

Original research

Family and Suicidality: An Exploration of Relationship of Familial Problems with Suicidality in Pakistan

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Abstract:

Background: Since, Durkheim's empirical study on suicide, a trend in academic spheres has now been emerged to deal with issues like suicide on societal grounds that had previously been considered as a result of strictly personal and dispositional patterns (Germov, 2002; Kendall, 2007). Apart from some developed nations (where suicide is now treated on empirical grounds) a general conception about suicide in developing countries like Pakistan still revolves around certain person's specific explanations. Random governmental reports and non-profit agencies, advance statistics accumulate the rising ratio and trends of suicide but rarely lead to systematic and cumulative empirical generalization about the nature and actual underpinnings of suicide in the country.

Focus: The study has explored certain social problems, specifically familial or domestic issues that compel individuals to commit such an extreme act of self-annihilation.

Methodology: The study was planned within a qualitative framework. A detailed literature review and content analysis complemented by data from the field interviews had been undertaken to arrive at certain possible explanation of suicide in Pakistani context.

Findings: The study has found domestic problems such as tension between parents, quarrelling, changes in value system of family, and discord with parents, familial rejection, are some major causes of suicide and other related issues.

Keywords: suicide, family, suicidal behavior, suicide attempt, parents

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Introduction

Among the classical sociological thinkers, Emile Durkheim has been the first one who dealt with the issue of suicide within a social context empirically (Germov, 2002). Earlier conceptions and approaches towards suicide revolved around a certain set of personal characters or dispositional

patterns that tended individuals to commit such acts of self-annihilation. Surprisingly, the same mind-set is still operative in the general masses that views suicide as a complete personal experience backed by purely personal and psychological problems. In contrast to such a traditional view point, sociological theories, with special focus on Durkheim's frame of reference can be used to understand the problem of suicide as a product of destabilized social and cultural milieu. In this regard, Durkheim's contention was his belief

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that a high suicide rate was symptomatic of large scale societal problems (Kendall, 2007).

Suicidal ideation prevails at an alarming rate within the contemporary youth. Such ideation often finds their manifestations in terms of deliberate self-harm, suicidal plans & threats, thoughts and actual suicide incidences in the present-day world. In line with Durkheim's contention, a single dispositional approach is thus not capable of bringing forth a holistic explanation for suicide, rather a multiple-factor approach tends to yield the best possible explanation for this extreme act of self-destruction. As is evident from a large body of existing literature, multiple factors such as depression, low self-esteem, family and other socio-cultural factors are usually at a constant interplay that results in suicide and other related behaviors (Evans, Hawton & Rodham, 2004; Samaritans, 2013).

Family has traditionally been a binding force among humans and a rich source of physical, social and psychological support. Strong family bonds are important to human life. It produces the environment of intimacy, love and emotional stability which are significant to a healthier human society (DeFrain, Brand, Friesen & Swanson, 2008). On the contrary, familial problems have also been found to be strong predictors of suicide and related behaviors (Samaritans, 2012, 2013). A body of research suggests that domestic skirmishes such as hostility, quarrelling, scapegoating, verbal and physical abuse, separation, marital issues and persistent tension at home are the major precursors of Suicide behavior (Kosky, Silburn & Zubrick, 1990; The Australian Psychological Society, 1999), parental psychopathology such as abnormal behavior and habits related to parents are key aspects leading to suicidal behaviors among youth (Joffe et al., 1988).

Besides, Quality of parent-children relation such as lack of parental support, poor relationship between parents and children, disagreements within family (Gould et al., 1996; Wagner, Cole and Schwartzman, 1995) as well as experiencing the loss of a parent or close caregiver through death or divorce promotes suicidality among youth (Maskill et al., 2005). The style of parental supervision and family discord further matters in suicidal behavior (Allison et al., 1995; Wagner, Cole and Schwartzman, 1995). Research also suggests that value system and any changes in it within families contribute to suicide and related behaviors. In this regard, families with rigid value system are significant source of suicide in adults (Portes et al., 2002).

