

Original research
Preadolescence and Attempted Suicide: A Qualitative Analysis of Parent-Child Relationships

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Abstract: Preadolescent suicide continues to be a growing problem and is a leading cause of death for children ages 5 to 14 in the United States. Thwarted belonging offers an explanation as a risk factor for suicide. A lack of connectedness is one of the ways in which thwarted belonging is experienced. Using a qualitative phenomenological research design, the purpose of this study was to understand children's connection with their parents prior to a suicide attempt. We conducted interviews with ten children ages 10 to 13 who were on an inpatient psychiatric unit due to making a suicide attempt. The participants enrolled were five males and five females from Southern California, five Caucasian and five Hispanic. The interview questions were based on the parent-child connectedness model and the responses were coded by using a sentence-by-sentence method. Thematic analysis was used to derive the significant themes from the data. The themes that provided an explanation for thwarted belonging were not sharing personal things with parents, not wanting to grow up to be like parents, and not feeling close to parents. The themes that were found to be a protective factor against suicide were activities and playing together, expressions of affection, and pride about education and grades. A lack of connectedness with parents does explain an aspect of thwarted belonging for preadolescent children who have attempted suicide.

Keywords: *suicide, children, relationship with parents*

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Introduction

Suicide is the fifth leading cause of death for children ages 5 to 14 in the United States and continues to be a global problem (CDC, 2012; Greydanus & Calles, 2007; Xu, Kochanek, Murphy, & Tejada-Verda, 2010). It is an escalating problem that warrants research and clinical attention. In the United States, suicides among 5 to 14 year olds doubled from 0.4 per 100,000 in 1979 to 0.8 per 100,000 in the 1990s, and experts agree that rate of suicide in this age group has increased over the past

30 years in the United States (Greydanus & Calles, 2007).

Girls are more likely to attempt suicide; however, boys are 4.34 times more likely to have a completed suicide (CDC, 2012; Soole, Kolves & DeLeo, 2014).

Suicide is a known public health concern and it is a growing problem for preadolescent children (Consoli et al., 2013; Gould, Shaffer, & Greenberg, 2003). Unfortunately, most studies about youth suicide focus on adolescents, and provide little understanding of this phenomenon with preadolescent children ages 6-13 (Barzillary et al., 2015; He, Fulginiti & Finno-Velasquez, 2015; Stewart, Eaddy, Horton, Hughes & Kennard, 2015; Whitlock, Wyman & Moore, 2014). Soole et al.

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(2014) emphasized the importance of giving child versus adolescent suicide separate considerations in research due to differences in cognitive, physical, sexual, and social development.

Dervic, Brent and Oquendo (2008) noted the most common risk factors for childhood suicides were family arguments, disciplinary events, parent-child conflicts, and problems at school. Similarly, Greydanus and Calles (2007) found the most common reasons for childhood suicides were depression, family dysfunction, disruptive behaviors, substance abuse, schizophrenia, and prior suicidal behavior. Children who experienced family problems, who were victims of abuse, were in the custody of social services, or who lived in rural areas were at the highest risk for suicide (Soole et al., 2014). Research shows that approximately half of all children who have committed suicide were diagnosed with a psychiatric disorder (Soole et al., 2014). The most common method for young children who commit suicide is by hanging (Dervic et al., 2008; Soole et al., 2013).

The examination of interpersonal factors is critical for understanding depression and suicide (Hames, Hagan, & Joiner, 2013). The need to belong is a fundamental and basic human need that involves the need for frequent, stable, and pleasant interactions (Baumesiter & Leary, 1995). An individual who experiences alienation and a lack of connection with friends, family, or social groups is said to experience thwarted belonging, which is an established risk factor for suicide (VanOrden et al., 2010). In particular, a child's connectedness with parents is a critical protective factor against suicide (Conner et al., 2014). Poor parent-child connectedness, family problems, and interpersonal conflicts are all contributing factors to suicide (Lezin, Roller, Bean & Taylor, 2004; Manoranjitham et al., 2007). There is clearly a need to improve family ties as a protective factor to decrease suicide risk (Kuhlberg, Pena & Zayas, 2010).

Childhood suicide has devastating effects on the family and friends left behind, and the child who no longer has the opportunity to grow, develop and experience life. There have been only a few studies that have specifically focused on studying suicide in children 15 years and under (Dervic, Brent & Oquendo, 2008; Greydanus & Calles, 2007; Soole, Kolves & DeLeo, 2014), thus warranting the need for more research and understanding of this population. Childhood suicide is not a random phenomenon. It occurs in children who have severe social and personal difficulties (Dervic, Brent & Oquendo, 2008).

Family dysfunction and child-parent conflict are delineated as some of the risk factors for childhood suicide (Dervic et al., 2008; Greydanus & Calles, 2007). In fact, children are more likely to experience family problems as a factor related to suicide than adolescents are (Soole et al., 2014). Children are more vulnerable and depend on their parents for their basic needs and emotional support. Child-parent conflict and severe family dysfunction will put a child at greater risk for suicide (Dervic et al., 2008).

A plausible explanation for why children commit suicide is a thwarted sense of belonging (Van Orden et al., 2010). Fundamentally, a child wants to feel a sense of belonging and connection with his or her family. Lezin, Roller, Bean and Talor (2004) developed a model to help understand parent-child connectedness. This model describes parent-child connectedness as involving a climate of trust (physical and emotional support, protection, openness and encouragement), time together (guidance, fun and play), structure (discipline and monitoring), and communication. The result of the interaction of these factors results in a connection between the parent and child that is resilient, reciprocal, and enduring (Lezin et al., 2004). It is critical to understand the parent-child connection with children who are at risk for suicide to determine protective factors to help prevent future suicides. Thwarted belonging is a key construct in the Interpersonal Theory of Suicide (IPTS) that focuses on the disconnection that an individual feels, and lack of reciprocal care in relationships (VanOrden et al., 2010). However, there are limitations in the application of the IPTS theory to preadolescent children. These limitations relate to some of the elements of thwarted belonging (e.g., occupancy in a single jail cell) not applying to this population, and research on adolescents not being applicable due to developmental differences (Barzilay et al., 2015; Cero & Sifers, 2013; Stewart, Eaddy, Horton, Hughes & Kennard, 2015).

