

SUICIDE AMONG STUDENTS WITH GIFTS AND TALENTS

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During a late summer morning in the Midwest, the mother of a 16-year-old gifted student received a phone call telling her that her son was just found hanging from the eaves above the bus stop at their local high school. It was later discovered from his journal entries that he had planned this event for months. The death of a young person is a terrible thing; but the death of a young person by suicide is a calamity for humankind. This scenario, with different actors, repeats itself every day in the United States and students with gifts and talents (SWGT) and their families are not immune to this devastating outcome.

During the 2014–2015 school year, a total of 26 students died by suicide in two high-achieving school districts in the United States (Palo Alto Unified School District in California and Fairfax County Public Schools in Virginia), and at two universities (Massachusetts Institute of Technology and College of William and Mary). Several suicides among top students in a short period creates many questions about links between giftedness and suicidal behavior. The belief that SWGT are more prone to emotional disturbance is widely held (Coleman & Cross, 2005). Two perspectives have been offered to describe the relationship between giftedness and psychological well-being: (a) The nature of giftedness makes these students more resilient to psychological maladies, and (b) their characteristics make them more subject to adjustment issues (J. Delisle, 1986; Neihart, 1999). Coleman and Cross (2000) offered a third position: American subcultures create environments that can affect the lived experience

of SWGT and, subsequently, their psychological well-being. This chapter explores the research on suicide among SWGT and applicable research from the general population.

PUTTING SUICIDAL BEHAVIOR IN CONTEXT

According to the National Center for Health Statistics (2015), between 2011 and 2013, a total of 40,422 people across all age groups died by suicide in the United States. This is a prevalence rate of 12.5 suicides per 100,000 people. During that 2-year period, nearly 1,200 children ages 5 to 17 (2.2 per 100,000) and more than 4,000 young adults ages 18 to 24 (12.8 per 100,000) died by suicide. Most suicides occur among men (National Center for Injury Prevention and Control, 2012), even though women attempt suicide at a more frequent rate. Men are more likely to be successful in their attempts, perhaps because of their choice of more lethal methods (e.g., firearms). Rates of suicide tend to be higher in western states and rural areas, where individuals are more isolated and guns, the most lethal method of suicide, are more readily available (Cross, 2013; Kposowa, 2013).

For decades, statistics have been reported about suicide and myriad studies have been published in prestigious journals. Researchers have reported on prevalence rates, correlates, factors, theories, and treatments. We know the most popular ways in which people kill themselves and we know the more novel approaches. We also know that suicide rates

are, in fact, slightly higher than reported, as some people kill themselves in ways that are not obvious and are classified as something other than a suicide. For example, overdosing on drugs, “falling” off a cliff, dying in a car crash, or intentionally getting shot by a police officer, may in fact be methods of suicide. This issue was so worrisome to insurance companies that several decades ago a new approach to research—*psychological autopsy*—was created to determine intent in equivocal types of deaths (Ebert, 1987). This research methodology has also been used by suicidologists to conduct in-depth studies of the lives of people who died by suicide.

DEFINITION OF THE COMPONENTS OF SUICIDAL BEHAVIOR

The Centers for Disease Control and Prevention (CDC) defines suicidal behavior as follows: (a) *suicide* is “death caused by self-directed injurious behavior with any intent to die as a result of the behavior” (Crosby, Ortega, & Melanson, 2011, p. 23); (b) a *suicide attempt* is “a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury” (p. 21); and (c) *suicidal ideation* is “thinking about, considering, or planning suicide” (p. 11). Until recently, a fourth category of behavior called *gesturing* was also included. It has been eliminated from the recommended nomenclature (e.g., Crosby et al., 2011) for a variety of reasons, including its multiple definitions, which range from engaging in behaviors that may suggest potential suicidal behavior, but do not actually threaten one’s life, to any type of failed suicide attempt (Heilbron, Compton, Daniel, & Goldston, 2010). Therefore, it is difficult to interpret the meaning of unsuccessful suicide attempts (are they “genuine” or “gestures”?). When clinicians, or others in a position to help, dismiss suicidal behavior as not being genuine, manipulative, or help-seeking (i.e., less urgent), disastrous results may occur (Heilbron et al., 2010). Current recommendations are to use such terms as *nonsuicidal self-harm* or *nonsuicidal self-directed violence* (Crosby et al., 2011; Heilbron et al., 2010).

