

Early Detection and Prevention of Suicidal Behavior in Adolescents

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Abstract

This article highlights the results of research, which help reveal high-risk groups to suicide among adolescents based on types of family relationships and provide timely medical, psychological and psycho-correction help for parents and children, predict suicidal behavior at early stages. An major role in prevention of adolescent suicides is played by the family and healthy family relationships, as they ensure harmonious development of a personality.

Keywords: *Adolescents; teenagers; personality specifics; emotional disorders; suicidal behavior; self-damage.*

Introduction

According to the World Health Organization (2018), over the past 30 years the number of suicide attempts committed by children and teenagers in the world continues to grow, especially in highly developed countries of Europe and America¹². The necessity of studying suicidal behavior is explained by the growing number of suicides and suicide attempts among children and adolescents resulting from the negative influence of mass media and the virtual Internet environment, through which suicides are projected as role models and objects of worship². Juvenile and adolescent suicide appears to be the most tragic manifestation of the weakness of existing anti-suicide barriers and young generation's inability to understand the value of life⁸. In this age group, suicide is the fourth (to injuries, infections and cancer) most common cause of death³. Along with the high rate of completed suicides, there are a growing number of those committed as a protest resulting from conflicts within a family⁴. Intrafamilial relationships and family climate are significant factors, which determine a child's family and social behavior and affect his/her future relationships with other people¹. In puberty, symptoms

of depression accompanied by inferiority complexes¹⁰ interspersed with dysmorphophobic manifestations and proneness to suicidal behavior, tend to increase, in cases whereby they have not been diagnosed in time due to poor emotional climate in families and lack of harmony between children and parents⁹. In their research, Russian psychiatrists and psychologists highlight³ a correlation between suicidal tendencies, deviant/delinquent behavior and socialized conduct disorders⁶. Suicidal behavior is triggered by depression, which is expressed in teenagers by somatic symptoms and behavioral incidents¹¹. According to Zhukova N. Yu., suicidal tendencies result from progressing intrapersonal conflicts that develop due to the influence of external stress factors, as well as from psychopathological disorders, which trigger self-destructive behavior and are not related to any outer factors⁷. According to research conducted by Grigorenko E.A., adolescents at risk of suicide have specific traits of character: lack of confidence, timidity, social rejection, feeling useless and worthless, focusing on appearance imperfections, passive attitude, feeling helpless in difficult situations and conflicts, which occur in the rapidly changing society⁵.

The goal of the research is to study family-related risk factors contributing to suicidal tendencies in teenagers to ensure early prevention and outline optimal psychocorrection tactics for this population category.

Materials and Method

The study has involved a group of 86 adolescent subjects ages 15 to 19 with depression-related behavioral disorders and suicidal intentions. The group has included patients with diagnostic criteria typical of ICD-10–F91.2 socialized conduct disorders. A structural personality query, developed by the Psychiatry Department in cooperation with clinical and social psychologists, has included a list of psychological test questions, which help identify suicidal behavior risk factors with reference to personality traits and severity of depression. To diagnose the parameters of a family system, the Family Adaptation and Cohesion Evaluation Scales (Olson and Portner) have been applied. The Columbia Suicide Severity Rating Scale (Posner K., Brent D., Lucas C., 2009) has been used to evaluate suicidal tendencies. The Zung Self-Rating Depression Scale has provided the most relevant measurements of depression symptoms in teenagers, and to evaluate anxiety levels, the Spielberger-Khanin State-Trait Anxiety Inventory has been used. To evaluate constitutional specifics of adolescents’ personality, Lichko’s Pathocharacterological Diagnostic Questionnaire has been applied.

The psychological testing has shown that 45% of adolescents have grown up in one-parent families, 25% - in troubled family situations, 30% have been bred in well-to-do nuclear families. Chronic alcoholism and psychopathologies have been family affairs for 37% of the group. They have lived in conflict-ridden households, witnessed antisocial and amoral behavior and poor living conditions. The analysis of data obtained during the study has shown that 26% of teenagers, who veer toward antisocial behavior and minor felonies, have hedonistic inclinations and have been raised in dysfunctional families with destructive parenting habits, which have contributed to pathocharacterological protest reactions in the form of suicide attempts. Demonstrative, dramatic and manipulative suicidal behaviors have been observed in 28% of adolescents raised in well-to-do families n easy circumstances, yet emotionally detached and having poor interpersonal relationships with parents. The Family Adaptation and Cohesion Evaluation Scale has diagnosed the largest number of families practicing incorrect extreme parenting, which have upset family systems and caused a crisis in interpersonal relationships; 70% of subjects have been raised in emotional depravity and suffered lack of parental care and love (Fig. 1).

