

Jessica Negin

JAPN 311, 05/16/13

“The Rampancy of Suicide Among Adolescents in Japan”

Introduction

Adolescence is a trying time for people of all nationalities, and adolescent suicide has been recognized as a major public health concern worldwide, but in Japan, where suicide rates are already high, in general, the rate is particularly exacerbated. Furthermore, circumstances for Japanese adolescents are unique for a variety of reasons, and create different problems than those seen in people of the same age group but different nationality. Suicide rates in Japan are high for almost all age groups, but specifically for adolescents whose lives are fraught with age-specific societal and mental pressures that foster circumstances in which they find that the best answer is death. In this paper, I will discuss the reasons -- both unique to Japan and worldwide -- for the extreme numbers of adolescent suicide and suicide attempts.

In adolescents aged 15 - 19, the suicide rate is 2.4 per 100,000 individuals (Kawashima, Ito, Narishige, Saito and Okubo., 2012). This rate makes suicide the number one killer of adolescents in just this age group. This is not even accounting for attempted suicides, the numbers of which are even greater, and can often go unaccounted for. The implication here is that some set of circumstances particular to adolescents is driving them to attempt, and succeed, to kill themselves to an extreme degree. This can be explained partially by the structure of the brain during adolescence.

Before roughly the age of 25, every human being has an underdeveloped prefrontal cortex. The importance of this to the adolescent suicide rate is absolutely paramount, and plays a further role in every other aspect that effects this issue. The products of an underdeveloped prefrontal cortex include: lack of focus, organization of thoughts, and problem solving, inability

to consider multiple aspects of problems, inability to foresee the future (including consequences of behavior), lack of adaptability and impulse control, inability to delay gratification, regulate strong emotions, or stop inappropriate behaviors, and so on (U.S. Department of Health and Human Services, 2008).

To start with, the lack of focus and others can very seriously effect school performance, which is already a major point of stress for Japanese students. The immense pressure from peers, family, teachers, on top of the sheer amount of time spent cramming information into their heads becomes a volatile mixture in the adolescent brain which cannot properly organize the enormous amounts of knowledge being forced in. Nor can it properly problem solve the way an adult brain can. Obviously, there are ways of overcoming this or we'd all fail at this stage of our lives, but it is still important to note the effect this can have, especially since, in Japan, if you do poorly at school or on your tests, you are likely to feel worthless, since school is generally the only avenue that leads to a bright future. Feelings of worthlessness can certainly culminate in suicide.

In addition, when under the sway of feelings of worthlessness, the adolescent brain -- because of its inability to see the future -- may interpret the feelings as endless; if there is no foreseeable future, then the despair being experienced is the only thing left for them. This reaction becomes heightened by the inability to modulate strong emotions, and only escalates until something happens to stop it, or to distract from it. And, when faced with all of this, all those other problems the adolescent brain faces, namely lack of adaptability and impulse control and inability to delay gratification, also come into play. If they cannot control their impulses, which are likely driven by dire emotions that are telling them that there is no escape but death, and they cannot delay gratification (in this instance, relief from the aforementioned emotions)

they are very unlikely to consider anything but their own release from worldly pain, meaning that suicide becomes far more accessible than it is to people who do not face these pressures. It is easily done, for them, because they have no inhibition about it. They cannot modulate socially “inappropriate” behaviors, after all, so the taboo and stigmas attached to suicide do not matter to them since their gratification is all that matters. Furthermore, the inability to foresee the consequences of their actions means that whatever happens after matters even less.

Obviously, the fact that adolescent brains are underdeveloped is the key to the high suicide rate attached to the age group. However, there are many other factors that can influence this problem (though such factors are similarly effected by the immaturity of the prefrontal cortex). Such factors include things like psychiatric disorders, childhood trauma, and family history (Kawashima et al., 2012). In particular, borderline personality disorder is a frequent diagnosis for adolescent suicide attempters, as well as mood disorders and depressive disorders, along with schizophrenia among males. Borderline personality disorder is also strongly effected by childhood trauma and loss of family (family history), so many times these issues become a domino effect.

Mental health is very important to note when considering this issue -- in Japan especially -- because mental health is such a taboo issue. This isn't true of just Japan, but it is a particularly prevalent problem in Asian countries, in general. There is a distinct lack of mental health care, social support for those with mental disorders, and proper treatment within the system of mental health care that does exist. Psychiatry is essentially nonexistent, it is socially inappropriate to talk about problems with friends, and the heavy reliance on medications only creates more problems.