IMPORTANCE OF THE TOPIC

Suicide represents a terrible loss. Families with suicides experience anguish, self-doubt about relationships with the person who died, and, often, stigmatization, exacerbating a sense of guilt. For society, the degree and etiology of suicidal behavior reveals the nature of the psychological turmoil in the lives of its population. The aggregate loss for any society from suicidal behavior is so great that it cannot be assessed. What is the cost of music or art not created or performed, theories of world-class physicists never tested, or the lack of great athletes, politicians, physicians, teachers, financiers, or ministers? The effects of more than 40,000 deaths by suicide within a brief three-year period (2011–2013) in the United States are catastrophic. No society can be fully realized when so many people choose to die rather than to participate in society, when so many family members are affected, and when so much talent is lost.

HISTORICAL AND CONTEMPORARY PERSPECTIVES

Suicide is not a new phenomenon or one limited to the United States. It has existed for thousands of years and holds differing meanings within different cultures. The meaning of suicidal behavior within differing communities is quite varied, with views ranging from honorable (where suicide is expected under some circumstances) to undesirable (where suicide is stigmatizing and may be surprising to the extended family and community). Suicide may be seen as expected for one who is attempting to atone for failure or humiliation, or as the final step toward achieving a religious reward. For others, suicide is viewed as “a manifestation of mental health problems that will prevent the individual from being able to get into heaven” (Cross, 2016). These are just a few examples of the many contemporary views held about suicidal behavior that coexist around the world.

In the modern United States, the general consensus is that suicide should be prevented, as it is likely an outcome of mental health problems in concert with external triggers, variables, or factors. There are some exceptions to these views, as evidenced by the fact that Oregon, Washington,

Vermont, California, Montana, and Colorado allow for physician-assisted suicides (CNN, 2015; Galvin, 2016). Attempting suicide has historically been considered a crime in parts of the United States (Litman, 1966–1967), although enforcement of such laws is rare (Shneidman, 1989). In fact, the phrase *commit suicide* derives from the belief that one is committing a criminal act. More recent recommendations are to refer to the phenomenon as *death by suicide*, which eliminates the criminal connotation (CDC, 2001).

Prominent Suicidologists

Émile Durkheim, a French sociologist, social psychologist and philosopher, published a book entitled *Suicide* (1897/1951), considered by many to be a catalyst for the field of suicidology. Durkheim's work established a positivistic framework using a sociological and social psychological approach to studying and reporting on suicide. Many of our approaches today can be traced back to his work.

A more contemporary American suicidologist is Edwin Shneidman, who founded the American Association of Suicidology in 1968, along with the journal *Suicide and Life Threatening Behavior*. He was a *thanatologist* (one who studies death) who published 20 books on suicide and its prevention. He coined the terms *psychological autopsy* and *psychache*, describing the latter as “how much you hurt as a human being. It is mental suffering; mental torment” (Shneidman, 1996, p. 173). He also spoke to the importance of hopelessness in the later stages of moving from suicide ideation to suicide attempts.

Over the past 120 years, from the work of Durkheim and Shneidman, the fields of suicidology and thanatology have been fully realized. There are many excellent researchers who have worked to gain a better understanding of the nature and prevalence of suicide. This research has made it possible to explore the nuances of suicidal behavior across specific groups of people in ways not feasible before. This chapter focuses on the research on suicidal behavior of SWGT.

Students With Gifts and Talents and Suicide

Although we know that gifted persons have died by suicide (Cross, 2013; Cross, Cook, & Dixon, 1996;

Cross, Gust-Brey, & Ball, 2002; Hyatt, 2010, 2011; Lester, 1991), we have no indication of their prevalence in the numbers of suicides each year. Data indicating giftedness are not collected with morbidity statistics. Therefore, despite the common belief that gifted persons are more prone to kill themselves than others, an idea that has even been expressed within the field (e.g., J. Delisle, 1986; Hayes & Sloat, 1990), the actual prevalence is not currently knowable (Cross, 2013; Cross & Andersen, 2015; Gust-Brey & Cross, 1999). The remainder of this chapter provides an overview of the most important and salient research to date.

RELEVANT THEORY AND PRINCIPLES

There are numerous theories attempting to predict and/or explain suicidal behavior. Two presented here are Stillion and McDowell's (1996) suicide trajectory model and Shneidman's (1993) psychache. Both models provide considerable explanatory power for suicidal behavior. From these models and his research on suicide among SWGT, Cross (2013) developed his spiral model that applies to this population, which will also be described.

Suicide Trajectory Model

One of the challenges to those wishing to prevent suicides has been the difficulty of predicting a specific person's risk. Stillion and McDowell's (1996) theory-based model of suicide, the suicide trajectory model (STM), includes associated risk factors. Based on correlates of suicide, these risk factors fall into four categories: biological, psychological, cognitive, and environmental. This categorization simplifies the many factors professionals should consider when working with potentially suicidal individuals. According to the STM, the accumulation of multiple risk factors increases the likelihood of suicidal behaviors.