Discussion

Research of ambivalent family relationships has revealed a complete and utter detachment between family members, which has predetermined depression in teenagers, accentuation of personality traits and personality pathologies. Conflicts in destructive families have given rise to affective mental blocks with a negative perception of the world, which has exacerbated the disharmonic personality development and often caused negative emotions and involvement in so called virtual “death groups,” which are controlled by online game managers. Comprehensive medical histories have confirmed the role of incorrect parenting and control in the formation of deviant behavior, including self-destructive behavior and its extreme manifestation—suicidal behavior. According to the Lichko A. E. classification, the following incorrect parenting and control practices have been detected: underprotection, dominant hyperprotection, promoting hyperprotection, emotional parental rejection, increased moral responsibility. According to the study, most teenagers in the group have grown up in overprotective families (46%) and faced emotional rejection (25.5%). There have been a smaller number of cases of hyperprotection–dominant (14%), promoting (10%), and high moral

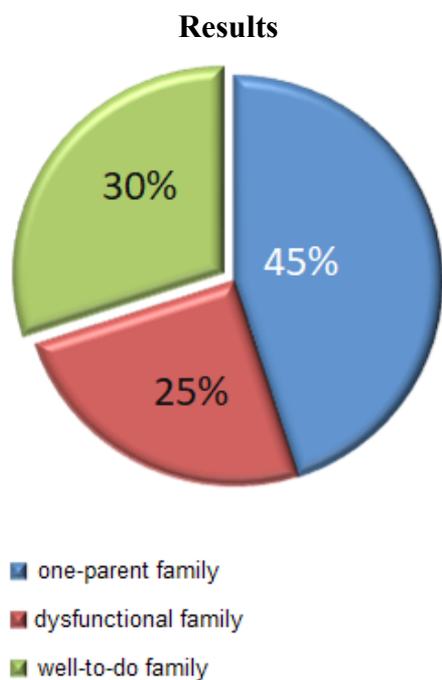


Fig. 1. Types of families, in which the subjects have been raised.

responsibility imposed on children (4.5%). Incorrect parenting has resulted in pronounced characterological personality changes. Underprotective parents have been indifferent to their children and failed to control their behavior, provide due attention, care and supervision, to demonstrate sincere interest in their businesses, emotions and hobbies. In extreme cases, this has been observed in utter disregard for a child's immediate needs like food, clothes, etc. There have been cases of concealed underprotection, when parents did actually control their children's behavior and lives, but formally. This style of parenting would result in a child being left completely unattended in the surrounding micro-social environment, where he/she would fall under seniors' influence and become a victim of early alcohol and drug abuse. Dominant hyperprotection has been caused by excessive protection by parents, their trying to control every little move, endless supervision and control, which have contributed to lack of confidence in children. These have been accompanied by excessive taboos, restrictions on children's scopes of activity and lack of independence. This type of hyperprotection goes hand in hand with authoritarian parenting with parents often perceived as iconic figures, whose word would be law. Families, where children have been treated as "golden children," would practice excessive patronage,

overindulgence, and cater to his/her every desire and whim. Not only would these children be exempt from hardships and unpleasant duties – they would be praised for every little success and talent, and parents and relatives would always give a very high status to even minor abilities. From early childhood, these teenagers have believed that they are the best, most gifted and talented, and have been urged to strive for leadership and perfectionism. The study classifies this as promoting hyperprotection. Emotional rejection would result in a child feeling like he/she is a burden for his/her parents. The feeling tends to be more pronounced in families with younger brothers and sisters, who take the biggest part of attention and care. An extreme version of emotional rejection would be keeping a firm hand on children with disproportionately tough punishments and psychological abuse. Increased moral responsibility would take place in families with parents putting too much hope in their children, their performance and talents. Besides, some parents would attempt to get their children to realize their own uncompleted dreams, impose their opinion on them, limit their right of choice and force them to strive for perfection and success. The use of incorrect parenting tactics has resulted in the appearance of accentuated personality traits in adolescents, which are likely to evolve into personality pathologies (Fig. 2).