Parents are a key source of connection and interaction for children (Barber & Schuterman, 2008), and parent-child conflict is an important factor for suicidal children (Consoli et al., 2013; Kolves, 2010). However, there is not currently a specific understanding of the parent-child relationship as it fits within thwarted belonging in the IPTS theory. This limits the theoretical understanding and development of interventions for preadolescent children at risk for suicide. Thus, expanding the application of the IPTS theory with children is needed to successfully develop interventions to prevent suicide.

Method

The method used for this study was qualitative. The research question: *How do preadolescent children who have attempted suicide describe their experience with connection with their parents prior to the attempt?* was best answered through a phenomenological approach. The phenomenological method focuses on understanding the meaning and lived experiences of a phenomenon (Englander, 2012; Krathwohl, 2009; Mack et al., 2005). A phenomenological approach was the best method to uncover meaning, interpret meaning, and understand the connection between child and parent. The strength of the phenomenological approach is that it provides rich descriptive information about the human experience including opinions, beliefs, emotions, and relationships (Mack et al., 2005).

Sample

Participants were recruited from an inpatient psychiatric hospital at an academic medical center (AMC) located in southern California. The study population included children on the psychiatric unit who meet inclusion criteria which were ages 7-12, the ability to speak English, no active psychotic symptoms, and no substance use. The AMC is an 89 bed, freestanding private psychiatric hospital serving individuals who are experiencing an acute psychiatric crisis and who require inpatient treatment for stabilization to achieve a level of functioning allowing them to return to a community setting. For the purposes of this study, ten children were recruited as participants to gain an understanding of the phenomena of their connection with parents prior to their suicide attempt.

Data Collection, Processing and Analysis

Approval was obtained from the Academic Medical Center (AMC) IRB prior to the recruitment of participants and data collection. Informed consent was obtained from the parents and youth assent from each child. Interviews typically last about 45 minutes; however, it is recommended that interviews be shorter with children (O'Reilly & Parker, 2014). The interviews lasted 30-45 minutes, depending on the age and concentration of the child. The interviews were audio recorded and the researcher took notes during the interview. Each child was reassured that there were no right or wrong answers (O'Reilly & Parker, 2014).

The interview questions were read verbatim, and in order (Appendix A). The child being interviewed is viewed as the expert, and the interviewer is the student within the auspices of

phenomenology (Mack et al., 2005). The interview questions (Appendix A) were derived from the work by Lezin, Rolleri, Bean and Taylor (2004) regarding parent-child connectedness. The questions were open-ended which allows for much longer responses from children with more detailed replies regardless of age (Greene & Hogan, 2005). Thematic analysis was conducted with the assistance of a computer qualitative data analysis software program entitled QNVIVO. The transcript was reviewed line-by-line in its' entirety, and line by line, and was coded. QNVIVO's tree node option allowed for the categorization of simple codes into more umbrella themes (Davis & Meyer, 2009). For example, the parent child connectedness process resulted in more specific themes about the relationship and time spent together (Bean, Rolleri, & Wilson, 2006). There were sub-themes that emerged under main themes. The umbrella theme of not wanting to grow up to be like parents had sub-themes of not wanting to grow up to be like mom, or dad. The software allowed for a visual representation of the emergent themes using the models option. This presented a diagram of the data in a hierarchical format of umbrella or main themes and sub-themes (Davis & Meyer, 2009). The goal was to extrapolate themes about the nature of how children with recent suicide attempts perceived their connection with their parents.

Results

Demographics

The participant's mean age was 12.1 years, and there were an equal number of five males and five females. There were five Caucasian participants, and five Hispanic participants. This is congruent with the narrowing gap between Caucasian and non-Caucasian youth suicide (see Table 1). Hispanic youth show higher rates of suicidal ideation and attempted suicides than non-Hispanic youth in the United States (Cash & Bridge, 2009). The most common method of suicide attempt was hanging, followed by overdose, and then running into traffic. This is congruent with studies that indicate the most common method for childhood suicide in Westernized countries is hanging (AAS, 2017; Dervic et al., 2008).

Diagnosis

The most common diagnosis was Major Depression Disorder (see Table 1), which was surprising given that the most common psychiatric diagnoses with children under age 12 who struggled with suicidal behavior are adjustment disorders, conduct disorders and ADHD (Ben-Yehuda et al., 2012).

The diagnosis of Major Depression is typically not identified as often until post-puberty according to the developmental-transactional model (Bridge, Goldstein & Brent, 2006). Bridge et al., (2006) highlighted that more aggressive and impulsive behaviors are typically seen with pre-pubescent suicidal children and that after puberty is when

mood disorders emerge more clearly. However, it is plausible that the Major Depression diagnosis occurred most often in the inpatient setting because this is the only diagnosis other than Borderline Personality Disorder in the DSM-5 that includes suicidal behavior as a criterion (APA, 2013).

Table 1

Participant Characteristics

Age	Gender	Ethnicity	Diagnosis	Method	Substance Use	Parent's Status	Prior Attempts
12	M	Caucasian	MDD	hanging	Denied	Separated	0
10	M	Caucasian	MDD, IED, ADHD	Ran into traffic	Denied	Married	10
13	F	Caucasian	MDD, OCD	Hanging	Alcohol, Marijuana, Amphetamines	Divorced	0
12	F	Hispanic	MDD	Hanging	Denied	Separated	2
12	M	Hispanic	MDD, ADHD	Hanging	Denied	Divorced	3
13	F	Hispanic	MDD	Overdose	Snorted Lithium	Married	4
13	F	Hispanic	MDD	Overdose	Denied	Divorced	0
13	F	Caucasian	MDD	Overdose	Denied	Married	0
11	M	Caucasian	MDD	Ran into Traffic	Denied	Married	1
12	M	Hispanic	MDD	Hanging	Denied	Divorced	0

MDD: Major Depressive Disorder

IED: Intermittent Explosive Disorder

ADHD: Attention Deficit Hyperactivity Disorder

OCD: Obsessive Compulsive Disorder

Substance use

Only two of the participants endorsed substance use (see Table 1). One participant endorsed using alcohol, marijuana and amphetamines and the other participant endorsed "snorting" Lithium. All other participants denied any type of substance abuse. Substance abuse appears to be more prevalent among adolescents as a risk factor for suicide than with preadolescents (Litwiller & Brausch, 2013). Soole, Kolves, and DeLeo (2014) found that only 16.7% of child suicides compared to 38.6% of adolescent suicides had prior alcohol consumption. Cash and Bridge (2009) found that substance abuse tends to be a more acute risk factor for suicide with older adolescent males with co-occurring disorders.