As we move through life, we encounter situations and events that add their weight to each risk factor category. When the combined weight of these risk factors reaches the point where coping skills are threatened with collapse, suicidal

ideation is born. Once present, suicidal ideation seems to feed upon itself. It may be exhibited in warning signs and may be intensified by trigger events. In the final analysis, however, when the suicide attempt is made, it occurs because of the contributions of the four risk categories. (Stillion & McDowell, 1996, p. 21)

The STM was developed from correlational data, evidence that limits the influence of an individual's cognition. Shneidman's (1985, 1993) psychache theory addresses this limitation by moving beyond descriptive epidemiology and prediction with some explanation, to a theory that focuses on the subjective experiences of the suicidal individual.

Psychache as a Theory of Suicide

From his clinical work with suicidal patients, Shneidman (1985, 1993) discovered patterns in their thinking. A cornerstone of Shneidman's theory of suicide is psychache, the intolerable psychological pain suicidal people feel they must escape, even if escape means ending their lives. The etiology of this profound pain includes several potential pathways and factors. When the pain becomes unbearable, suicide appears as the only path of escape. Shneidman proposed that suicide has four elements: (a) *heightened inimicality* (hostility toward the self), (b) *exacerbation of perturbation* ("how shook up, ill at ease, or mentally upset the person is," Shneidman, 1993, p. 223), (c) *increased constriction of intellectual focus* (the suicidal person's dichotomous thinking and unwillingness to consider the effects of suicide on others), and (d) *cessation*. Over time, Shneidman and others became interested in the role of hopelessness in suicidal behavior. M. M. DeLisle and Holden (2009) found that psychache and hopelessness contribute variance to the prediction of suicide, suggesting that each can be valuable to understanding and preventing suicide.

To find SWGT in distress, the STM indicates potential risk factors. Psychache is an indication of imminent danger, whereas risk factors, such as prior attempts and psychiatric diagnosis are more distally related to suicide (Rudd et al., 2006). Warning signs such as rage, increased substance use, agitation,

psychache, or hopelessness are behavioral clues that a suicidal attempt is becoming increasingly likely and steps to ensure the person's safety are necessary (Juhnke, Granello, & Lebrón-Striker, 2007). These theories have been useful in understanding and preventing suicide in the general population. Cross (2013) proposed a model that incorporates giftedness into the mix.

Spiral Model of the Suicidal Mind of Gifted Children and Adolescents

Cross (2013) combined the STM, Shneidman's theory of psychache, and relevant research, applying it to SWGT. The spiral model depicts the progression from healthy psychological functioning to an ultimate suicide, including risk factors from the unique lived experience of SWGT. Biological and environmental influences on a person's psyche include protective factors (e.g., support of family members, problem-solving abilities) and risks (e.g., social rejection, peer victimization, prior experience with suicide [previous attempts or a suicide in the family]).

Experiences with negative events, those common to any person and those unique to SWGT (e.g., academic failure, lack of appropriate challenge, poor fit with less intellectual peers) can cause an individual to drop down the spiral into a less stable state of mind. Most individuals will be able to overcome an episode of anxiety or depression that affects their daily activities through individual resilience and/or with the support of others. Perfectionism or over-excitabilities may influence the thinking of SWGT in unexpected ways. The pressure of maintaining a high level of achievement for many years can become unbearable, particularly when other stressors develop (e.g., romantic relationships, desire for popularity). The mixed messages SWGT receive to achieve, but not at too high a level, can be confusing and even debilitating. When they do not have the internal or external supports they need to deal with their psychological pain, the possibility of further descent within the spiral, through Shneidman's (1996) states of heightened inimicality and exacerbation of perturbation. Without attention to their psychological degeneration, it may become difficult for them to think of anything except ending the

psychological pain (i.e., the psychache). As they experience constriction of intellectual focus, positive alternatives—others who might help them or be affected by their actions—are simply not considered. In this frame of mind, death (i.e., cessation) appears to be the only option to end the unbearable pain. The spiral model suggests the need to identify sources of support and risk in the lives of SWGT and the possible progress from healthy psychological functioning to psychache.

RESEARCH REVIEW

Suicide is a topic of concern to those who work with and care for SWGT. Terman's Genetic Study of Genius, a large-scale longitudinal study of 1,528 gifted individuals (IQ > 135), offered a unique opportunity to examine the variables associated with adult suicide. Shneidman (1971) found that he could identify suicidal men in a subset of the Terman sample on the basis of his estimation of their level of risk from experiences or characteristics (e.g., parental rejection or divorce, academic failures, early talk of suicide, social difficulties, alcoholism, etc.). Tomlinson-Keasey, Warren, and Elliott (1986) were similarly able to predict the eight suicides among a group of 40 gifted women in Terman's sample, from seven variables, including early loss of a father and depression.