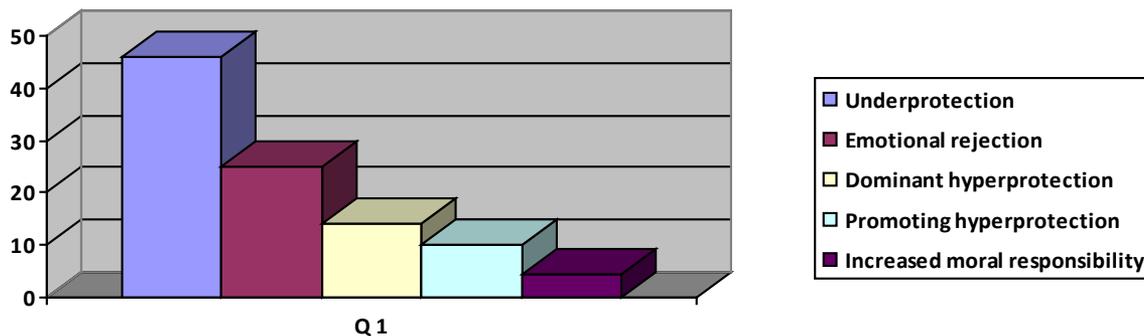


Figure 2. Parenting styles

The Lichko's pathocharacterological diagnostic questionnaire has helped identify the following types of accentuation: hysteroid accentuation has been observed in 9 subjects (10%), psychoasthenic accentuation – in 22 subjects (25.5%), labile accentuation – in 40 subjects (46%), epileptoid accentuation – in 12 subjects (14%), and in 4.5% of cases unstable accentuation has been observed. Labile personality accentuation has shown the highest percentage. These teenagers demonstrate mood

swings, emotional instability, rapidly changing affective reactions, a long-standing focus on negative situations and memories from the past. Depression deemed as moderate on the Zung Self-Rating Depression Scale, has been observed in 6 subjects with hysteroid personality accentuation, who have striven to be recognized as the best among their peers, challenging for leadership and perfectionism. The hysteroid subjects have been characterized with conspicuous appearance, profanity,

falsehood, ostentatiousness and dramatic behavior. In terms of instability of personality, the most prominent signs of affective and emotional lability combined with pronounced impulsive outbreaks, antisocial activities, sometimes deviant inclination, and inability to build friendly relationships with peers have come to the

picture. Of all subjects, 25.5% have been psychasthenic type, and common to these has been moderate depression accompanied by anxiophobic disorders. Psychasthenic adolescents are pursued by doubts, fears, obsessive memories, episodes of irrational anxiety, difficulty socializing, aloofness and hesitation.