Prior Suicide Attempts

There were five participants for whom this was their only suicide attempt, and five participants who had prior attempts (see Table 1). Prior suicide attempts are a major risk factor for youth suicide, and are one of the most reliable indicators of death by suicide (Cash and Bridge, 2009; VanOrden

et al., 2010). A 37 year longitudinal study demonstrated that prior attempts does elevate the risk for a suicide completion (Suominen, Isometsa, Suokas, et al., 2004).

Parental Divorce

The majority of children had parents who were either divorced or separated, and only four children had parents who were married (see Table 1). Divorce continues to have an adverse impact on children's development with increased emotional and behavioral problems (Amato, 2010). A child's ability to trust their parents, which is linked to positive parent child relationships, becomes more difficult after a divorce and divorce leads to a decline in the frequency of contact between children and parents (Fagan & Churchill, 2012).

Themes

The themes that emerged were from the children's responses to the interview questions (see Appendix A).

- *Didn't share personal things with parents.*

It was clear from the responses to interview questions Q2: Did you have talks with your mom and dad before you came here? Q3: Did you share your feelings with your mom and dad before you came here? And, Q9: Did your mom and dad know what was happening in your life before you came here? (see Appendix A) that the majority of the children didn't share personal things with their parents. The majority of the children expressed that they don't share personal thoughts and, or, feelings with their parents. Responses included comments such as "I keep things to myself" "I don't like sharing personal stuff" "I never kept them in the loop" "I never wanted them in my personal business" "I felt enclosed like I could only keep this to myself" "I don't feel comfortable talking to them" "She doesn't understand (referencing mom)" "I like to keep to myself it's a bad habit of mine." Some of the children commented that they would just say they were "fine" or "okay" to their parents because they didn't want to share with them. Others commented that it was difficult to explain their thoughts and feelings to their parents. The majority of participants reported that they didn't like sharing their thoughts and feelings with their parents. The reasons for this included not feeling comfortable doing so, having a bad relationship, not wanting parents to know what was happening. Some children covered up their suicidal thoughts and feelings by saying "I'm fine", or "I'm okay."

- *Don't feel close to parents.*

The majority of the children said that they didn't feel close to their parents. These were responses from Q1: Did you feel close to your mom and dad before you came here? (see Appendix A). Responses included comments such as "I used to feel close when I was in the 3rd grade" "Really close when I was younger but then grew apart" "No, not that much" "Never felt like a child of my parents" "My needs were never met" "I never felt like a child of my parents" "We've been distant my whole life" "The first time I tried to kill myself I didn't really feel close to them" "Not really. I wasn't really connected to them. I was having a horrible day." "That has something to do with how he doesn't understand me." There were responses about growing apart from parents as the children got older, and not feeling connected prior to the suicide attempt. There was a response about not feeling understood by a parent. Overall, the majority of participants reported that they didn't feel close to their parents.

- *Don't want to grow up to be like mom.*

The majority of the children did not want to grow up to be like their mom. These were responses from Q10: Did you want to be like your mom before you came here? (see Appendix A). The responses from the participants included comments such as "My mom has been working hard since she was 18 and her hands cramp up and she's really tried...I don't want to be like her" "No...my mom went to college after she had us...I don't want to get pregnant as a teen." The remaining responses were brief "no." The responses were largely surrounding the type of education, or career, that their mom had. The participants expressed that due to mom putting off college, lacking a college education, or getting pregnant at a young age, that they didn't want to grow up to be like her. However, several responses were just a brief "no" without elaboration.

- *Don't want to grow up to be like dad.*

The majority of children did not want to grow up to be like their dad. These were responses from Q10: Did you want to be like your dad before you came here? (see Appendix A). The responses from the participants included comments such as "My dad has a disease on his eyes and he's basically blind" "He's a little rough around the edges" "I never thought about being like him" "Not really no." The remaining responses were brief "no." The participants who did elaborate provided reasons about their dad's lack of college education, career choices, or physical ailments as reasons why they didn't want to grow up to be like him.

- *Activities and playing together.*

The majority of the children interviewed discussed activities and playing together with their parents. These were responses to Q5: Did you spend time, and do things, with your mom and dad before you came here? And, Q7: Did your mom and dad show you that they cared about you before you came here? (see Appendix A). Responses from the participants included comments such as "Yeah, sometimes we'd watch movies, work together, swim together, and bike ride together" "It was fun to hang out with mom and dad" "Me and my dad played video games and the guitar together. My mom and I didn't do much together but I would watch her cook and try to help. Those were bonding things that we did together" "On the karaoke machine we were spending time and I would ask my parents their favorite songs and it was connected on YouTube" "Played together" "We would go outside and play basketball and play outside by the curb" "We would lie down together, go out, and watch movies." The

participants had detailed accounts of shared activities with their parents and in some instances described these times as “fun” and “bonding.” It appeared that these events were quite meaningful to the children.

- *Affection and saying “I Love You.”*

The majority of children interviewed expressed that their parents showed that they cared about them by physical affection or saying “I love you.” These were responses from Q7: Did your mom and dad show you that they cared about you before you came here? (see Appendix A). Responses from the children included comments such as “Yeah, hug me, tell me they loved me, even kissed me” “She always told me she loved me” “She tried telling me that she loved me” “Hug me and tell me he loves me” “My mom and dad would always tell me that they loved me and would remind me” “They told me that I matter a lot and that they love me.” The majority of the children used examples of physical affection from their parents and recalled times of their parents saying “I love you” to describe their parents demonstrating that they cared.