Terman's gifted subjects provided a convenience sample to these researchers, whose primary interest was in the prediction of suicidal behavior, not in the subjects' giftedness. Others have focused on giftedness, attempting to identify the distinctive nature of suicidal behavior in this population. Unfortunately, these researchers are few and far between. Any research on suicide is difficult. The pain and, possibly, shame surrounding a premature death can make subjects reluctant to participate. The stigma of suicide can make families, friends, and institutions prefer to restrict access to information. A focus on giftedness further limits the potential sample. The samples in most of the studies that exist are individuals (i.e., case studies), small samples, or extremely large samples with questionable identification of giftedness. Because there are so few studies with gifted samples, this review will include research

with related populations, such as college students, or research that examines intelligence, which is often considered an indicator of giftedness.

Intelligence, Academic Achievement, and Suicide

Intelligence and academic achievement often serve as proxies for giftedness in research. Research on their relationship with suicide has inconclusive findings. Using data from a variety of public sources, Voracek (e.g., 2009) and Lester (2003) found moderate positive correlations between IQ and suicide. Sörberg, Allebeck, Melin, Gunnell, and Hemmingsson (2013) and O'Toole and Cantor (1995), however, found low IQ, not high IQ, put individuals at greater risk of suicidal behavior. When psychosis (Batty et al., 2010) and national wealth (Lester, 2003) were included, the findings of increased suicide risk with low IQ were negated, suggesting it is not a simple relationship.

Research on school performance and suicidal behaviors is scant, but there are some indications that academic achievement is a protective factor. Taliaferro and Muehlenkamp (2014) found academic achievement and parent connectedness distinguished between suicidal (attempts and ideation) and nonsuicidal adolescents among more than 70,000 high school students. Martin, Richardson, Bergen, Roeger, and Allison (2005) found high school students' perceptions of poor academic performance was "a strong and consistent" (p. 85) contributor to later suicidal behaviors.

Whaley and Noel (2013) found that Asian American and African American secondary school students who reported lower grades had higher rates of suicidal ideation, concluding that high academic achievement is a protective factor. Conversely, Tikkanen, Alaräsänen, Hakko, Räsänen, and Riala (2009) found a higher rate of psychotic and suicidal students among the highest performing men in their sample of Finnish students. They advised that, when adolescents exhibit signs of mental disturbance, they should be taken seriously, even when their academic performance does not suffer.

Voracek (2013) revisited his intelligence–suicide rate data from Germany, this time using academic performance instead of IQ. He again found

a correlation similar to that in his previous studies between achievement and suicide rates. Studies based on data designed to assess these factors rather than using existing data from disparate sources tend to find an inverse relationship. Academic achievement is affected by one's environment, which is a likely contributor to positive or negative mental health.

Empirical Research on Suicide Among Gifted Individuals

Several studies examined suicides among Terman's gifted study participants (Lester, 1991, 2003; Shneidman, 1971; Tomlinson-Keasey et al., 1986). There is no indication that any of these suicides occurred when the subjects were young. Lester (1991) conducted an analysis of correlations between age at suicide and the variables available from Terman's database, but the value of these correlations is unclear. Lester (2003) tested his hypothesis that Tomlinson-Keasey et al.'s (1986) and Shneidman's (1971) studies were actually finding differences in mentally stable and unstable individuals, not suicidal and nonsuicidal individuals, by matching the participants who had died by suicide with a new comparison sample selected to match by mental health ratings acquired when they began the study. In this new sample, the only differences in possible predictive variables were parent-reported conscientiousness, which was significantly lower among the participants who died by suicide, a higher rate of nervous symptoms, and greater experience of loss among the suicide victims. Lester's (2003) study serves as a reminder of the importance of adequately matching a comparison group.

Quantitative Research on Students With Gifts and Talents and Suicide

In a descriptive study of 23 suicides that took place between 1952 and 1961 at the University of California–Berkeley, Seiden (1966) found that 11 of the 12 undergraduate students who had died by suicide had been performing academically better than average. Although not identified as a gifted sample, these high-performing students at a selective college were likely to meet the criteria for giftedness. The graduate students' status in a postgraduate program suggest previous above-average academic achievement. Despite their high achievement,

perfectionistic expectations were clear in anecdotal evidence. Virtually every case had warning signs, such as previous attempts or infatuation with death, which became evident after the fact. Seiden identified three categories of prodromal symptoms: (a) concern over studies, (b) unusual physical complaints, and (c) difficulties with interpersonal relationships.

