

# The Role of Attachment Styles and Parent-Adolescent Relationships in Suicidal Behavior

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**Abstract:** *This qualitative study delves into the risk factors contributing to suicide attempts among adolescents, aiming to uncover the underlying causes and dynamics that lead to such critical incidents. Through in-depth interviews and focus group discussions with adolescents who have attempted suicide, as well as their families and healthcare providers, the research identifies a range of influential factors. Key findings reveal that mental health issues, such as depression and anxiety, play a significant role, compounded by external stressors like family conflicts, academic pressure, and social isolation. Additionally, the study highlights the impact of substance abuse and the presence of a history of trauma or abuse in the adolescents' lives. The research underscores the importance of early intervention and the need for comprehensive support systems, including mental health services, family counseling, and school-based programs, to address these multifaceted risk factors. By understanding the complex interplay of these elements, the study provides valuable insights for developing targeted prevention strategies to reduce the incidence of suicide attempts among adolescents*

**Keywords:** Adolescent suicide, Risk factors, Mental health

## I. INTRODUCTION

Suicide attempts are non-fatal acts that purposefully endanger life. The World Health Organization (WHO) estimated in 2002 that nearly a million people die by suicide annually, with 16 per 100,000 worldwide, or one suicide death per department of nursing, school of nursing and midwifery, research center for psychiatry and behavioral sciences, and Shiraz University of Medical Sciences, Shiraz, Iran. 40 seconds. This number may be 20 times greater for suicide attempters.

In 2009, the WHO found that teenagers are prone to suicide, the second greatest cause of mortality for this population. A thorough literature review on suicide and attempted suicide in Iran shows that adolescent suicide attempts are widespread. Haghighat et al. studied pediatric acute poisoning epidemiology in Shiraz, southern Iran. The survey showed 38.5% suicide attempts, up from 15.8% in 2005.

Teen suicide is complicated and represents different things to different teens in different cultures. Recent study suggests that cultural, psychological, family, and individual factors influence juvenile suicide attempts. Social, psychological, and biological factors may lead to suicide, including mental illness, inherited difficulties, and biological abnormalities. Thus, suicide has many causes, and preventing and assisting suicide attempters requires a complete understanding of this issue. Thus, a qualitative approach to examining suicide attempts among nurses may help them understand the anguish these patients experience and inspire them to seek more purposeful and systematic therapy.

This study's qualitative technique gave a complete understanding of this complex subject. Therefore, qualitative methods must be employed to identify risk factors for adolescent suicide attempts across cultures and geographies. Because qualitative research on this issue is scarce in Iran, this study examined risk factors for adolescent suicide attempts.

**Materials and Methods**

Teenage suicide attempt risk factors were examined using qualitative content analysis. One of three approaches is conventional qualitative content analysis. Coding categories are inductively generated from raw data during analysis without preceding categories or theories.

Participants were 12–19-year-olds hospitalized at Namazi and Ali Asghar hospitals affiliated with Shiraz University of Medical Sciences from September 2013 to April 2014 after attempting drug suicide. Doctors in the ER confirmed suicide attempt. The first author met participants in hospitals and scheduled an interview after they were discharged. As agreed, the interview took 72–96 hours after hospitalization. Patients' medical status and communication ability determined interview length. Acute psychosis, extreme sadness, and disinterest prohibited individuals from sharing. Purposive selection maximized variation by recruiting participants of various genders, races, and socioeconomic backgrounds.

Purposeful sampling is often used to discover experts who can answer research questions. Interviewers began by explaining the study's goal and procedure.

Data was acquired via semi-structured interviews. Interviews started with “How do you describe one day of your life if you decide to explain it?” and proceeded with “Talk about your feelings before attempting suicide,” “Can you talk about the relationship with parents?” and “Take an example please.” Critical questions were “How?” and “Why?” And “Please tell me more.” The interviewer ended by inviting participants to address other significant topics.

The interviews considered participants' tranquility, comfort, and privacy. All participants lasted over 70 minutes. Researchers stopped gathering data after saturation. 13th and 14th interviewees had no additional information after 12 interviews.

Data was collected and analyzed concurrently. The research began with all interviews recorded, listened to, and entered into MAXQDA10 qualitative software. Each interview was read word-by-word and split. Units with the same meaning and content were classified and grouped. After updating and analyzing categories, the code framework was established. Main categories were built from subcategories utilizing similarities and contents. The main areas were then separated into three topics.

To improve research credibility, many steps were taken: (1) Eight months of data collection and analysis; (2) data triangulation from two hospitals; (3) peer debriefing from three experienced qualitative researchers to verify analysis accuracy; and (4) some participants checked the findings against their own experiences after data coding. Verified codes. Mixed genders, races, and socioeconomic backgrounds were recruited to increase dependability and confirmability. Finally, we supplied enough descriptive data for others to review the study results to increase transferability.