Research data regarding suicide suggest that suicide and related issues are severe and at a

constant rise. Each year more than one million people die by suicide globally (Kocadas & Ozgur, 2011). Current statistics show that a suicide occurs every forty seconds. Similarly, round about 14% of general population have suicidal ideation (Samaritans, 2013). The futuristic version of current suicidal scenario as per credible research studies anticipate approximately 1.53 million people to be perished by 2020. Hence, these statistics also point towards a twofold increase in the current rates of suicide attempts i.e. from 10 to 20 times. It further implies that in every 20 seconds a person would die by committing suicide (Bertolote and Fleischmann, 2002).

The issue of suicide has been grabbing attention due to its consistently increasing rates worldwide. It has been made as a subject matter by mass media, civil society and academicians all alike. Nonetheless, an accurate picture of the problem as argues (Khan, 2003), is still to be drawn mainly because data collection and reporting are significantly affected due to the increasingly sensitized nature of suicide or other related behaviors.

Despite the fact that no or less thoughtful attention has been given to the field of suicide, existing studies (Newspaper articles, research articles and newspaper reports) whatsoever depict a gruesome and consistently escalating portrait of the problem in Pakistan. Recent reports estimate that there were 1,153 attempted suicides across the country (year), 2,131 suicides in 2011 with five or six teenagers attempting suicide every day in Karachi. In 2002, the World Health Organization estimated over 15,000 suicides being committed in Pakistan annually while another study estimates the annual suicide numbers that are about 5,000 to 7,000. In addition, there are approximately 50,000 to 150,000 cases of attempted suicides in Pakistan where majority of suicides and attempted suicides are in people under the age of 30 years (Ebrahim, 2013).

Theoretical Framework

Centuries back, Emile Durkheim started to explain suicide from sociological point of view. In his opinion, suicide wasn't solely as an individual act; instead, various structures of society were responsible for making an individual suicidal. These structures in particular include family, religion and marriage. These structures are functional to society, and any problem observed in the mentioned structures makes them dysfunctional. Concomitantly, individuals are deprived from psychological satisfaction provided by the mentioned structures leading to suicidality (Ritzer, 2011). Later on, various researchers followed the

structural functional pattern of explaining suicidality, and repeated the results (Maskill et al., 2005). In a similar context, the current study explains suicide from structural functional point of view as mentioned by Emile Durkheim i.e. family is a structure which fulfils needs of an individual. Thus, any problem within family makes the family dysfunctional which increases the vulnerability to suicide and related behaviors.

Purpose of the study

This paper aims to explore the role and nature of certain domestic issues including problems existed in familial life leading to suicidality among youth. The study is delimited to Malakand Division, Khayber Pakhtunkhwa, Pakistan.

Methods and Procedures

This study has been planned within a pure qualitative research design specifically thematic research design, depending mainly on textual representation of information obtained from the field as well as literature. It has utilized a qualitative method of sampling i.e. non-probability sampling whereby purposive sampling has been made in order to select samples from the population. In this regard, a total of 35 (20 male and 15 female) were identified from hospital records in Batkhela, Chakdara and Timergara, Khyber Pakhtunkhwa, Pakistan. Hospitals located in Batkhela and Chakdara provided the records of suicide attempts during the span of January, 2011 to April, 2013 while the hospital in Timergara provided records of suicide attempt cases occurring during the period of December 2010 to May, 2013. From the mentioned three hospitals, 231 cases of suicide attempts recorded along with

addresses and were contacted for interviews through the help peer and friends and other personal sources. However, only 35 of the respondents consented for interview while the remaining identified persons were not willing to participate in a study on such a sensitive issue. The respondents who consented to participate were interviewed in the span of two months. The data were analyzed qualitatively by applying a life history narrative method whereby the information collected through interviews were transcribed, and then linking field data with the already existing credible research on the subject. In addition, due to sensitivity of the issue, coding method was administered to increase the anonymity of respondents.