Hayes and Sloat (1990) sent a survey to counselors in 129 North Texas high schools, asking them to report any possible suicide-related "occurrences," with the options of *suicide*, *probable suicide*, *suicide attempt*, and *probable attempt*. Out of 42 reported occurrences, only one was a completed suicide. Eight of the 42 occurrences (19%) met some classification for gifted. The one completed suicide was not considered gifted. Counselors could not identify the method of attempt in three of the gifted cases. Despite these limitations in methodology, Hayes and Sloat considered their findings to be evidence of concerns raised by others (e.g., J. Delisle, 1986; Leroux, 1986), that SWGT are at increased risk of suicide. Such claims should be considered with skepticism, on the basis of the data reported.

Two studies compared suicidal ideation among gifted and nongifted students. Baker (1995) found no significant differences in depression and suicidal ideation among exceptionally gifted ($n = 32$), gifted ($n = 58$), and nongifted ($n = 56$) high school students. Similarly, Metha and McWhirter (1997) found no significant differences in perceived stressfulness of life-changing events, depression, and suicidal ideation between gifted ($n = 34$) and nongifted ($n = 38$) junior high school students in their study.

Cross and colleagues (Cassady & Cross, 2006; Cross, Cassady, & Miller, 2006) explored the psychological bases for suicidal ideation among high school juniors and seniors at a residential academy for SWGT. Suicidal ideation in the Cross et al. (2006) sample ($N = 152$) did not differ from Reynolds's (1987) Suicide Ideation Questionnaire normative group. Females in the sample had higher levels of ideation than males. The Myers–Briggs Type Indicator (Myers, 1962) was used to identify students' personality types. There was a higher proportion of introvert types than in the general population. Introversions has been associated with

elevated risk of suicidal behavior (e.g., Roy, 1998). To examine the applicability in this sample of previous findings of high-risk personality types among college students, Cross et al. (2006) tested the relationships of personality type with suicidal ideation. Females who were introverted-perceivers on the Myers–Briggs had higher levels of ideation than other types, and perceiving personality types of both genders had higher levels of suicide ideation than judging personality types. This study suggests that counseling and social support for introverted students, particularly females, is recommended to prevent suicidal behaviors, including suicidal ideation.

Analyzing the factor structure of suicidal ideation in a sample of gifted high school students ($N = 334$), Cassady and Cross (2006) found support for Stillion and McDowell's (1996) suicide trajectory model. The gifted sample appeared to have a more complex structure of ideation than the three factors found in Reynolds's (1987) normative sample. Analyzing a student's scores in the factors found in the gifted sample can provide counselors with a starting point for targeted interventions.

Those adolescents with high endorsement of the Suicide Pragmatics are those most likely in need of intensive observation and scrutiny, ensuring that the tools and opportunity for suicide are removed from the individual. Adolescents who show high endorsement of the Social Isolation items may benefit from direct intervention focused on improving self-esteem, relief from depression, or simple counseling on social interactions. Those with high scores on the Social Impact factor may benefit more from interventions focused on the realistic outcomes of death and suicide in the public eye. (Cassady & Cross, 2006, p. 302)

This study is the only exploration of the psychological foundations of suicidal ideation among SWGT.

Case Studies of Suicidal Students With Gifts and Talents

Several publications describe the circumstances of suicidal behaviors of SWGT. Johnson (1994)

described his own suicide attempt and the undiagnosed learning disability that led to such great frustration, he wanted to end his life. Peterson (1993) described a high school student who shared her experience of a suicide attempt, subsequent hospitalization, and recovery with classmates in group counseling sessions. Scheiber (2013) described, in detail, the life of Aaron Swartz, an exceptionally gifted computer prodigy who died by suicide after a very public battle to provide open access to the online archives of JSTOR. The experiences of these suicidal SWGT are of interest and contain hints of the reasons for suicidal behavior for these individuals, but they are not generalizable to the larger population of SWGT.

Sedillo (2013) interviewed 32 young-adult gifted, nongifted, gay, and straight men ($n = 8$ in each category) to learn about their earlier experiences with suicidal behaviors. Of the eight gifted, gay men, all reported engaging in suicidal ideation. All but one nongifted, gay man reported ideation, and all but two of the straight, gifted men had considered suicide in the past. The gifted, gay men reported the highest number of resiliency factors of the four groups. In addition, their cognitive abilities were considered protective and helped them avoid more harmful suicidal behaviors. Participation in gifted programming was also a "resiliency factor." Gay and straight, gifted participants reported perfectionism as a factor contributing to their suicidal ideation.