Having a mental disorder already makes one uneasy, but when you add to that the

instability of adolescence, the humiliation, despair, hopelessness, and feelings of weakness associated with being forced to take medications, and the lack of methods through which one might express their emotions, it becomes yet another situation in which the problem only grows worse and worse. The desperation involved is colossal, as evidenced by the methods used by patients diagnosed with schizophrenia. They were notably more violent and fatal, which only denotes the severity of their distress, even more so than the attempt on its own. And though this is seen most noticeably in patients with schizophrenia, it is likely that the same degree of anguish is suffered by those with other mental illnesses (schizophrenia just happens to increase violence).

Familial pressures on their own, disregarding mental illness, play an enormous role in adolescent suicide. Obviously, adolescents are not self-sufficient, and are heavily attached to their families by necessity. Thus, when problems arise within this setting, which is supposed to be a safe, nurturing place, it can be incredibly jarring. The same cycle of anguish, inability to handle the emotions, and an increase in those emotions because of this plays itself out, and these situations end the same as those related to school pressure. In fact, the motive which had the highest incidence amongst adolescents in one particular study was family problems.

Another aspect of suicide as an issue in Japan that must be discussed is religion, and its effect. In other countries, religion often plays a large part in keeping suicide rates low, for better or worse. This is due to the stigma of sin which is attached to suicide in those other religions. However, in Japan, the main religions, Shinto and Buddhism -- which are more like ways of life than strict religions anyways -- are neutral towards suicide. And because both practices are such an integral part of Japanese day-to-day life, the values inherent therein become incredibly influential on a subconscious, and consistent level, and this is true of values concerning suicide,

as well. Therefore, with little inhibition about suicide, in that regard, it becomes easier.

This also creates a domino effect when times are tough, though this is mostly conjecture. It seems that once suicides begin happening, the numbers only increase, and because it is already acceptable in regards to religion to kill yourself, the idea becomes even more accessible when more of the social stigmas are removed. And they are generally removed simply because so many are happening. Oftentimes, people will create suicide pacts with one another, and there are also suicide forums online which offer another way to make such pacts without even having to leave your home. This appeals particularly to adolescents because they are the most active internet users. Furthermore, adolescents usually have friends who are also adolescents, and because they're the most vulnerable age group for suicide, creating a suicide pact is not nearly so far-fetched for them as it is for adults.

Popular culture can also exacerbate the problem. It can trivialize, glorify, or even glamorize suicide, and oftentimes it uses the stereotypes of "honorable death", which would not play nearly as large a role if not for its exposure through movies and television. In 2002, there was a film called *Suicide Club* (*Suicide Circle*, in Japan, or 自殺サークル) which casually displays numerous suicides -- and mass suicides, at that -- and almost takes on a light tone in exploring the issue. Though its plot is not really centered around exploring suicide as a social issue, its representation of it is so crass that it does not discourage, but rather minimizes the issue, giving the impression that killing yourself is really not so big of a deal, though it is quite violent. This sort of influence can have a heavy impact on adolescents, whose brains are more susceptible to such examples, and who take such a large part in pop culture.

Conclusion

Suicide among adolescents is not enormously different from country-to-country, but Japan certainly has a very specific set of circumstances for its adolescents that exacerbates the problem of adolescent suicide. The extreme social pressure put on Japanese students from a young age is exacerbated by the hormones, lack of full brain development, and other stressors apparent during adolescence. Furthermore, the unusual religious tradition of Japan removes the issues other countries have on a social level since suicide is not a sin in Japanese religions.

Mental health is the biggest concern, however, since it affects not only adolescents, but all age groups. However, it impacts adolescents with a particular strength simply because it is harder for them to handle all that comes with having a mental disorder or disease. There is also little to no education about mental health in most countries, but in Japan especially. One possible way to help rectify the adolescent suicide issue could be to educate them early on about mental health issues and ways they can find help. Until such a time as something of this sort is implemented, adolescents will continue to kill themselves in alarmingly large numbers.

Bibliography

Kawashima, Y., Ito, T., Narishige, R., Saigo, T., & Okubo, Y. (2012). The characteristics of serious suicide attempters in Japanese adolescents- comparison study between adolescents and adults. *BMC Psychiatry*, 2012 12:191

Author unknown. Office of population affairs. (2008). Maturation of the Prefrontal Cortex. *U.S. Department of Health and Human Services*.

http://www.hhs.gov/opa/familylife/tech_assistance/etraining/adolescent_brain/Development/prefrontal_cortex/