This chapter describes the development and use of digital avatars in the prevention of suicide with teenagers and young adults. Twenty years ago, in November 1992, we created the first hospital unit in France specifically dedicated to caring for suicidal adolescents and young adults (Pommereau et al., 1994). Located downtown in a satellite building of the Centre Hospitalier Universitaire de Bordeaux, this unit and two others (a child psychiatry unit for pre-adolescents and a unit for anorexic and bulimic youths) form the Pôle Aquitain de l’Adolescent, which also includes a department for outpatient consultation. This 15-bed “suicidology” unit is an open institution that cares for suicidal adolescents brought in by emergency and intensive care services as a back-up to psychiatric care (80 per cent of the patients admitted), and young people admitted as a preventative measure following repeated serious behaviours that we consider suicidal, even if the person committing these acts does not recognize them as such (alcoholic comas, running away and threatening suicide, intentional reckless driving, unprotected or non-consensual sex, etc.). Stays are deliberately brief, around three weeks, and the multidisciplinary team of psychiatrists, psychologists, nurses and social workers has three objectives: (a) conduct a thorough medical-psychological assessment of the young patient, bringing in family members and speaking with them; (b) work on expressing emotions and suffering, both in one-on-one and group sessions; and (c) improve acceptance of psychiatric care so that this patient group, known for disregarding follow-up recommendations, becomes more cooperative with later outpatient care. Approximately three hundred patients stay with us each year, with a total of 350 visits (some patients are admitted two or three times). While methodological biases certainly exist, several follow-up surveys
showed a substantial reduction in repeat attempts and severity of their somatic condition among patients admitted in the year following their admission (Pommereau et al., 1995).

In our twenty years of experience, we have seen the patients we admit grow younger (the average age decreasing from 17 to 15), and the types of behavioural issues associated with suicide have changed; in particular, we have seen a drop in panic attacks and a considerable increase in three types of issues: binge drinking leading to alcoholic comas, bulimic episodes followed by provoked vomiting, and self-harm such as scarification, burns and abrasions (Pommereau, Brun & Moutte, 2009). Like intentionally suicidal actions, these self-injurious behaviours expose two intents – the first conscious, and the second much less so: (a) to let go of their suffering, to forget it, get it off their chest; and (b) to show their despair to the world, with the secret expectation that they will be seen, recognized and helped (Pommereau, 2005, 2006 and 2011). Without knowing it, these adolescents attempt to escape their suffering, while at the same time revealing their pain to those around them, with an insistence and repetition that show an irrepressible need to feel that they exist. And these young people do so with captivating, upsetting images, at levels proportionate with their needs.

To understand this development, remember that society has been profoundly affected by the digital revolution, as has adolescence. Today’s adolescents are children of the audiovisual era: they are “photographed” in their mother’s womb (high-resolution 3D ultrasounds), captured from every angle in pictures and videos from birth onward, force-fed material and symbolic consumer goods from a young age (food “rich” in proteins, fats and sugars; TV and video game images; interactive toys and stuffed animals, etc.), and are permanently connected to consoles, music players and screens. From an increasingly younger age, these digital natives know how to “project themselves” more through images than words. I call them “teens.com” because their lives are posted online, sometimes more than they know, through their images, posturing, showy gestures, pictures and Facebook profiles. They show who they are, what movements and trends they belong to, what they like and don’t like, who they have ties with, etc. Teens who are doing well act out to a lesser degree: they cultivate their image, “brand” themselves with commercial goods or body modifications (piercing, tattoos), look for rites of passage, etc., but stick to moderate, aesthetic changes, to please themselves or to show off to their peers. However, teens who are not doing well go too