this institution also are quite hostile, as they do not even bother to call him on the phone and inquire about his daily routine. In the last line ("They say every life precious, but nobody care 'bout mine") Logic once again deconstructs the Hollywood-propagated myth of every individual being valuable and inherently important to someone, saying that there are some whose lives are not of interest to anyone, and that in fact suicides happen directly due to the sufferer feeling not loved or cared about by anyone.

After the repeating of the chorus, the perspective of the song shifts from the suicidal man to a male operator of the National Suicide Prevention Lifeline. The listener now gets to understand the meaning of the song's title, as at this point we become aware that it was a recording of a call to that hotline all along. Having been told about all the issues that compel the caller to kill himself, the operator reassures him that despite him thinking nobody cares about him in this world, there is at least one person who does care and would not want him to perish ("I want you to be alive"). The employee of the lifeline even goes as far as directly telling the man he is not supposed to inflict death on himself under any circumstances that day, and preferably not ever ("You don't gotta die today/You don't gotta die"). Identically to how the suicidal person prefaced his list of reasons for ending his life, the operator echoes his statement by saying "Let me tell you why", to show that he, too, has valid, legitimate and convincing motives to stay alive.

On the same note, a female operator comes into the scene, her words sung by the talented Alessia Cara. She continues to reiterate the importance of living over dying with exceptionally relatable reasoning that cuts to the core of every soul-having person. That happens due to the reasons being universal to every nation, race, color and age: what the operator goes on to talk about are the primal yet essential urges of a human being, needs each of us values immensely. Those include the following.

First of all, she mentions the instinct to survive ("It's the very first breath/When your head's been drowning underwater"). This may be contradictory to the song at first glance, as a suicidal person would not value their first breath after being rescued from drowning, especially if they were trying to drown themselves, but it is not actually the meaning of the line, which goes far deeper. By saying this words, Alessia conveys that the caller is mentally in a state of "drowning underwater": he has, figuratively saying, drowned under a stream of dire issues and sees no way to get to the surface, struggling for air more and more each day. However, when he heals, and draws "the very first breath" in a state of freedom not altered by this mental fog, seeing the awesome in life and not the malicious, he will appreciate this breath endlessly and truly never will forget it.

Second of all, the operator talks about love. It is human nature to constantly yearn for closeness, romantic and/or intimate connection with another person. As Alessia says, it is an invaluable elation that can make one forget about all of his problems whatsoever ("And it's the lightness in the air/When you're there/Chest to chest with a lover). Even those that appear to be cold and reserved on the outside have this insatiable desire inside them. On the same note, depression and suicidal thoughts can influence a person to the level that the air can feel hard to breathe, whereas feeling secure and loved can bring about the opposite emotions, hence the "lightness in the air". Moreover, the reference to light can also mean enlightenment and that the "lover" in question will teach the caller to look at life from a more bright perspective.

Third of all, the operator says that it is extremely important to value the good and overlook the bad (“It’s holding on, through the road’s long/And seeing the light in the darkest things). Life is never simple: oftentimes, it can be quite harsh on us, and certain events can make us feel as if it is no longer worth staying on this Earth. However, in order to survive, you have to grin and bear it, so to speak. No matter what you are going through, you have to stay strong and try to profit from every situation, even if it seems virtually impossible, because, as the singer goes on to tell the listener, “And when you stare at your reflection/Finally knowing who it is/I know you’ll thank God you did”. What the last line means is that when one looks in the mirror and feels pleased and satisfied with who they are as a person, not to mention that they no longer experience mental turmoil and are fully in control of their personality and identity, they will most certainly enjoy the outcome and even thank whatever higher power they believe in. They will understand that all the previous suffering was worth it, because they emerged from the fire alive and well, and even better as a person than they were before. Moreover, it is crucial not to give up, because an experience of suicidal attempts can teach you to appreciate the gift of life later.