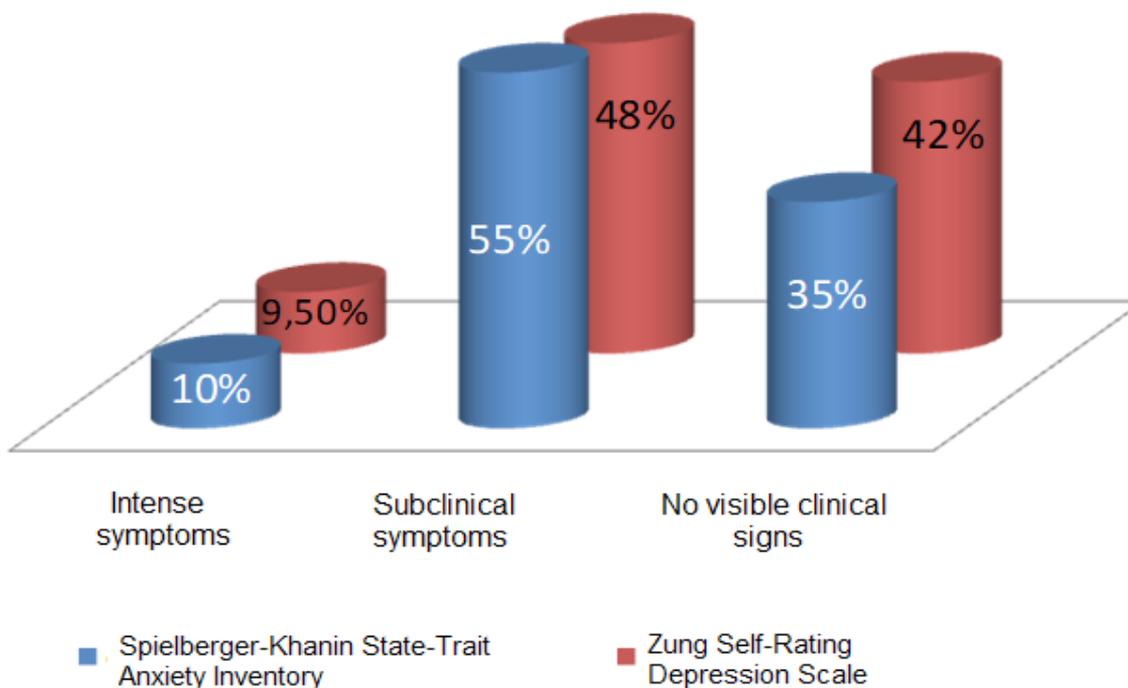


Figure 3. Structure of emotional disorders

The study of intensity of affective disorders on the Zung Self-Rating Depression Scale has revealed mild depression in 71% of the subjects and moderate depression in 29% of the subjects. The clinical picture of the depressive pathology would be manifested in low school performance, poor sleep and appetite, behavioral changes, unstable relationships with teachers and peers, detachment from parents and aloofness. The Spielberger-Khanin State-Trait Anxiety Inventory has revealed anxiety disorders of different intensity in 93% of subjects. Medium severe anxiety has been diagnosed in 56% of adolescent subjects, 27% have shown no clinically meaningful symptoms, and 16% of the subjects have demonstrated severe anxiety (Fig. 3). The most common factor contributing to self-destructive behavior consisting in suicidal thoughts and tendencies in adolescents, was incorrect parenting, which has resulted in interpersonal conflicts. The Columbia Suicide Severity Rating Scale (Posner K., Brent D., Lucas C., 2009), which has been used to evaluate

suicidal tendencies, has determined 15% of the subjects as purely suicidal, 42% - as prone to suicidal thoughts and plans, 33% of the subjects are subjects with suicidal thoughts, who have made demonstrative, dramatic and manipulative suicide attempts. Most of them have been surface wounds near the bend of the arm or swallowing a large number of pills. Manipulative suicidal behavior has been triggered by the following factors: conflicts with parents (50%), with school and college teachers and mentors (25%), with peers (15%), and personal issues (10%). Most subjects would conceal suicidal intentions from parents and relatives, and they have been traced in social media dialogues, diaries and pictures. The study has revealed a correlation between teenagers' personality traits and type of suicidal attempts. Affective suicidal attempts have been observed in emotionally labile and psychasthenic personality types. Manipulative parasuicidal behavior has been diagnosed in hysteroid and emotive subjects. Impulsive suicide attempts have been made by epileptoid adolescents (Fig. 4)

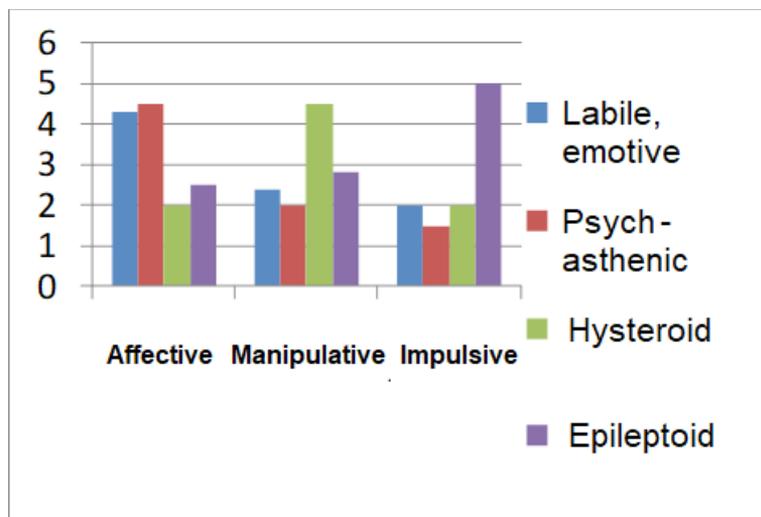


Figure 4. Correlation between types of personality and types of suicidal behavior

Clinical manifestations of self-destructive behavior mainly result from behavioral and stress-related disorders; they are associated with non-psychotic psychopathological conditions and are mostly demonstrative and manipulative by nature. Anxiodepressive and depressive neurotic disorders have been observed in emotionally labile teenagers. Mild depressive disorders have been diagnosed in hysteroid personality types. Moderate depressive disorders have been discovered in psychoasthenic adolescents. Dysphoric conditions have been found in epileptoid subjects.

Conclusion

The study of family-related risk factors of suicidal tendencies in teenagers has revealed that various manifestations of incorrect parenting in dysfunctional families contribute to development of labile, epileptoid and psychoasthenic personality accentuation in adolescents with intense personal and situational anxiety combined with proneness to depression-range suicidal behavior. Early detection of dysfunctional and ambivalent families and destructive parenting is paramount for adolescent suicide prevention and reduction of the suicide potential in this population group.

Ethical Clearance: No ethical approval is needed.

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Conflict of Interest: Nil

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