The study also has few limitations, for example, about 231 suicide attempt cases were identified in hospital records, however, only 35 cases were accessed. The reasons for inaccessibility to the cases include fear of disclosure of attempting a suicide to the general community, unwillingness of the cases to discuss their issues, and lack of resources to study a large number of individuals.

Results

Socio-demographic information of Respondents

Age and Gender wise distribution of Respondents

Gender refers to the culturally and socially constructed differences between females and males found in the meanings, beliefs, and practices associated with "femininity" and "masculinity" (Kendall, 2007). Gender also constitute an important aspect for the current study. For further details see the table below:

Table 1: Age and Gender wise distribution of Respondents

Gender	Age			Total
	15-20	21-25	26-30	
Male	03	12	05	20
Female	01	08	06	15
Total	04	20	11	35

The above table illustrates the age and gender wise distribution of respondents. the tabular information shows that a total of 20 respondents were male whereby 3 respondents were in the age category of 15-20, 12 in the age category of 21-25 while 5 respondents were in the age category of 26-30. 15 of the respondents were female where 1 female belonged to age category of 15-20; 8 female were in the age category of 21-25 while 6 female belonged to age category of 26-30.

Family Type of Respondents

Family type is an important socio-demographic characteristic. Elizabeth et al (2013) asserts that

family type and environment significantly affects an individual's personality, behavior and perceptions whereby it is also important to

mention that these aspects are important while considering suicidal behavior. Regarding family

type of respondents see the table below:

Table 2: Family Type of Respondents

Family type	Frequency	Percentage
Joint family	13	37.14
Nuclear family	22	62.86
Total	25	100

The tabular information explicates that 13 (37.14 %) respondents were living in joint family system. Majority i.e. 22 (62.86 %) respondents were living in nuclear family system.

Thematic Analysis

The importance of familial problems cannot be ignored while studying suicide and related behaviors. In this context, parental psychopathology can be an important contributing factor to suicidal behavior among youth. Prevalence of abnormal behaviors, habits, mental illness and drug use can provoke suicidality among children. Field information obtained through interviews reveals that parental psychopathology contributes to suicidality among youth. For example, the persons interviewed indicated that:

"I lived in a family where husband and wife (my parents) remained constantly in conflict with each other. The main reason of such constant tensions between my father and mother was my father who was a drug addict. Most often he had been the source of all domestic problems. He beat my mother, my brother and sister as well as he remained constantly in problems with neighbors..." (R-D-13).

Besides, a relevant extract while considering the use or abuse of drug among parents as source of developing suicidality among youth is:

"My father is a drug addict, and our family environment remained consistently tensed due to his abnormal behaviors after injecting drug. Such a tense environment made me tense, aggressive and my response to certain issues was influenced by the tense familial environment. Similarly, my attempt of committing a suicide was a tense and irrational reaction to a familial problem..."

The extract and its analysis indicate that familial issues i.e. quarrelling and conflict among parents create conducive conditions for suicidal behavior among youth.

Quality of parent-child relationship is an important indicator for many behaviors among children including suicidal behaviors. The current study also has considered the poor quality of parent-child

relations as a source of inclination towards suicidal behaviors among the youth of the study area. The argument acquires its further grounding from the following field data:

"There are few occasions where I disagreed with my parents and family. The first issue was about my admission in the university where my uncle harassed me but due to the support of my mother and grandmother, I got it. Second extreme disagreement was on the most important decision of my life i.e. my engagement but this time my mother and grandmother were unable to support me. Besides, few disagreements such as "dressing" also existed between me and my uncles" (R-Z-1).

The relationship between disrupted relationship with parents and its likely suicidal impacts is further sought out from the following field data:

"Right from my child hood I haven't spent enough time with my parents that I needed. My cousins and other relative spent more time with them than me. One of my sisters has been very close to my parents. It frustrated me enough, for not being able to be with my parents as my sister. I can say confidently that my suicide attempt might have been backed by this frustration factor, among others frustrated..." (R-S-22).