To continue the lifeline worker’s narrative, Logic steps into the picture again, this time addressing his speech not just to the caller, but to all the struggling people worldwide. The words “I know where you been, where you are, where you goin’/I know you the reason I believe in life” console sufferers and once again reassure them that someone cares. Earlier in the song, the man complains that nobody ever calls him on the phone to ask how and where he is; here he is provided with a compassionate response to his pleas. Moreover, this line is definitely a reference to Logic’s numerous fans and supporters worldwide. As he says himself while elaborating on the song’s purpose, one of his favorite activities is to interact with his fan base, namely asking random followers of his about their day and so on. On the same note, it is common sense that no artist (especially in the music industry) exists without his fans. If not for them, nobody would even know about Logic today, at the very least not at such a large scale, so he definitely has a lot to be grateful to these people for – they have basically provided him with his career. The following stanzas (“What’s a day without a little night?/I’m just tryna shine a little light/It can be hard/It can be so hard/But you gotta live right now/You got everything to give right now”) serve as continuation for Cara’s ideas about life being hard but at the same time better than no existence at all.

After this heartfelt monologue, the perspective shifts back. The caller is convinced and changes his mind, saying that he “finally wants to be alive” and doesn’t want to die. At the end of the song, Khalid takes over the man’s role. He swears that he will persevere through all the hardships life presents him with to the utmost of his ability (“But I’m moving till my legs give out/And I see my tears melt in the snow”), even if he gets to experience again the bitter loneliness and exile (“Pain don’t hurt the same, I know/The lane I travel feels alone). He has learned that crying and ending one’s life is the easy way out; what only truly strong people can do is stay afloat, and only they win in the long run, as there is no better thing than to be alive.

The crucial point that is never mentioned in the lyrics, but becomes clear after watching the music video is that the caller is an adolescent homosexual boy, who for this reason is not accepted by anyone in his circle, including his own parents, and gravely struggles with this facet of his identity. With this cleverly hidden reference Logic hints at one of the reasons modern youth resort to suicide.

In conclusion, the song, as you can see from the deep meaning it conveys, is engraved in music history annals forever. It has been so far the most crucial point in the global fight against teen suicide in mass culture.

• V. United States And Russia: A Grave Difference

The song described in the previous chapter was created and produced in America by American artists. However, in Russia the attitude to suicide differs greatly from one presented in this piece of art. The

difference is owing to discrepancies between Western mentality of the USA and Eastern mentality of the Russian Federation.

Westerners are known to be more liberal, emancipated and modern. In this society, stigma is shunned, and conservatives do not constitute the majority of the general public. As for Eastern people, and particularly Russia, which was a part of the strictly conservative and traditional USSR as recent as 27 years ago, most have a negative attitude in regards to psychiatric illnesses which are the main causes of suicide.

In 2008 and 2009, a study was done to determine the core beliefs of Americans and Russians about depression, which is one of the leading causes of suicide, and pinpoint international peculiarities. The results were very controversial.

Statistics of this poll have shown that only 61% of Russians, versus 79% of Americans, consider depression a kind of disease.

76% of Russians, as opposed to 94% of Americans, believe that depression needs to be treated. 76% is certainly a majority of the respondents; however it is still far less a percentage than 94% is.

Only 63% percent of Russians think that physicians should ask their patients about depression, while 87% of Americans are of the same opinion. On the same note, quite a large percentage of Russians, some 44%, believe that depression improves without treatment, compared to only 24% of Americans.

55% of Russians and only 29% of Americans consider depression to be a personality trait rather than an illness which is not part of the actual character of a person, but a mitigating factor in it.

Most sadly, though, 61% of Russians have said that having depression means that the person is weak. In comparison, only 6% of respondents from the States think so, and so it is the most crucial question of all the research. This statistic displays the cultural difference in attitude to depression and explains why suicide rates in Russia are considerably higher than in the USA. If depression is traditionally considered a weakness in a society, individuals that struggle with it may hesitate to report it in time, to seek professional help or even talk to their loved ones in fear of being ridiculed. In contrast, those nations where it is a norm to share your mental problems with others show fewer fatalities attributed to psychiatric diseases and particularly depression. Whereas in the States a song like Logic's receives praise and popularity, such an act would be considered nonsense if attempted by Russian artists.

It should be mentioned that the age range of the respondents was 60 and older and that they were primary care patients in the following hospitals: the Family Medicine and General Internal Medicine Clinics at the University of Iowa Hospitals, a free-standing primary care office in North Liberty, Iowa, and The Center of Family Medicine teaching office of the Medical Academy of Postgraduate Studies in St Petersburg, Russia.