**Ethical considerations**

The Shiraz University of Medical Sciences ethics committee (No. 6746) authorized the study. All participants signed the Declaration of Helsinki-compliant informed consent for the interviews. Parents of teenagers under 15 gave informed consent. If participants wanted therapy after the interview, the first author directed them to centers.

**Results**

In this research, 14 teenagers aged  $16.64 \pm 1.60$  years were interviewed. Every participant was single. Table 1 summarizes teenage traits.

The interview codes described the teens' remarks. Data analysis revealed three main themes and 13 subthemes [Table 2].

**Table 1: Participants' characteristics**

Case	Gender	Age (years)	Frequency of suicide attempt	Levels of education	Places of suicide attempt
A	Male	18	2	Diploma	Home
B	Male	19	2	Pre-university	Home

C	Female	18	1	Diploma	Home
D	Male	16	1	Secondary high school	Park
E	Female	15	2	First high school	School
F	Female	19	1	University student	Home
G	Female	17	1	Senior high school	Home
H	Female	15	1	First high school	Park
I	Male	16	2	Secondary high school	Street
J	Female	14	2	Guidance school	Home
K	Male	17	1	Senior high school	Home
L	Female	18	1	Diploma	Home
M	Female	16	1	Secondary high school	Home
N	Male	15	1	First high school	Home

**Table 2: Summary of the study findings**

Themes	Subthemes
Individual factors and experiences	Psycho-emotional problems, puberty, religious beliefs, stress management strategies, marriage and love, field and level of education
Family factors	Family structure, family relationship, family economic features, family health conditions
Social factors	Suicidal behavior in others, media influence, professional support

### Individual factors and experiences

Suicide attempts are a result of teenage psycho-emotional illnesses, which are caused by the following factors. Psycho-emotional issues expressed by the participants were depression, despair, shamelessness, guilt, rage, and hatred. In these circumstances, maladaptive psycho-emotional responses were seen.

Statements from the attendees:

Drug abuse and depression were the result of private issues. A boy of eighteen. Before the medications, I felt as if the future didn't exist. Woman (19 years old). "At that moment, I thought life was pointless..." (17-year-old female). "At that time, I felt ashamed of my mistakes..." (19-year-old boy). "I felt guilty for my sin and wanted to commit suicide." (17-year-old boy). After I had an argument with my mother, I was furious beyond belief. a lady of eighteen. "At that moment, I hated myself." A boy of eighteen.

Puberty and emotional and psychological issues in teenagers are related. Suicide risk may rise in those who menstruate. Participant: "I always get anxious when I'm menstruating." A 19-year-old girl committed herself due of parental discord.

Religious disputes among teens may raise the risk of suicide. A participant refuted the existence of hell and afterlife pain. How does dying now differ from dying sixty years later? a lady of eighteen.

One of the most significant decisions of life, choosing a mate, may be difficult for some individuals. A participant gave the explanation of family. Relationships, economy, family structure, and health social elements media attention, expert assistance, and suicides of others A few days before, my parents had turned down my preferred suitor. I would rather die than be in a poor relationship. a lady of eighteen. Adolescents fail at love. "Most people like to kill themselves because of love failure," a participant remarked. A boy of eighteen.

There may be issues with social pressure placed on adolescents in schools. "I took the university entrance exam this year," one participant added. My desired career was refused. I had failed the admission test and was tired and depressed. Woman (19 years old). Another attendee said, "Physical education is devalued by society." My studies in computer science were dull. I felt pressure. a lady of eighteen.

### **Family factors**

Teen suicide risk increases with family breakups. Teenage living with stepparents, divorce, and death represent family breakdown in this study. A participant lives with his stepmother. "I live with my stepmother, who has a bad temper," stated. I was tired of this situation. She tests me on everything. A sixteen-year-old boy. "My mother's death was my saddest experience... A participant indicated they couldn't live without their mother. (14-year-old female). A participant added: "Parents split. I'm ball-like on both sides. I couldn't tolerate living with my father and mother alternately. (15-year-old girl).

Family communication difficulties may contribute to suicide attempts in this group. These difficulties generally include parent-teen conflict or poor emotional bonds. Participant: "My parents never inquire how I'm doing. Do you need anything? If I had close parents to talk to, maybe I wouldn't have attempted suicide. (19-year-old woman).

The following parent-teen conflicts were also provided: "My mother complains when I go out because she dislikes my clothes. So I took a pill. (15-year-old girl).