- *Pride about education or grades.*

The majority of children interviewed expressed that their parent’s demonstrated pride focused around education or grades. These were responses from Q11: Did your mom and dad show they were proud of you before you came here? (see Appendix A). Responses from the participants included comments such as “My mom was proud of me getting my grades up to a 3.40 GPA” “Dad. When I got a 3.0 he said ‘keep it up’” “When I got like a 3.7 they were proud of me” “When I’d get good grades they’d take me out to eat” “When I got on the honor roll we’d go to Six Flags” “When I get achievements at school.” The children’s responses to interview question Q11 clearly indicated a theme that their parent’s expressions of pride were primarily about education, or grades.

Discussion

Evaluation of risk factors.

It was clear from the findings that the majority of participants did not feel comfortable sharing personal things with their parents. This is particularly disturbing as Wagner (2009) hypothesized that difficulties with family communication may lead to a child being more likely to use suicide or self-harm as a means by which to communicate difficult emotions in the context of an environment in which they don’t feel

like they can share these types of emotions. Lezin et al. (2004) noted that communication is a central tenet of parent-child connectedness. They discussed that communication allows for the exchange of feelings and ideas. The protective factors of communication are that the parent and child spend time talking together, there is openness and listening, the child feels comfortable discussing problems with parents, and there is clarification about risky behaviors and values (Lezin et al., 2004).

Of concern, was that some of the children did not communicate to their true feelings to their parents. Instead, these children would tell their parents that they were “fine” or “okay” and this was not true. This would give their parents a false belief that everything was “okay” when in fact it was not. Lezin et al., (2004) noted that an essential element of effective communication between parents and children is the child’s comfort discussing problems with their parents. It was evident that the lived experience of these children was that they did not feel comfortable discussing problems with their parents, and they covered it up by saying they were “okay” or “fine” when they actually felt much different. These children were struggling with suicidal thoughts and feelings that were not being communicated.

This finding supports lack of communication with parents as a risk factor for preadolescent children who have attempted suicide. Further, it lends support to the IPTS construct that thwarted belonging is a risk factor for suicide (Van Orden et al., 2010). Thwarted belonging is feeling alone and an absence of reciprocal care (Van Orden et al., 2010). It is impacted by intrapersonal and interpersonal factors. The most severe form of thwarted belonging involves perceptions that mutually supportive connections are absent and this is a risk factor for suicide (Van Orden et al., 2010).

The majority of participants reported that they did not want to grow up to be like their mother, or father. When a child doesn’t want to grow up to be like their parents it illustrates a lack of identification with the parent, and it is a negative sign of attachment and bonding between the parents and children (Lezine et al., 2004). Poor attachment with parents is associated with suicidal ideation for children (Wagner, Silverman, & Martin, 2003). This finding demonstrates that they did not feel attached and bonded enough with their parents to want to grow up to be like them. The narrative explanations that the children provided as to why they didn’t want to grow up to be like mom or dad were often related to their parent(s) lack of college education and having to

work very hard. The children noted their parent's struggles with not being college education and did not want to repeat these struggles when they grow up. It is likely that an advanced degree and a professional occupation with the parents is a mediating variable with the children wanting to grow up to be like them. This finding does provide evidence to support thwarted belonging with this population which is a risk factor for suicide (Van Orden et al., 2010).

An explanation of thwarted belonging.

The majority of participants expressed that they did not feel close to their parents, or that they used to feel close to their parents but then grew apart. This finding is interpreted as a risk factor for preadolescent children who have attempted suicide. The feeling of closeness was used to assess parent-child connectedness and thwarted belonging (Van Orden et al., 2010). This finding does support thwarted belonging for this population. Thwarted belonging is the absence of reciprocal care (Van Orden et al., 2010). It includes the individual feeling like they don't have someone to turn to and feeling disconnected from others (Van Orden et al., 2010). Barzilay et al., (2015) noted that adolescents with a low sense of belonging to their parents and a high sense of burdensomeness are at significantly higher risk of suicide.

Marked social withdrawal represents "the most severe form of suicidal desire that results from the joint experience of perceived burdensomeness and thwarted belonging" (Ribero et al., 2013, p. 211). Suicide can be understood as a cry for connection, and as an act of extreme rejection, or withdrawal. The influence of connectedness on suicidal behavior dates back to Durkheim's (1951) work that suicide is the result of social isolation, lack of connection, and family discourse. Social withdrawal and disconnectedness from friends, family and society has been identified as an acute risk factor for suicide (Ribero et al., 2013; Zhang, 2016). In 2011, Ghio et al., postulated that suicide is an attempt to end feelings of loneliness and emptiness. Suicide attempts are largely connected with relationship issues, and for children family connectedness is at the center (Law et al., 2012). Conversely, family is a key source of connectedness for youth and services as a protective factor against suicide (DeLuca et al., 2012).

It is plausible that these risk factors are interwoven as an explanation for thwarted belonging with this population. Children are not going to communicate with their parents and they won't share things if they don't want to be like them and

if they don't feel like the adult is capable of handling the issue (Gair & Camillri, 2003; Hooven, 2013). Children tend not to share their feelings with adults when they view them as incapable of helping (Hooven, 2013).

The results show that the parent-child connection is important with regard to preadolescent children who have attempted suicide. A poor parent-child connection is a risk factor for suicide, and a strong parent-child connection is a protective factor for suicide. Children who feel like they have close relationships with parents, family members, and peers and who feel a part of their community experience more connectedness (Logan, Crosby & Hamburger, 2011). A strong sense of connectedness can help prevent suicidal ideation which is a known precursor for suicide attempts (Logan et al., 2011).

Evaluation of protective factors.

There were protective factors identified from the study as well. The protective factors that emerged from that data were shared activities with parents and playing together, expressions of affection and saying "I love you", and the parents demonstrating pride about the children's academic achievements. The majority of participants reported that shared activities with parents and spending time playing together were meaningful. Spending time together in joint activities is viewed as parent-child cohesion and is a protective factor against suicide (Brent et al, 2009; Lezin et al., 2004). This finding suggested that the majority of participants found time together in joint activities and playing with their parents as meaningful. This is a protective factor against suicide and did not help to explain thwarted belonging with this population.