Due to the fact that the responses came from the elderly, the research is even more crucial for understanding the influence of societal beliefs endorsed on young suicidal people. In a nation where those that are in a position of power both politically and socially propagate mental illness to be a weakness which should be dealt with only using willpower, it is clear that youths having this kind of disease will be conflicted, misguided and under malicious pressure. The guardians, parents and grandparents of Russian teenagers do not favor talking to their child when such a problem occurs, which potentially causes deaths that could be prevented. Similarly, such an attitude in adults reduces the trust children have in them, which results in the latter not wanting to turn to their superiors in case of a mental issue, relying only on those in the same age group, with minds undamaged by religious and conservative mainstream propaganda. The degree of truth to this hypothesis is displayed below in my experiment.

• VI. What Moscow School Students Think

In order to solve any problem, it is invaluable to get acquainted with the opinion of the very group at risk. Over the course of a month, a research was produced pertaining to suicide in teens. It consisted of a short anonymous questionnaire and was distributed to 177 students of grade 9 through grade 11 in Lyceum 1535. The poll was given to both medical and ordinary students so as to get different points of view, depending on the degree of psychological knowledge in a given person. The results were as follows.

First of all, it is crucial to know the age of the majority of respondents. Although they all were in the 14-18 age group, 44,6% were 16-years-old, with 15 at 26,6% and 17 at 19,2% closely behind. The 14-year-olds (6,8%) and 18-years-olds at just 2,8% were the least populated groups due to the fact that many people of the former age have not yet reached 9th form, while those of the latter have already graduated high school.

The first question was “Are you happy with your life at the moment?”. The respondents were presented with a variety of possible answers, including “Yes”, “Rather yes than no”, “Rather no than yes” and “No”. 48,6% of students have picked “Rather yes”, while 22,6% decided that they were rather unhappy. Most people, therefore, look at their life with some degree of uncertainty as to how they perceive it to be. However, a large portion of the teenagers, some 27,1%, have chosen the answer “Yes”. It is uplifting that only 1,7% have answered “No” to the question.

As for the second question, “Were you ever unsatisfied with life to the point of questioning whether it’s worth living further?”, the responses were not as positive. 64,4% of students have said yes, while 35,6% have not experienced such feelings. This statistic proves that suicide is truly an ongoing crisis among teenagers, as 64,4% far exceeds one half or even two thirds of all the respondents. This question concerned having suicidal thoughts and ideations, but it was formulated in a more politically correct way so as not to trigger and/or disturb vulnerable individuals.

The next question was optional. Only those that have answered “yes” to the previous one were supposed to answer it. It asked the person how he or she has managed to cope with this issue. Possible answers included “I talked to my friends and loved ones”, “I sought professional psychiatric counseling and/or phoned lifelines”, “I consulted my parents/guardians, teachers or other supervisors” and “I have not tried to cope with it”. Very sad and discouraging were the statistics, as 53,8% of respondents have chosen the last option. 32,9% of pupils have been consoled by their friends and loved ones. Only 8,4% and 4,9% have picked the second and third variant, respectively. The responses speak volumes as to how teenagers seek help when in such dire circumstances, and it once again proves that youths do not receive psychiatric counseling or trust the opinion of their superiors. When they decide to ask for advice, if at all, they most certainly will entrust only their peers with this kind of information.

Following was a question which served as proof for suicide being a widespread epidemic. When asked whether they have ever met, become acquainted with or befriended a person of the same age who had suicidal ideations, an overwhelming 76,3% have responded “Yes”, and only a mere 23,7% have said “No”. It can be directly concluded that the majority of modern teenagers have intrusive thoughts about suicide at least once in their lifetime.

The last two questions were optional and only for those who have had a suicidal person among their acquaintances.

Firstly, when asked whether they have managed to save this person’s life and/or help this individual with their issues, 60,4% of students have responded “Yes” and 39,6% - “No”. It is hard to determine whether the respondents have picked the correct answer, because the need to choose only one option did not account for the possibility of having saved someone, but at the same point failing to rescue another one –

if that was the case, there could have been more negative answers. However, the grim reality of at least 53 grieving children who have lost someone dear to their heart is painfully visible.