The field interviews and its narration point to the fact that disagreements with parents and family members as well as the lack of enough time with family are certain major issues that have a strong association with suicide attempts among youth. Narratives of some of the respondents i.e. R-F-12, R-N-18, R-M-11, R-M-33 and R-T-7 point towards yet another dimension of the time issue i.e. staying away from parents and family. It further implies that the lack of parental and social support has been one of the major pushing forces towards suicide and the likely behaviors.

Family rejection or negative family reaction (e.g. particularly due to developing sexual relations with

someone) can incline individuals towards attempting a suicide. Field data and observation show that family negation and rejection is an important factor responsible for making one suicidal. In this context data obtained from respondents i.e. R-N-18, R-U-2, R-T-30, R-A-27, R-B-20, R-A-34 and R-Z-3 indicate a correlation between family negation, rejection and suicide attempt. These respondents were of the opinion that on various occasion their families had rejected and negated them:

"My family members cared about me and loved me a lot. However, after university admission and developing a relationship with a guy altered the situation. As my family became aware of my affair with a boy, it started treating me unsympathetically and taunting me frequently. This initial mild maltreatment of me by my family converted later into beating and I was banned from the university to which I reacted. Later on, as I continued to keep my relation with that boy, my family rejected me all at once. My father and uncles even didn't talk to me on the day of Eid" (R-Z-3).

Parental supervision is significant to balance development of a child's personality. Imbalance supervision, for instance, a little or excessive supervision can contribute to problems regarding children's behavior and personality. Suicide and related behaviors can be a result of imbalance parental supervision. There is a clear accordance between the literature review and field data on the fact that parental supervision is associated with suicide attempt among youth. In this context, field information and observation indicates mix results i.e. half respondents i.e. R-J-21, R-F-19, R-U-2, R-L-23, R-D-29 stated that their parents didn't care about them while the other half i.e. R-T-30, R-A-27, R-W-16, R-S-35 and R-B-20 claimed an excessive care from the parents. Most important here is to notice the development of different behaviors leading to suicidal ideation between the non-supervised one and excessively supervised one:

"My parents never bothered about my activities while my uncles regularly kept eyes on their children. As a result, I got full authority of doing whatever I wanted to. I remember when me and my cousin (uncle's children residing in same home) were caught smoking when we were in 9th class. My cousin was beaten and threatened in case of smoking again while my father just slapped me once and didn't notice the issue seriously. Later on, I developed habit of smoking and then slowly moving towards dangerous drugs like Charas (Marijuana), and indeed drug use played an important role in making me thinking about suicide...." (R-F-19).

On the contrary R-B-20 is among those subjects who said that they were too much supervised and argue that:

"I get really frustrated and even angry when someone every time moves around me like a spy and my parents especially my father and one of my uncles acted like James bond 007(making fun of his parents and elders). My uncle searched regularly my dvd's collection to see whether I watched porn movies. Even my father and uncle tried to know about my cricket colleagues' background in order to see whether they smoke and watch porn movies. On these issues, I had quarreled with my uncle severally because I really got frustrated and insulted few times in front of my friends. So I think it actually made me aggressive..." (R-B-20).

Parental supervision matters in case of suicidal behavior i.e. in case of little/weak or too much supervision child can suffer from suicidal thoughts (Allison et al., 1995).

History of suicide and related behaviors (e.g. prevalence deliberate self-harm, suicide attempt or completed suicide among family members) can inclined an individual to develop suicidal ideation. Field data show a possibility of such association, yet a conclusive finding hasn't been found regarding the genetic nature of suicide. Only two of the subjects i.e. R-N-18 and R-I-15 belonged to such families but their relationship with suicidal attempters was not intimate. Besides, subjects R-A-34 had a cousin who was suffering from DSH that was not suicidal in nature. In this regard field data do not show enough or strong evidence of the role of family history in the increased rates of suicide in locality.

