Social Factors and Warning Signs of Suicide in Adolescents

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Abstract

This paper discusses the sociological perspective of suicide. Suicide is a social phenomenon present in every society or culture and is considered as one of the problems and challenges of modern society of the individual and the family itself as a functional unit of society. The purpose of this study is to assess, analyze and role these sociological factors that influence suicide. The paper also reviews the literature on social factors and suicide warning signs in adolescents. The review identified these social factors that appear to increase the risk of suicide: family characteristics and socio-economic status, migration and emigration, physical and sexual abuse, previous suicide attempts, drug and alcohol use, bullying, sexual orientation, etc. Adolescent suicide is a growing concern worldwide and has an impact on family, friends / community. It is an important social phenomenon and the leading cause of death in young people therefore knowledge of social factors and warning signs are essential for the effective prediction, prevention and treatment of problematic situations of adolescents.

Keywords: suicide, adolescents, social factors, warning signs,

Introduction

Suicide is the fourth leading cause of death among 15-19 year olds for both sexes worldwide in 2019. Suicidal ideation and suicide attempts are often associated with depression (Takahashi, 2001), but the role of social factors is less clearly and remains a topic of theoretical and practical interest, given that social factors can significantly affect the well-being of adolescents, (Amitai, 2012).

Based on a review of a series of articles studying the impact of social factors on suicide, these social factors were identified that increase the risk of suicide such as family characteristics and socioeconomic status, migration and emigration, physical and sexual abuse, previous suicide attempts, use of drug and alcohol, sexual orientation bullying. However, these factors can vary significantly for different countries due to differences within social and cultural constructs.
Research Methodology

This paper is based on a qualitative analysis of various papers and articles on the phenomenon of suicide, factors and social problems that accompany the phenomenon. The scientific methods used in this paper are mainly methods of analysis, synthesis and comparison, which help in analyzing, synthesizing and comparing the theoretical views of foreign authors, who have researched from a sociological point of view the social factors that push adolescents towards suicide.

Since it is clear, this is a problem that has large dimensions and is a social problem in society, the paper also uses the method of content analysis, as a necessary method to study multidimensional research on adolescent suicide and social factors affecting it.

Social factors and problems of suicide first in the focus of various sociological studies

Factors and social problems accompanied Emil Durkheim, in his book that published in 1897 "Suicide". It presented a sociological study of suicide and conclusion of this book is suicide may have originated in social causes and not just because of temperament individual (Maris 2000). According to Durkheim, suicide is a social phenomenon and has two important aspects, social integration and moral integration. The term suicide is used in all cases of death as a direct or indirect result of a negative or positive act of the victim himself, which he knows will bring this result.

Emil Durkheim in his famous work "Suicides" of 1897 identified four types of suicides, for which he considers that by character they can only be built socially. These are:

Selfish suicide results from the poor integration of the individual into society and where he / she addresses himself / herself. Usually these individuals have physical, mental, intellectual or sensory disabilities in the development of skills, and these individuals find it difficult to adapt and as such half-heartedly, are accepted by society.

Altruistic suicide occurs as a result of over-integration into the community. For the person the community is something more important than the self, these are communities that have excessive control over the individual and make him dependent on him. This form is often encountered in primitive societies. In altruistic suicide there are three categories of these suicides:

- Suicide of people on the verge of old age or sick people (Denmark-fighters, Gota, Thrace, India, Fiji, etc.);
- Suicide of women after the death of their husband (Tibet, India);
- Suicide of a protector or servant after the death of their master (in Gaul, Ashanti, Hawaii);

Abnormal suicide occurs when society is unable to integrate an individual and have adequate control over him. This type of suicide occurs when society changes value and normative system in case of long crises or sudden economic prosperity. The state
of hopelessness is created. Durkheim argues that anomie in modern societies is a regular and specific factor of suicide, it is one of the sources from which the annual contingent of suicide emerges.

Fatalistic suicide comes at a time when strong and intense social control prevails, which mercilessly blocks the individual from the future and forcefully preserves passion through repressive discipline. It is characteristic of servants who can't resist the rules that are set, armies that do not obey orders, married women, new husbands, etc. (Durkheim, 2004: 19).

Factors influencing adolescent suicide

The family environment has been defined as a predictor of suicidal behavior in adolescents by a series of studies. Family-related risk factors are parental psychopathology, family history of suicidal behavior, family disputes, loss of a parent or divorce, poor quality of parent-child relationship, and abuse (Bridge, Goldstein 2006)

Three studies (King et al., 2008; Michelson et al., 2012; Wagner et al., 2003) on familiar factors associated with suicidal behaviors in adolescents reached similar conclusions and identified family interactions, pathology, attachment, and abuse, children, socialization, and cohesion in general as important factors. There is evidence to suggest that suicidal behavior is familiar and, possibly, genetic, and that responsibility for suicidal behavior is transmitted in the family, regardless of the psychiatric disorder (Brent, Mann, 2005). But there are also environmental ways of transmission, such as imitation and intergenerational family disasters (Brent, Melhem 2008).

According to De Leo the concept of suicidal ideation is based on the infectious disease model and assumes that a suicidal behavior by one person can facilitate the onset of subsequent behaviors, similar to others. The process is implemented through imitation. Imitation theories have been postulated to explain the accumulation of suicides and DSH behaviors. Studies conducted mainly in adolescents found that up to 5% of all suicides could be the result of suicide grouping and that exposure to DSH behaviors in family and friends was a predictor of DSH and suicidal ideation (De Leo 2008).