Secondly, when those that have answered negative were asked whether they believed that they could have saved the person, had they had more knowledge of first psychological aid, 79,8% have agreed with this statement, while 20,2% apparently were of the opinion that it would be useless. It was the most controversial question of all, because professional psychological help and the help of peers were opposed throughout all the research. It was decided to hypothetically combine the two so as to draw conclusions about people's actual opinion on psychiatric knowledge, for instance, whether it is necessary at all when dealing with a suicidal individual. As it can be seen, the majority think that it is crucial.

To sum up, the poll has proved both problems which this project concerns: on the one hand, that suicide in teenagers is an ongoing worldwide crisis, and on the other hand, that it is typical for teenagers to seek help from their peers, as opposed to professionals or superiors.

• VII. First-Hand Experience

In order to know all sides of the issue, the experiment had two sides to it. Apart from the poll among high school students, a person who actually contemplated suicide was interviewed directly. Due to the topic being highly sensitive, the interviewee asked for their identity to be protected, so that they are anonymous. Four short questions were asked, and the responses were as follows.

The age of the interviewee at present is 16-years-old. The age at which they first started to experience suicidal thoughts is also 16, so all the struggle is very recent and a perfect example of a suffering teenager in Russia.

When asked about the reasons that drove them to consider suicide, the respondent stated various factors. Among them were so-called energetic vampires in their social circle (people who thrive in draining the mental energy of those that surround them), pressure from parents and teachers, school bullying and a general dislike of people. Again, the mention of pressure from adults is shown to be a tendency in Russia.

As for the last question, "What or who helped you stay afloat and taught you that life is worth living no matter the hardships?", the response made an impression of the interviewee not believing that they should stay alive, because they simply said, quoting, "an inability to end my life and cigarettes".

After the questionnaire, it was recommended to the interviewee to seek psychological counseling. The results have shown suicide to be a real and substantial problem which arises from multiple causes. What the respondent discussed as reasons correlated with the main reasons presented in worldwide statistics.

• VIII. The Penultimate Solution

As a result of the project, various conclusions can be drawn. Evidence has shown that suicidal teenagers in Russia are highly unlikely to seek professional help, therefore it is more probable that they will ponder of asking their peers and social circle for advice. In order to reduce the number of youth suicides, it is necessary to teach teenagers to react accordingly and quickly when their friend is in a critical mental state. Various valuable recommendations can be pinpointed.

1. Take suicidal threats seriously. Even if you are unsure whether the person is certain or they are simply fishing for attention, it is better to treat such hints as the former. Look for hidden hints that may not be talked about, such as in the case when the individual only silently thinks about

- suicide. Do not be afraid to ask them direct questions so that they elaborate on the topic, which can result in you having knowledge of how to prevent the unspeakable that might happen.
2. Keep them safe. If a person tells you their preferred means to commit suicide or if you suspect what they might use, remove all objects of this kind from their proximity. Try to restrict availability of drugs, guns and sharp objects. However, even though you should do what you can to your utmost ability, ensure that you are not in a position to be this person's caretaker, as this can have bad repercussions and lead to the person breaking your confines and trying to acquire those forbidden means.
 3. Listen to them and talk about their feelings. Try to be a friend to them, even if you don't know the person closely. It is acceptable and normal to discuss suicide, as it can make the individual feel that someone cares about them. Show that you have genuine concern and worry about their situation. Acknowledge the existence of their suicidal ideations rather than pretending they do not exist. It may feel uncomfortable to talk about such subjects, but it is extremely helpful in perspective.
 4. Encourage mental health treatment. Suicide is frequently caused by various kinds of mental diseases that might be cured by a therapist. Always endorse the pursuit of professional counseling, even if the individual himself does not wish to do so, especially when they are in immediate danger, or else it may be too late.
 5. Stay in touch. It is recommended to routinely contact the suicidal person and inquire about their emotions. It can mean a lot to a person in a state of crisis to have someone offering support to them.

To sum up, it is highly encouraged for teenagers with suicidal friends to follow these tips in case of a crisis.