Value system and changes in it within families contributes to suicide and related behaviors. In this context, value conflict and issues arising from value conflict such as lack of parent child communication, familial conflicts and tensions as well as changes in pattern of marriages may develop suicidality among youth. Field data produce strong evidence that value system and changes within it are responsible for suicide attempt among. Most of the subjects argued that rigid value system in their families made them suicidal i.e. not taking their view in consideration in marital issues as well as minor decisions related to respondent's life. In addition, rigidness in families related to marital issues particularly effects women more as compared to men. This can be attributed to the male dominant and patriarchal structure of Pakhtoon society. The following extract, refers best to this fact;

"Strict value system is present in our family. As we are Pukhtoons by family so we mostly do marriages in same level casts. Further, in my case this strict

value system was a factor due to which my elders didn't permit me to engage a guy which I liked rather they wanted to engage me in same level cast. Besides, strict Purdah system exists in my family which also aroused problems between me and my uncle regarding dressing..." (R-R-5).

Thus, field interviews correspond largely to secondary data which further elucidates the link between strict and patriarchal value system and suicidality, especially among young female youth.

Discussion

Literature indicates that family and related problems play an important role in developing inclination towards suicidality. Brent (1995) for example, attributed suicide more to a familial rather than psychological imbalance. As a social unit, it affects the cohesiveness and stability of the larger society. The current study also confirms that family (e.g. familial problems) is an important pushing force in making an individual suicidal. Literature and findings of the current study further enumerates that family and familial problems are mostly related to dysfunctions of family while considering family being a structure responsible for cohesiveness and stability within society. In this regard, familial problems i.e. hostility, quarrelling, scapegoating, verbal and physical abuse, separation, marital issues and persistent tension at home leads to suicidal behavior. Findings of the current study in this regard are in line with study of Kosky, Silburn & Zubrick (1990).

The current study in relevance to the literature cited had revealed that there are broad range of factors and variables within family which provokes suicidal behavior. Among such variables, parental psychopathology is an important aspect which refers to an abnormal behavior and habits related to parents. Such behaviors include depression, substance abuse and certain other anti-social behavior that affect child behavior (see also the study of Joffe et al., 1988). Parental psychopathology is specifically related to adolescent suicides as argued by Brent (1995) whereby the current study has also indicated the same findings. In addition, for adolescents, there is a strong association between suicide and drug use among family members whereby the findings are in line with the findings of the study conducted by Howard-Pitney et al (1992).

Quality of parent-children relationship needs consideration while studying suicide. Quality of parent child relation is determined by various factors such as the lack of parental support, poor relationship between parents and children as well as minor or extreme disagreements within family (for further details see the studies of Gould et al.,

1996 and Wagner, Cole & Schwartzman, 1995). On the other hand, a good parent-child relationship involves a careful parental supervision and spending time together which are amongst the protective measures from suicidal behavior (Resnick et al., 1997). In this regard, findings of the current study illustrate that children who live apart from parents are at an increased risk of developing suicidal ideation where the findings are supported by the study of Gex et al (1998). Similarly, the current study also affirms that parent-child relationship can contribute to the development of suicide and related behaviors among youth, for instance, disagreement of parents and children on issues (e.g. marriages, decision making etc), lack of affection between parents and children as well as lack of time spending with each other are key indicators for inclination towards suicidality among youth.

Familial rejection and negation include in one the key factors contributing to prevalence of suicide and related behaviors among individuals. For instance, a recent study conducted by Ryan and his colleagues reveals that adolescents who experience family rejection or a negative family reaction (e.g. specifically in issues related to sexual affairs) at their "coming out" have an eightfold greater likelihood of attempting suicide than adolescents who experience no or minimal family rejection (Ryan et al., 2009). There is clear indication in the findings the current study that family negation and rejection, for example, ignoring an individual in case of having affair or intimate relations can make an individual suicidal. Further, taunting, abusing or stop talking with a person due to some disagreements can provoke suicidal behavior. Family's rejection or disapproval on certain grounds as mentioned above is yet another contributing factor for the development of frustration and feeling of loneliness, that in turn encourage suicidality among youth.