Family financial difficulties are linked to teenage suicide attempts. A guest said, "Why isn't our house as beautiful as our neighbors' houses?" Invite my pals over and I feel humiliated. (17-year-old girl).

Suicide attempts are higher in adolescents with a family history of mental illness. Some participant quotes: "My father experienced PTSD blast wave symptoms. So my father gets nervous easily. My father mistreats me despite psychiatric medication. (16-year-old boy).

Parents' drinking and drug addiction plagued these teens' homes. "My father lost his job because of his addiction," remarked a guest. My mother worked while my father wasted money. He scolded me because of his addiction and anxiety. (17-year-old girl).

### **Social factors**

High exposure to suicide-related events in society, such as seeing celebrities commit themselves on TV or hearing about relatives' suicide experiences, might trigger suicidal thoughts and acts. A few quotes from the attendees are as follows: "I'm really close to my aunt... I told her all my secrets since she had attempted suicide as well. (A fifteen-year-old girl). "I tried suicide like the actors in old movies," a 19-year-old man said to another participant.

The societal stigma attached to seeking medical advice and the absence of assistance, especially from mental health professionals, are further factors that contribute to teenage suicide attempts. One participant commented, "I'm concerned that people might find out that I see a psychiatrist." (A 19-year-old girl).

### **Discussion**

Most teens who tried suicide had psychiatric or emotional troubles before. These psycho-emotional disorders were more common in teens owing to individual, family, and cultural factors.

Puberty is caused by hormonal changes, and the menstrual cycle shows them. Post-puberty changes may adversely affect females' behavior. Women's suicide attempts are more severe during their menstrual week, according to research. Religious beliefs soothe and protect against mental illness. We may infer that religion deters suicide impulses.

Our study found no protective effect of religion.

Attention must be paid to suicide attempters' coping mechanisms. Most study participants used poor stress management when faced with problems. Sun et al., Kumar, and George found that many suicide attempters used ineffective coping techniques in challenging conditions. Our findings are supported by this study.

Creating a new family via intimate contact with the opposite sex is a normal psychological adjustment for teens. This study, along with Keyvanara and Haghshenas's, found that marriage and love issues may lead teens to suicide.

Field of study and education influence social standing and reputation. The severity of this issue in society strains teens' mental health. Finally, if the adolescent cannot bear the stress, they may commit themselves.

Families influence adolescents' lives. The emotional distance between adolescents and their parents, poor communication and conflict between parents and adolescents, and significant family changes like living with stepparents, parents dying, or parents divorcing are major factors in adolescent suicide. Several Iranian and other research found that family unemployment, financial problems, and poverty contribute to adolescent suicide.

Numerous studies have linked family health difficulties to adolescent suicide. This study shows that family health difficulties, such as a parent's positive mental illness history or addiction, may harm teens and lead to suicide attempts. These studies confirm our findings.

The stigma of suicide spreads. According to studies, a suicide attempt may influence another's suicidal thoughts or behaviors, particularly among teens. This person may be the teen's family or media figure. Medical help may prevent many suicides. Professional help may minimize suicide risk, according to research. Psycho-emotional illness patients face stigma while seeking treatment and mental health recovery. Individual and public views may cause stigma. Studies show that psycho-emotional difficulties are common in Iran and other countries, causing stigma. Most of our survey participants reported receiving little or no professional support.

Overall, this study has improved our knowledge of adolescent suicide. Our findings are important because context-related factors influence suicide attempts. Few Iranian research have examined context-related features of adolescent suicide attempts. This study benefits beyond Iran. Our study's challenges may be shared by researchers and healthcare workers in various cultures. The diversity and interconnectedness of factors in a suicide attempt in a given individual, family, and social environment must be verified. Therefore, a holistic approach to suicide prevention and treatment should include social, cultural, and family factors as well as medical factors in assessment and care delivery.

This study was hampered by its sampling strategy, selection of hospital-admitted patients, data collection issues due to suicide stigma, and inability to extend findings to the target population.

## II. CONCLUSION

The objective of primary prevention is to identify individuals who are at risk of attempting suicide based on the risk factors found in this study, since a multitude of factors influence adolescent suicide attempts. Researchers now suggest that the best courses of action would be to encourage teens, families, and the community especially the schools to learn about the risk factors through workshops, pamphlets, seminars, and media, as well as to support them with effective stress management techniques and a healthcare provider support system. In secondary prevention, it's important to identify and treat psycho-emotional problems at an early age, before they become problems for teens. A history of attempted suicide is a risk factor for attempting suicide again, thus in tertiary prevention, these youth should get care and monitoring after being released from the hospital to avoid further suicide attempts.

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