Engaging in systematic data gathering over a 15-year period, Peterson (2014) conducted a rigorous, qualitative longitudinal analysis of the life of a gifted woman. This SWGT faced atypical challenges (e.g., physical and sexual abuse, public humiliation and ostracism) and dropped out of high school. She exhibited signs of emotional and intellectual overexcitabilities (Dabrowski, 1970; Daniels & Piechowski, 2009). She suffered an eating disorder, posttraumatic stress disorder, and expressed suicidal ideation at the age of 16. Despite the trauma in her life, she resolved her issues through counseling and her own resilience to become a successful adult. Her intellectual ability was a protective factor, allowing her to analyze her situation and to serve as "her own therapist" (Peterson, 2004, p. 311) at times. Peterson concluded that some counselors may not consider giftedness

when they are working with victims of trauma or other presenting complaints (e.g., depression). SWGT may be able to support their own treatment in ways more average students cannot.

Psychological autopsy is a research method that can be used after an individual dies (Cook, Cross, & Gust, 1996). In such a study, data are collected through interviews of family members and contacts; medical, school and other records; and any relevant material produced by or including the subject, in an effort to gather as much information as possible about factors that may have contributed to the death. Three studies describing the psychological autopsies of SWGT who died by suicide provide valuable information about their experiences and cognitions (Cross et al., 1996, 2002; Hyatt, 2010).

Within a few months of each other in 1994, three adolescent male students who had attended a residential high school for SWGT died by suicide. Through psychological autopsies, Cross et al. (1996) found multiple similarities among the three high-school-age male subjects and the general population of suicide victims. All three had been depressed, engaged in substance abuse, and experienced relational difficulties. They all exhibited warning signs prior to killing themselves, including escalation of behavior problems, withdrawal from others, and talk of suicide. All three boys manifested emotional and imaginal overexcitabilities and could be identified at Level II or III of Dabrowski's Positive Disintegration (Dabrowski, 1970; Dabrowski & Piechowski, 1977), which may have indicated an increased risk of suicide. Two of the students wrote in their journals that being "true to myself" was of paramount importance and ignoring pain would be inauthentic, hence suicide was the only option. This fit well with constriction, reflective of the cognitive aspect of Shneidman's (1985) theory. Contagion was evident after the first suicide. There was a social component to their suicidal ideation. Suicide was a common topic in their peer group, and their adolescent discussions encouraged them not to seek help, as they and their friends considered suicide an honorable, viable option. Cross et al. (1996) expressed concern that the risk factors that were present in these three adolescents are characteristics of many SWGT (e.g., overexcitabilities).

Cross et al. (2002) conducted a psychological autopsy of another gifted young man who died by suicide. They compared this case study with the three case studies of Cross et al. (1996) and found numerous similarities. All four subjects exhibited overexcitabilities that were expressed in ways or levels beyond the norm among their gifted peers. They had minimal prosocial outlets and had trouble separating fact from fiction. They overidentified with negative, asocial, or aggressive characters or themes in books and movies. They experienced intense emotions, as they felt conflicted, pained, and confused. All four subjects devalued emotional experience and wanted to rid themselves of emotions. The young men expressed polarized, hierarchical, egocentric value systems. All four engaged in group discussions of suicide as a viable and honorable solution. All four subjects expressed behaviors consistent with Dabrowski's Level II or Level III of Positive Disintegration. Cross et al. (2002) highlighted the significance of attempting to understand the risk and resilience factors in the life of SWGT and the importance of maintaining a positive relationship, even when the SWGT is resistant.

Psychologists and educators have two choices: (a) treat co-indicators of giftedness and suicide risk as normal characteristics of the gifted or (b) treat these co-indicators as possible signs of suicide risk. The choice is between pathologizing gifted students or not intervening and possibly losing them to suicide. . . . [P]rofessionals should treat all signs of potential suicide as serious and intervene to assess the danger. (Cross et al., 1996, p. 408)

Although not generalizable to all SWGT, the lessons learned from this psychological autopsy are evidence for a general approach to suicidal behaviors among SWGT: "WHEN IN DOUBT, DO SOMETHING!" (p. 409).

Following the suicide of her own gifted son at age 13, Hyatt (2010) conducted a psychological autopsy of Amber, a highly gifted girl who died by suicide at age 18. Four of the contributing factors identified in this study were being bullied, the influences of peers,

perfectionism, and a lack of trust in others. Amber's relationships with peers were typified by social rejection and bullying. Teachers also misunderstood her, misinterpreting or devaluing her perspective on assignments. Many peers knew of her suicidal ideation, but none told an adult. Amber's perfectionism was evident in her disappointment with her achievements, expressed frequently in her journals and to her mother. Her negative relationships with adults led to her unwillingness to seek adult help for her suicidal beliefs. Hyatt recommends that suicide can be prevented when SWGT have trusting relationships with adults and peers, at home and at school; empathy is taught in schools to reduce bullying, and perfectionism is reduced by "teaching young people that self-worth is defined by uniqueness rather than perfection" (Hyatt, 2010, p. 531).