The majority of participants reported that their parents gave them physical affection and, or, expressed their love verbally to them. This is a positive sign of attachment and bonding (Lezin et al., 2004). This finding was a protective factor as it demonstrates parent-child connectedness. This finding did not support thwarted belonging with this population.

The majority of participants reported that their parents did express pride; however, it was primarily about their achievements at school. The dominant theme found was that the expressions of pride from parents surrounded academic achievements and there was not as much focus on achievements in other areas of their lives. When a parent demonstrates pride, or encouragement, this is viewed as a supportive and protective factor. It is plausible that self-esteem is a mediating factor between parental expression about academic achievement and reduced suicide

risk (Cero & Sifers, 2013). Cero and Sifers (2013) discussed that increased self-esteem may reduce the risk for suicide.

Support and encouragement are generally viewed as a protective factor against suicide (Lezin et al., 2004; Van Orden et al., 2010). However, it is noteworthy that the expressions of pride from parents were primarily about academic achievements and there was much less focus was on other types of achievements. Several participants mentioned that they were pleased that parents recognized academic achievements; however, that they don't get much recognition about other accomplishments such as with creative art work.

Broadening the Interpersonal Theory of Suicide (IPTS).

The results obtained from this study have theoretical implications to help explain a dimension of thwarted belonging for the IPTS theory of suicide for preadolescent children (Van Orden et al., 2010). The knowledge acquired from this study is expected to further expand the development of the IPTS theory to preadolescent children, and help to develop practical interventions to help prevent suicide for this age group. The findings show that parent-child connectedness is an element that can be incorporated into the IPTS theory of suicide for preadolescent children. The themes that helped to explain thwarted belonging for preadolescent children were not sharing personal things with parents, not wanting to grow up to be like parents, and not feeling close to parents.

Implications for clinical practice.

The not wanting to share things with parents for preadolescent children who attempted suicide lends evidence to the need for emotion-focused family therapy that will elicit communication about the difficult emotions related to suicide. There is a need for parents to foster an environment of warmth, caring, and safety to where the child feels comfortable expressing difficult emotions. It is only when this environment is established is there a foundation for children to open up to parents about difficult and personal things.

The children not wanting to grow up to be like their parents offers evidence that children from a young age make determinations about who their role models are at an early age. There is a need for parents to understand the significance of their position as a role model to their children. Children who do not want to grow up to be like their parents often have a poor attachment or bonding to them. This attachment and bond needs to be

strengthened to minimize the risk for suicide. This can be achieved through warmth, caring, trust, safety, support, and shared time together (Lezin et al., 2004).

Children who do not feel close to their parents are at increased risk for suicide. Connectedness and belonging are fundamental human needs and thwarted belonging increases the risk for suicide (Baumeister & Leary, 1995; Hatcher & Stubbersfield, 2013; Van Orden et al., 2010). The connectedness between parents and children needs to be strengthened. The bond between a parent and child is unique and distinct from any other type of bond. The parent-child bond is crucial to a child's physical and psychological development (Bean, Rolleri & Wilson, 2006; Lamanna & Riedmann, 2003). Studies have shown that a higher level of parent-child connectedness is inversely related with suicidal thoughts and attempts with adolescents (Wagner, Silverman, & Martin, 2003). A strong sense of connectedness can help prevent suicide ideation which is a known precursor for suicide attempts (Logan et al., 2011). Fostering connectedness between parents and children offers much promise as a direction for suicide prevention programs for youth.

The results indicated that interventions should focus on strengthening the parent-child connection by fostering a warm, caring, trusting, safe environment with shared time together. Parents should understand their influence as a role model on their child and should develop the capacity to listen to and process difficult emotions with their child. Parents should create and foster a relationship where their child feels comfortable approaching them with difficult topics of conversation. Parents should be aware of the importance of expressions of affection, shared time together, and encouragement. The attachment and bond between a parent and child is unique. This bond can be a significant risk factor if it is poor or broken; whereas, this bond can be a significant protective factor against suicide when it is strong and enduring.

The protective factors noted from the study were expressions of affection, activities and playing together, and demonstrations of pride about academic achievements. The children discussed these topics as protective and signs of bonding time with their parents. These types of activities and expressions should be fostered and continued as protective mechanisms against suicide.

Conclusion

Thwarted belonging is defined as an absence of reciprocal care and loneliness (Van Orden et al., 2010; Van Orden et al., 2012). It means that the

individual does not perceive that they have someone to turn to in times of need. The protective factors did not help to explain thwarted belonging for this population; however, they were noteworthy elements of the study and offer significant implications as well. The risk factors identified did help to explain thwarted belonging for preadolescent children who have attempted suicide.

The majority of participants stated that they didn't share personal things with their parents. In particular, several children masked their true suicidal feelings from their parents. According to Van Orden et al., (2010) not feeling like you have someone to turn to is a component of thwarted belonging in the IPTS theory. This study provided evidence of thwarted belonging by the children's lack of communication with parents. This lack of communication with parents is considered by some to be a risk factor for suicide (Hooven, 2013). Kashani, Goddard and Reid (1989) found that 86% of parents did not know their child was thinking about suicide. Specifically, the avoidance of direct emotional expression and secretiveness were noted as risk factors for adolescent suicide (Wagner, Silverman & Martin, 2003). Children often internalize negative affect expressed within the family system as guilt, isolation, and self-destructive thoughts (Dervic et al., 2008). Adults may feel that they are approachable, while their children do not share that same perception (Gilchrist & Sullivan, 2006). In addition, Wagner (2009) hypothesized that a lack of communication with parents may lead to the youth communicating difficult emotions through suicide, or self-injurious behaviors.

The majority of children said they didn't want to grow up to be like their parents. Children who don't want to grow up to be like their mom, or dad, is a poor sign of attachment and bonding (Lezin et al., 2004). It is plausible that children do not communicate with their parents because they don't want to be like them (Gair & Camillri, 2003; Hooven, 2013). Youth tend to confide in adults when they find them to be competent to help with the issue (Gair & Camilleri, 2003). They won't share their feelings when they find that the adult is unable to help (Hooven, 2013).