Experiencing the loss of a parent or close caregiver through death or divorce in childhood is a significant risk factor for suicide because such loss inhibits a person's ability to establish and maintain other close relationships with adults or deal with future loss (Maskill et al., 2005). The dissolved or broken family, as a result of divorce or death is an aspect which particularly increases the risk of development of suicidal behavior among children i.e. dissolved and broken families are associated with a phenomenon known as 'Attention Deficit' whereby the attention, care and love needed by a child is suspended thereby, creating a vacuum of despair and pessimism. Such aversive psychological states are the convenient zones for suicidal inclination and ideation. In case of dissolution or

broken family the child should be provided with necessary socialization regarding life and death (the findings are supported by the studies of Günay, 2005; Agerbo et al., 2002). In addition, female suffers from family discord more as compared to male however the association between family discord and suicide is more related to divorce than death (see for example the study of Wagner, Cole & Schwartzman, 1995).

As discussed earlier that family has a broad range of aspects and dimensions that provokes suicidal behavior among youth. Among them, history of suicide, suicide attempt and suicidal behavior in family members is one of the core dimensions (Brent & Mann, 2005). The current study reveals that children are much vulnerable to suicide in families having a history of suicidal behavior. Children's early psychological development may be disrupted if they are living in an environment where parents or other family members make suicide attempts. The study of Maskill et al (2005) also supports the mentioned finding. Further, in this context, Borowsky et al (2001) argues that a 2–6 fold increased rate of suicidal behavior is found in the relatives of adolescent suicide victims and suicide attempter. Research studies such as Brent et al (2003b) report that impulsive aggression is one of the determinants of suicide that get transmitted among family members. It further implies that suicidal behavior is genetically transmitted (Brent et al., 2005). The current study also validates that argument that prevalence of aggression among family members and history.

Value system and changes in value system of families contribute to suicide and related behaviors. In this regard, families with rigid value systems tend to be the significant source of suicide in adults (see the study of Portes et al., 2002). Family structure, socio-economic conditions and problems of communication between parents and children lead to suicidal behavior. Such issues arise from recent value-conflict such as changes in pattern of marriages, forced marriages and under age marriages. Moreover, these problems affect women more than men (Kocadas & Ozgur, 2001). The current study also validates the mentioned argument that value-conflict is linked with prevalence of suicidality in the study area, for example, changes in pattern of marriages, disagreements between parents and children in marital decision leads to suicidality.

Conclusion

From the above discussion, we conclude that although family being a basic social institution aims at a binding and supportive role in the society, it shouldn't however be ignored that it may also

have the potential for causing certain life threatening behaviors such as suicidality in its members. Family helps its members become familiar with their society and culture, any problem here may therefore lead to serious maladjustments in the larger society that could become a cause of suicide and the likely anti-social behaviors. For instance, such problems include problems related to parenting such as lack of parent-child relationships, familial tensions, familial rejection or negation, prevalence of abnormal behavior, mental illness and suicidal behavior among family member etc. Concomitantly, individual residing within such families are more prone to developing suicidal behavior among them leading to suicidal behavior.

References

- Agerbo, E. Nordentoft, M. & Mortensen, P. B. (2002). Familial, psychiatric, and socioeconomic risk factors for suicide in young people: Nested.
- Bertolote, M. J. and Fleischmann, A. (2002). A Global Perspective in the Epidemiology of Suicide. *SuicidologyArg* 7, nr.2.
- Borowsky, I. W. Ireland, M. & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics*, 107(12): 485–493.
- Brent, D. A. & Mann, J. J. (2005). Family genetic studies, suicide, and suicidal behavior. *American Journal of Medical Genetics Part C (Semin. Med. Gen.)*, 133 (3): 13–24.
- Brent, D. A. (1995). Risk factors for adolescent suicide and suicidal behavior: Mental and substance abuse disorders, family environmental factors, and life stress. *Suicide and Life-Threatening Behavior*, 25 Suppl: 52–63.
- Brent, D. A. Oquendo, M. Birmaher, B. Greenhill, L. Kolko, D. Stanley, B. et al. (2003b). Peripubertal suicide attempts in offspring of suicide attempters with siblings concordant for suicidal behavior. *American Journal of Psychiatry*, 160 (6): 1486–1493.
- DeFrain, J. Brand, G. Friesen, J. and Swanson, D. (2008). Why Are Families So Important? *NebGuide University of Nebraska-Lincoln. Online Available at* <http://extension.unl.edu/publications>.
- Ebrahim, Z. (2013). The Alarming Rise of teenage Suicide in Pakistan. *Daily Dawn* November 2, 2013
- Elizabeth, A. d, Katie A. Devine Charles E. Heckler (2013). The Relationship between Socio-