Summarizing the Research Base

Although there are several publications on the topic of SWGT and suicide, only a few offer empirical evidence. Fewer than 640 school- and college-age SWGT are represented in the studies included in this review. This is a very low number of individuals from which to make conclusions about suicide among SWGT. Cassady and Cross's (2006) study is the only empirical evidence of actual differences in the suicidal cognitions of SWGT. The evidence reviewed here indicates more similarities than differences. Case studies provide insight and nongeneralizable evidence to support some hypotheses about suicide among SWGT. For example, perfectionism and overexcitabilities were present in several cases. More research, with larger, representative samples and with individuals, is sorely needed.

Perfectionism and Suicide

Seiden (1966), Hyatt (2010), Sedillo (2013), and Peterson (2014) found evidence of perfectionism among the suicidal students in their studies. Perfectionism has been proposed as a risk factor for suicide among SWGT (J. Delisle, 1986). Hewitt, Flett, Sherry, and Caelian (2006) proposed a social disconnection model that portrays the relationships among socially prescribed perfectionism, social disconnection (either actual or subjectively perceived) and suicidal behaviors. This model may fit the case

of suicidal SWGT who feel pressured by others to achieve unrealistic goals (socially prescribed perfectionism) and who feel alienated from others (either through actual rejection by peers or through a perceived social disconnection). Greenspon (2012) proposed that perfectionism develops from a "fear of failure, the sense of never being good enough, and of being somehow flawed" (pp. 600–601).

Dean, Range, and Goggin (1996) found no link between self- or other-oriented perfectionism and suicidal ideation. Signs of self-oriented perfectionism being related to suicidal behaviors were found in Seiden's (1966) college student sample and Hewitt et al. (2006) gives similar examples of numerous highly capable perfectionists. Socially prescribed perfectionism results from a belief that others have unrealistic expectations of you. In academic communities, SWGT may feel intense pressures to perform. Such beliefs can become precipitating factors, but would only be one component of a very complex interaction that may or may not lead to a suicidal response.

PRACTICE AND POLICY ISSUES

Suicide prevention is necessarily a community-based public health effort (U.S. Department of Health and Human Services, 2012). When an individual suffers, a healthy community can respond if members understand the problem, know how to help, and have access to the resources needed. A comprehensive community-based public health approach can help prevent suicide. For this model to work in the case of the suicidal SWGT, it is critical to understand this population's unique characteristics and experiences. Shneidman (2005) wrote,

I believe that each case of suicide has its own unique constellation of factors including, at its center, the vital role of idiosyncratically defined psychological pain, which itself is pushed by a pattern of thwarted psychological needs that is special for that particular person. (p. 2)

With concentrated effort from researchers and practitioners, we may be able to identify some of the sources of SWGT's "idiosyncratically defined

psychological pain” (Shneidman, 2005, p. 2). Schools have an important part to play in this effort (Cross, 2012). Counselors must recognize and prepare for anxious, rejected, depressed, and hopeless SWGT. Effective strategies for counseling SWGT are often different from those for average students (Peterson, 2012a; 2012b). To recognize the factors that place SWGT at risk for suicidal behaviors, teachers and administrators require training about their social and emotional needs, in addition to training on suicide risk in the general population.

Perhaps most helpful in the prevention of suicide is the development of a caring community, wherein every member is concerned about the psychological well-being of the others. Cross (2012) proposed developing a caring community as one of three goals of a school-based approach to preventing suicides among SWGT. Schools must also aspire to eliminate harmful myths about suicide. For example, talking about suicide does not increase its likelihood. It is also not true that someone who is suicidal will always be suicidal. There are effective methods for healing a suicidal mind (Ellis, 2006; Shneidman, 1993). Cross et al. (1996) expressed concern that a misunderstanding of giftedness will result in the assumption that aberrant behaviors are characteristic of SWGT, and those who might help will ignore signs of suicidal ideation. Cross (2012) recommends that those who work with and care for SWGT learn about the correlates and warning signs of suicide. When these are present, action should be taken. With proper training, community members will be able to recognize SWGT’s distress and will not dismiss the indicators as a function of their giftedness.

FUTURE CONSIDERATIONS AND DIRECTIONS

Little can be done to improve the situation of suicide among SWGT without a better understanding of their lived experience. Practitioners who depend on a mental health model to address suicidal behavior will be limited in their ability to help SWGT. When clinicians expect the resolution of suicidal behaviors to come entirely from within the individual, they ignore a multitude of contributing factors that could (or possibly should) also be addressed in treatment.