This finding lends for the need for parents to increase their comfort and competence when responding to their child. Parents need to provide a safe and nurturing environment in which for children to express their thoughts and feelings. Hooven (2013, p. 87) noted that "family protective factors are bolstered by enhancing parent understanding, support, and listening" as well as offering support to increase parental confidence

and competence on discussing issues pertaining to suicide." Parents also need to be aware of the impact of their role-modeling on their children, and understand that children do evaluate their behavior and lifestyles and make a determination at a young age as to whether, or not, they want to grow up to be like mom and dad.

When a child doesn't want to grow up to be like mom or dad, then this is an indicator of poor attachment and bonding (Lezin et al., 2004). The need to belong is a normal human desire and motivation that if goes left unfulfilled can be damaging and is linked to ill effects on health, adjustment and well-being (Baumeister & Leary, 1995). Unsatisfied needs and a lack of attachment bonding with parents can lead to pathological consequences beyond temporary distress (Baumeister & Leary, 1995).

The findings showed that the majority of children did not feel close to their parent(s) prior to the suicide attempt. This provided an explanation of a dimension of thwarted belonging for this population. The lack of closeness, or connectedness, with parents is a significant risk factor for suicide (Hooven, 2013). Suicide is an act that is committed in part from thwarted belonging and a lack of connection (Van Orden et al., 2010). Baumeister and Leary (2005) argued that all individuals have a need to belong, which is expressed by positive and frequent interactions with others. Belonging is the need to form and maintain lasting interpersonal relationships (Baumeister & Leary, 2005). The experience of having a poor relationship with parents is a major risk factor for suicide with adolescents (Cash & Bridge, 2009).

Isolation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and suicidal behavior among varying age groups, ethnicities, and clinical populations (Dervic, Brent, & Oquendo, 2008; Joiner & Van Orden, 2008). Thwarted belonging is an essential element of a comprehensive suicide assessment and it is viewed as an important aspect of identity (Hatcher & Stubbersfield, 2013). The primary tenets of thwarted belonging in the IPTS theory are feeling alone, disconnected, lonely, and a lack of reciprocal care (Van Orden et al., 2010). The dominant theme of preadolescent children not feeling close to their parents is worrisome and is considered a risk factor for suicide. Concomitantly, poor family dynamics and family conflict have a profound impact on youth suicide (Hooven, 2013). The findings of not sharing things with parents, not wanting to grow up to be like parents, and not feeling close to parents all serve to explain a dimension of thwarted belonging for this

population. It is important to note that the findings revealed protective factors as well in the parent-child connection of shared activities together, expressions of affection and saying “I love you”, and expressions of pride about academic achievements. However, despite the protective factors that were present in the parent-child connection the children still attempted suicide. It is plausible that the risk factors outweighed the protective factors in the parent-child relationship, and that there were other dimensions of thwarted belonging that this study did not capture such as with peer isolation.

Limitations

A limitation with this study was that it was a retrospective and phenomenological design. The accuracy of the phenomenological results depended on the credibility of the participants, and the researcher mitigating biases. There are limits to the transferability of this study due to only two ethnic populations being represented which were Caucasian and Hispanic. In addition, all of the participants were recruited from the same geographic region of southern California.

Recommendations

There are several areas of recommendations that were derived from this study. The findings of this study have theoretical implications for the IPTS theory, there are practical implications for clinical practice regarding the parent-child relationship, and there are areas of future research to expand on our knowledge of suicide risk and protective factors for the preadolescent population.

Future research

Future research directions should focus on weighing the protective and risk factors present in parent-child relationships, interviewing the parents to understand their perception of connectedness with their children, gathering longitudinal data to understand parent-child connectedness over the

passage of time, and to broaden the sample size to be representative of other geographic regions and ethnic populations.

There is a need to develop more evidenced based specific and targeted assessment and intervention methods to prevent suicide with children under age 12 (Anderson, Keyes, & Jobes, 2016). More research about parent-child connectedness with preadolescent children is needed to expand knowledge in the field of suicide assessment and prevention.

Research should include other dimensions of thwarted belonging that are not accounted for in the parent-child relationship such as thwarted belonging at school, peer relationships, and bullying. Two of the children made a point to discuss with me prior to the interview that they were being bullied and how difficult this was for them. This is a poignant issue that needs to be addressed in the research about thwarted belonging for preadolescent children who have attempted suicide.

The results of the research may be compared to other studies about thwarted belonging with adolescents and adults (Barzilay et al., 2015; Cero et al., 2015; Hatcher & Stubbersfield, 2013; Gunn et al., 2012; Stewart et al., 2015; Timmons et al., 2011; Van Orden et al., 2012; Zhang, 2016). The themes that emerged from the interviews can be used as an explanation for thwarted belonging with preadolescent children who have attempted suicide, and they can be used to develop practical clinical applications for suicide assessment and prevention interventions with this population.

There is a tremendous need for more research in the field of suicide prevention with young children (Anderson et al., 2016). Young children do in fact take their own lives (Wise & Spengler, 1997), and we must work to develop more knowledge on understanding this phenomenon so we can develop more effective assessment and prevention measures. We must ask difficult questions in order to find solutions to treat a difficult problem.

References

- Amato, P. (2010). Research on divorce: Continuing trends and new developments. *Journal of Marriage and Family, 72*, 650-666.
- American Association of Suicidology (AAS) (2017). U.S.A. Suicide official final data. Retrieved from: www.suicidology.org
- American Psychiatric Association (APA) (2013). Diagnostic and statistical manual of mental disorders 5th Edition. Washington, DC: APA.
- Anderson, A., Keyes, G., Jobes, D. (2016). Understanding and treating suicidal risk in young children. *Practice Innovations, 1*(1), 3-19.