- demographic Characteristics, Family Environment, and Caregiver Coping in Families of Children with Cancer. *Journal of Clinical Psychology in Medical Settings*. 2013 Dec; 20(4)
- Evans, E. Hawton, K. and Rodham, K. (2004). Factors associated with suicidal phenomena in adolescents: A systematic review of population-based studies. *Clinical Psychology Review* 24 (2004) 957–979. Online available at www.sciencedirect.com
- Germov, J. (2002). *Second Opinion. An Introduction to health sociology*. Oxford University Press.
- Gex, R C., Narring, F., Ferron, C., & Michaud, P.A. (1998). Suicide attempts among adolescents in Switzerland: Prevalence, associated factors and comorbidity. *ActaPsychiatricaScandinavica*, 98, 28–33.
- Gould, M.S., Fisher, P., Parides, M., Flory, M., & Shaffer, D. (1996). Psychosocial risk factors of child and adolescent completed suicide. *Archives of General Psychiatry*, 53, 1155–1162.
- Günay, C. (2005). *Intihar. ErisimYayincilik*, Istanbul, pp: 28.
- Howard-Pitney, B. LaFromboise, T. D. Basil, M. September, B. Johnson, M. (1992). Psychological and social indicators of suicide ideation and suicide attempts in Zuni adolescents. *J. Consult. Clin. Psychol.* 1992; 60:473–476.
- Joffe, R. T. Offord, D. R. & Boyle, M. H. (1988). Ontario Child Health Study: Suicidal behavior in youth age 12–16 years. *American Journal of Psychiatry*, 145, 1420–1423.
- Kendall, D. (2007). *Sociology in our Times*. Thomson Wadsworth Publications.
- Khan, M. M. & Prince, M. (2003). Beyond rates: the tragedy of suicide in Pakistan. *Trop Doct* ; 33: 67-9.
- Kocadas, B. & Ozgur, O. (2011). Social and Cultural Dimensions of Young Suicides “Ad2yaman Case”. *Current Research Journal of Social Sciences* 3(5): 419-425, 2011 ISSN: 2041-3246.
- Kosky, R. Silburn, S. & Zubrick, S. R. (1990). Are children and adolescents who have suicidal thoughts different from those who attempt suicide? *Journal of Nervous and Mental Disease*, 178, pp 38–43.
- Maskill, C. Hodges, I. Collings, S. McClellan, V. (2005). *Explaining Patterns of Suicide. A selective review of studies examining social, economic, cultural and other population-level influences*. Ministry of Health PO Box 5013, Wellington, New Zealand ISBN 0-478-29656-8 (Book) ISBN 0-478-29604-5 (Website) HP 4167 website: <http://www.moh.govt.nz>
- Portes et al., (2002). *Understanding Adolescent Suicide: A Psychosocial Interpretation of Developmental and Contextual factors*. Libra Publishers.
- Resnick, M. D. Bearman, P.S. Blum, R.W. Bauman, K.E. Harris, K. M. Jones, J. et al. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278, 823–832.
- Ryan, C. Huebner, D. Diaz, R. M. Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics* 123, 346–352.
- Samaritans. (2013). *Suicide: Facts and Figures*. Online Available at WWW.Samaritans.Org
- Wagner, B. M., Cole, R. E., & Schwartzman, P. (1995). Psychosocial correlates of suicide attempts among junior and senior high school youth. *Suicide & Life-Threatening Behavior*, 25, 358–372