The research base on suicide among SWGT is woefully inadequate. More research on suicidal behaviors in this population will provide a strong basis for clinicians to develop intervention and treatment strategies. At present, there is little evidence that SWGT differ from their peers in common risk factors, although we know that their lived experience can differ greatly (Coleman, 2012). This is particularly true of minority, gay, or underrepresented SWGT, who have not been studied in an adequate manner at all (e.g., Cross, 2013; Sedillo, 2015).

When a community is stricken by multiple suicides among SWGT, serious introspection is critical. Reliance on a model of suicide that neglects the multiple risk factors and the points at which help could be given (e.g., at the point of heightened inimicality or exacerbation of perturbation) will not bring an end to the problem. A holistic view of SWGT within their environment is necessary to understanding such devastating events. Interventions for suicide prevention should be accompanied by research to investigate their effectiveness.

SUMMARY AND CONCLUSIONS

The research on the suicidal behavior of SWGT is very limited in size and replete with small, convenience samples that overrepresent some groups at the expense of others. It is plagued by large-scale limitations within the field of gifted education itself. For example, giftedness is a concept that is more comfortable for practitioners than researchers. Consequently, there are numerous categories of conceptions of giftedness (Coleman & Cross, 2005; Sternberg & Davidson, 2005). Only a few are intelligence-based, equating giftedness with a high IQ, and these are increasingly less well accepted within the field. Others represent achievement generally or, more likely, within specific talent domains (Cross & Coleman, 2005; Subotnik, Olszewski-Kubilius, & Worrell, 2011). Two popular conceptions represent three to eight somewhat independent areas of giftedness (i.e., Sternberg, 1986; Gardner, 1983, respectively). There are other conceptions that are enrichment-based, creativity-based, and so forth. One talent development model focuses on school-age children (school-based

conception of giftedness; Cross & Coleman, 2005), whereas another talent development model (mega model; Subotnik et al., 2011) can be applied to all age groups. In essence, it is difficult to be confident about any specific finding as representative of all students with gifts and talents.

Exacerbating this within-the-field problem with conceptions/definitions of giftedness is the fact that much of this research leaves out underrepresented SWGT, including those from financially impoverished backgrounds, African American SWGT (Ford & King, 2014), and gay SWGT (Sedillo, 2015). Moreover, comparisons across studies are difficult because of differences in the definitions of giftedness used, types of measurement tools used, and the viability of information gathered. Particularly in studies of suicide, subjects may have concerns about sharing information, compounded by the fact that we are studying people who are potentially doubly stigmatized, once by virtue of being gifted and once by having a form of mental illness.

The studies that report a degree of association between “giftedness” and suicide are actually studies of intelligence (e.g., Lester, 2003; Voracek, 2004, 2007, 2009). As noted previously, the definitions of intelligence used in these studies are far more narrow than contemporary conceptions of giftedness. Moreover, using a single test score to identify giftedness is considered evidence of poor practice today (NAGC, 2015). Although associations are occasionally revealed, they are shown to exist in opposite directions; some studies suggest a positive correlation and others an inverse direction. Consequently, including studies of intelligence (IQ scores) and suicidal behavior in this chapter offers little clarity on this topic, and potentially represents only a small segment of the gifted population.

Although suicide among SWGT has drawn considerable attention from professionals, in 2015 we still cannot say with confidence what the prevalence rates are for suicide attempts or completions among SWGT. We can only speak with some confidence that the ideation rates comparing SWGT with the general population are likely at the same rate. Some authors have suggested that SWGT are more prone to suicidal behavior, whereas others have claimed that they have qualities that protect them from

suicidal behavior (J. Delisle, 1986; Neihart, 1999). A very small amount of conflicting data exists to support either of these positions.

How is it that any discussion regarding these opposing positions remains at the theoretical level? For a variety of reasons, data are very difficult to collect. SWGT may attempt to hide their actual ideation patterns (Peterson, 2012a). Giftedness, itself, is not a widely understood construct and does not exist as a category outside of educational groups. When many people use the term, they actually mean only a few possible conceptions. Like Freud’s subconscious or Skinner’s negative reinforcement, pedestrian understandings are quite different than the actual conceptions used among a small group of researchers. A related issue is the extent to which widespread, deeply held myths exist about SWGT, with arguably the most pervasive being that they have mental health problems (Cross et al., 1996). When focusing on the lives of brilliant people, media, especially movies, often show them struggling with mental illness. The state of research on the suicidal behavior of SWGT is far from definitive, with few studies that can be directly applied to this population. As noted in the research review, very few studies have explored suicidal behaviors among students identified as gifted. And yet, if a person on the street is asked, “Is there a relationship between gifted people and suicide?”, one is likely to hear a confident “yes.”

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