- Barzilay, S., Feldman, D. Snir, A., Apter, A., Carli, V., Hoven, C., ...Wasserman, D. (2015). The interpersonal theory of suicide and adolescent suicidal behavior. *Journal of Affective Disorders, 183*, 68-74.
- Baumeister, R., & Leary, M. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3), 497-529.
- Bean, S., Roller, L., & Wilson, P. (2006). *Parent-child connectedness: New intervention for teen pregnancy prevention*. Santa Cruz, CA: ETR Associates. Retrieved from: <http://recapp.etr.org/11ecap/documents/research/PCCInterventions.pdf>.
- Ben-Yehuda, A., Aviram, S., Govezensky, J., Nitzan, U., Levkovitz, Y., & Bloch, Y. (2012). Suicidal behavior in minors-diagnostic differences between children and adolescents. *Journal of Developmental and Behavioral Pediatrics, 33*(7), 542-547.
- Bridge, J., Goldstein, R., & Brent, D. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry, 47*(3), 372-394.
- Brent, D., Perper, J., Moriz, G., Liotus, L., Schweers, J., Balach, L., & Roth, C. (1994). Familial risk factors for adolescent suicide: A case-control study. *Acta Psychiatrica Scandinavica, 89*, 52-58.
- Cash, S., & Bridge, J. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinions in Pediatrics, 21*(5), 613-619.
- Centers for Disease Control and Prevention (2012). *National center for injury prevention and control. Web-based injury statistic query and reporting system*. Retrieved from: www.cdc.gov/ncipc/wisqars.
- Cero, I., & Sifers, S. (2013). Moderating factors in the path from physical abuse to attempted suicide in adolescents: Application of the interpersonal-psychological theory of suicide. *Suicide and Life-Threatening Behavior, 43*(3), 296-304.
- Cero, I., Zuromski, K., Witte, T., Ribeiro, J., & Joiner, T. (2015). Perceived burdensomeness, thwarted belongingness, and suicide ideation: Re-examination of the Interpersonal-Psychological Theory in two samples. *Psychiatry Research, 228*, 544-550.
- Conner, K., Wyman, P., Golston, D., Bossarte, R., Lu, N., Kaukeinen, K., ...Hesselbrock, V. (2014). Two studies of connectedness to parents and suicidal thoughts and behavior in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 0*(0), 1-12.
- Consoli, A., Peyre, H., Speranza, M., Hassler, C., Falissard, B., Touchette, E.,...Revah-Levy, A. (2013). Suicidal behaviors in depressed adolescents: Role of perceived relationships in the family. *Child and Adolescent Psychiatry and Mental Health, 7*, 8.
- Davis, N., & Meyer, B. (2009). Qualitative data analysis: A procedural comparison. *Journal of Applied Sport Psychology, 21*(1), 116-124.
- DeLuca, S., Wyman, P., & Warren K. (2012). Latina adolescents suicide ideation and attempts: Associations with connectedness to parents, peers and teachers. *Suicide and Life-Threatening Behavior, 42*(6), 672-683.
- Dervic, K., Brent, D., & Oquendo, M. (2008). Completed suicide in childhood. *Psychiatric Clinics of North America, 31*(2), 271-291.
- Durkheim, E. (1951). *Suicide: A study in sociology*. New York: Glencoe Press.
- Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology, 43*, 18-35.
- Fagan, P., & Churchill, A. (2012). The effects of divorce on children. *Marriage and Religion Research Institute*. Retrieved from: marri.us/effects-divorce-children
- Gair, S., & Camilleri, P. (2003). Attempting suicide and help-seeking behaviors: Using stories from young people to inform social work practice. *Australian Social Work, 56*(2), 83-93.
- Ghio, L., Zanelli, E., Gotelli, S., Rossi, P., Natta, W., & Gabrielli, F. (2011). Involving patients who attempt suicide in suicide prevention: A focus group study. *Journal of Psychiatric and Mental Health Nursing, 18*(6), 510-518.
- Gilchrist, H., & Sullivan, G. (2006). Barriers to help-seeking in young people: Community beliefs about youth suicide. *Australian Social Work, 59*(1), 73-85.
- Gould, M. S., Shaffer, D., & Greenberg, T. (2003). *The epidemiology of youth suicide*: In: King RA, Apter (Eds). Suicide in children and adolescents. Cambridge University Press, 1-40.
- Greene, S., & Hogan, D. (2011). *Researching children's experience*. Los Angeles, CA: Sage.

- Greydanus, D., & Calles, J. (2007). Suicide in children and adolescents. *Primary Care Clinics in Office Practice, 34*(2), 259-273. Doi: 10.1016/j.pop.2007.04.013
- Gunn, J., Lester, D., Haines, J., & Williams, C. (2012). Thwarted belongingness and perceived burdensomeness in suicide notes. *Crisis, 33*(3), 178-181.
- Hames, J., Hagan, C., & Joiner, T. (2013). Interpersonal process in depression. *Annual Review Clinical Psychology, 9*(1), 335-377.
- Hatcher, S., & Stubbersfield, O. (2013). Sense of belonging and suicide: A systematic review. *Canadian Journal of Psychiatry, 58*(7), 432-436. Retrieved from: <http://Oweb.b.ebscohost.com.catalog.llu.edu/ehost/pdfviewer/pdfviewer?sid=7662da59-85de-4a84-bbb4-494b633b615d%40sessionmgr115&vid=2&hid=109>
- He, A., Fulginiti, A., & Finno-Velasquez, M. (2015). Connectedness and suicidal ideation among adolescents with child welfare: A national survey. *Child Abuse and Neglect, 42*, 54-62.
- Hooven, C. (2013). Parents-Care: A suicide prevention program for parents of at-risk youth. *Journal of Child and Adolescent Psychiatric Nursing, 26*, 85-95.
- Joiner, T. (2009). Suicide prevention in school as viewed through the interpersonal-psychological theory of suicidal behavior. *School Psychology Review, 38*, 244-248.
- Joiner, T., & VanOrden, K. (2008). The interpersonal psychological theory of suicidal behavior indicates specific and crucial psychotherapeutic targets. *International Journal of Cognitive Therapy, 1*, 80-89.
- Joiner, T., VanOrden, K., Witte, T., Selby, E., Riberiro, J., Lewis, R., & Rudd, D. (2009). Main predictors of the interpersonal-psychological theory of suicidal behavior: Empirical tests in two samples of young adults. *Journal of Abnormal Psychology, 118*(3), 634-646.
- Kashani, J., Goddard, P., & Reid, J. (1989). Correlations of suicidal ideation in a community sample of children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 28*(6), 912-917.
- Kolves, K. (2010). Child suicide, family environment, and economic crisis. *Crisis, 31*(3), 115-117.
- Krathwohl, D. (2009). *Methods of educational and social science research*. Long Grove, IL: Waveland.
- Kuhlberg, J., Pena, J. & Zayas, L. (2010). Familialism, parent-adolescent conflict, self-esteem, internalizing behaviors and suicide attempts among adolescent Latinas. *Child Psychiatry Human Development, 41*, 425-440.
- Law, P. C., Cuskelly, M., & Carroll, A. (2013). Young people's perceptions of family, peer, and school connectedness and their impact on adjustment. *Australian Journal of Guidance and Counseling, 23*(1), 115-140.
- Lezin, N., Roller, L., Bean, S., & Taylor, J. (2004). *Parent-child connectedness: Implications for research, interventions, and positive impacts on adolescent health*. ETR Associates. Retrieved from: <http://www.popline.org/node/265596>
- Litwiller, Br. & Brausch, A. (2013). Cyber bullying and physical bullying in adolescent suicide: The role of violent behavior and substance abuse. *Journal of Youth Adolescence, 42*, 675-684.
- Logan, J., Crosby, A., & Hamburger, M. (2011). Suicidal ideation, friendships with delinquents, social and parental connectedness, and differential associations by sex. *Crisis, 32*(6), 299-309.
- Mack, N., Woodson, C., MacQueen, K., Guest, G. & Namey, E. (2005). *Qualitative research methods: A data collector's field guide*. Research Triangle Park, North Carolina: Family Health International.
- Manoranjitham, S., Charles, H., Saravanan, B., Jayakaran, R., Abraham, S., & Jacob, K. (2007). Perceptions about suicide: A qualitative study from southern India. *The National Medical Journal of India, 20*(4), 176-179. Retrieved from: http://www.nmji.in/archives/Volume_20/Number_4/Short_report/Short_Report.htm
- O'Reilly, M. & Parker, N. (2014). *Doing mental health research with children and adolescents: A guide to qualitative methods*. Los Angeles, CA: Sage.
- Ribeiro, J., Bodell, L., Hames, J., Hagan, C., & Joiner, T. (2013). An empirically based approach to the assessment and management of suicidal behavior. *Journal of Psychotherapy Integration, 23*(3), 207-221.
- Soole, R., Kolves, K., & DeLeo, D. (2014). Factors related to childhood suicides. *Crisis, 35*(5), 292-300.

- Stewart, S., Eaddy, M., Horton, S., Hughes, J., & Kennard, B. (2015). The validity of the interpersonal theory of suicide in adolescence: A review. *Journal of Clinical Children and Adolescent Psychology, 0*(0), 1-13.
- Suominen, K., Isometsa, E., Suokas, J., Haukka, J., Achte, K., & Lönnqvist, J. (2004). Completed suicide after a suicide attempt: A 37-year follow-up study. *American Journal of Psychiatry, 161*, 562–563.
- Timmons, K., Selby, E., Lewinsohn, P., & Joiner, T. (2011). Parental displacement and adolescent suicidality: Exploring the role of failed belonging. *Journal of Clinical Child and Adolescent Psychology, 40*(6), 807-817.
- VanOrden, K., Witte, R., Cukrowicz, K., Braithwaite, S., Selby, E., Joiner, T. (2010). The interpersonal theory of suicide. *Psychological Review, 117*(2), 575-600.
- VanOrden, K., Witte, T., Cukrowicz, K., & Joiner, T. (2012). Thwarted belongingness and perceived burdensomeness: Construct validity and psychometric properties of the interpersonal needs questionnaire. *Psychological Assessment, 24*(1), 197-215.
- Wagner, B. (2009). *Suicidal behavior in children and adolescents*. New Haven, CT: Yale University Press.
- Wagner, B., Silverman, M., Martin, C. (2003). Family factors in youth suicidal behaviors. *American Behavior Science, 46*(9), 1171-1191.
- Whitlock, J., Wyman, P., & Moore, S. (2014). Connectedness and suicide prevention in adolescents: Pathways and implications. *Suicide and Life-Threatening Behavior, 44*(3), 246-272.
- Wise, A., & Spengler, P. (1997). Suicide in children younger than age fourteen: Clinical judgment and assessment issues. *Journal of Mental Health Counseling, 19*, 318-335.
- Xu, J., Kochanek, K., Murphy, S., & Tejada-Verda, B. (2010). Deaths: Final data for 2007. *National Vital Statistics Reports, 58*(19), 1-135.
- Zhang, J. (2016). From psychological strain to disconnectedness. *Crisis, 37*(3), 169-175.

Appendix A: Interview Questions
Interview Questions (1.0 Grade Level)

- Q1: Did you feel close to your mom and dad before you came here? Tell me about that.
- Q2: Did you have talks with your mom and dad before you came here? Tell me about that.
- Q3: Did you share your feelings with your mom and dad before you came here? Tell me about that.
- Q4: Did you trust your mom and dad before you came here? Tell me about that.
- Q5: Did you spend time, and do things, with your mom and dad before you came here? Tell me about that.
- Q6: Did your mom and dad help you with school work before you came here? Tell me about that.
- Q7: Did your mom and dad show you that they cared about you before you came here? Tell me about that.
- Q8: Did your mom and dad have rules at home for you before you came here? Tell me about that. What happened when you broke a rule? What happened when you followed rules?
- Q9: Did your mom and dad know what was happening in your life (friends, school) before you came here? Tell me about that. How did they know?
- Q10: Did you want to be like your mom before you came here? Tell me about that. Did you want to be like your dad before you came here? Tell me about that.
- Q11: Did your mom and dad show they were proud of you before you came here? How did they show you? Tell me about that.