Both fatal and non-fatal suicidal behaviors are consistently associated with negative parent-child relationships (e.g., high conflict, low intimacy), child abuse, staying with less than two biological parents, and family history of affective disorders, and antisocial. Parental separation / divorce and family history of suicidal behavior and alcohol / substance abuse are more strongly associated with completed suicide than with other suicidal symptoms, but family system problems (such as low cohesion and adaptability) and insecure relationships parent-child are more consistently connected. with non-fatal suicidal symptoms rather than completed suicide (Wagner.)
Theory and research suggest that parental history of suicidal behavior may give offspring an affective, behavioral, or neurocognitive impairment for suicide, and that this impairment may be at least partially hereditary (Brent & Melhem, 2008).

Many young people experience a decline in the quality of parent-child relationships around adolescence, including an increase in negative relationships and a decrease in positive relationships (Hazel et al., 2014; McGue, Elkins, Walden, & Iacono, 2005).

Several cross-sectional studies have repeatedly shown that high levels of negative parent-child relationship quality are correlated with young people's suicidal behavior across a wide range of cultures and countries (McKinnon, Gariepy, Sentenac, & Elgar, 2016;). The family is a very strong protection of adolescents from suicide, strong ties with family and their support gives them a security to face suicidal ideation.

**Change of residence and socio-economic class**

Internal migration can be considered a serious risk factor for suicidal behavior. Moreover, the degree of cultural differences between the area of origin and the new environment can be vital. (Akkaya-Kalayci 2015). Children who moved frequently were more likely to attempt suicide during adolescence. However, other studies found that residential mobility was associated with suicide attempts in adolescent females but not in males, suggesting a significant gender difference (Haynei 2006).

Another important factor is social class. Coming from a low-income family increases the risk of suicidal behavior in adolescents (Beautrais, 2000; Engstrom et al., 2004). Some studies show that adolescents involved in intentional self-harming behaviors tend to be from the lower socioeconomic strata (Ayton et al 2003, Kokkevi 2012), while other studies did not find such a link. Moreover, low levels of parental education are associated with a higher risk of suicide in adolescents (Canneto 1997). While Lodebo in a study with collaborators suggested that the low socio-economic position of parents is associated with a higher risk of self-harm in adolescence, mainly among girls (Lodebo, 2017).

**Alcohol and drugs**

Adolescence is a critical period in relation to the onset of use of tobacco, alcohol, and other substances (Chambers 2003), and the prevalence of substance use among adolescents is high in many countries. Substance abuse occurs in 1/3 of young people commit suicide. Many young people who have difficulty coping with their problems seek relief from drugs and alcohol. Because they can "escape" from their worries temporarily with the use of drugs and alcohol, young people who do not face this tend to continue to use these substances. As use increases, the adolescent may become emotionally and physically addicted to the drug to the point where he / she should continue to take them to avoid withdrawal symptoms. Unfortunately, alcohol and many drugs have depressant and disinfectant effects.
Alcohol abuse is known to be associated with an increased risk of suicidal behavior and suicidal death among adolescents. A recent study reported that the link between drinking episodically in large quantities and attempting suicide is maintained even after controlling for depression (Aeseltine et al. 2009). The bond was stronger in the under-13 age group and decreased with age. These findings suggest that drinking in large quantities at an early age may be a marker for several other factors (e.g. poor behavioral inhibition, poor decision making, cognitive prematurity) associated with suicide attempts (Nock 2009).

Chronic substance use can also have a negative impact on adolescent brain development (Squeglia 2009; Volkow 2005) as well as changes in behavioral, affective and cognitive processes characterized as underdeveloped regulation of aggression and impulsivity (Clark et al. 2005). In conclusion we can say that substance use can contribute to suicidal behavior in many ways. Restricting alcohol sales to adolescents has already been shown to be an effective measure to prevent suicide (Mann et al. 2005; Nicholson 2009).

**Physical and sexual abuse**

Socio-demographic and individual factors, as well as unfavorable family environments and negative experiences during childhood, are considered risk factors for inciting suicidal ideation during adolescence (Waldrop et al. 2007). The data show direct links between physical and sexual violence, and suicidal ideation in adolescents (Miller et al. 2013; Thompson et al. 2012) Exposure to physical and especially sexual abuse in childhood leads to a significant increase in poor outcomes of mental health, including suicidal ideation and behaviors, experienced in adolescence (Fergusson et al. 2008).

Higher suicide rates are recorded in girls compared to boys Adrian et al. 2016 in adolescents who are exposed to physical and sexual violence Thompson et al. 2012). The risk increases if the child is sexually abused by a close family member or the sexual abuse is repeated over time (Brezo et al. 2008). According to the findings of the study Brezo et al 2008, the greater the severity of the abuse, the higher the risk of suicide attempts.

Haynie et al., (2009) evaluated data from a U.S. study of 11, 949 adolescents and suggested that exposure to violence truncates adolescence and leads to a premature entry into adulthood which can be observed through behaviors such as abandonment of high school, criminal conduct or suicide.

On the other hand, many studies have suggested that attending religious institutions, being more exposed to religious beliefs, and giving more importance to religion, reduces the chances of suicidal ideation, suicide attempts, and suicide.

Physical and sexual abuse during childhood was found to be strongly associated with suicidal ideation in adolescents even when considering socio-demographic variables, mental and family health that may affect this relationship 17. Results from previous
studies show that victims of sexual abuse show 2 to 3 times more risk of presenting suicidal ideation as a symptom and that physical abuse is an important predictor of suicidal ideation even when confounding variables are controlled.

Unfortunately, many Brazilian children and adolescents are exposed to violence and abandonment during their lifetime, facing several types of physical, social, cultural and racial aggression on a daily basis.

Some studies have found a link between physical abuse and suicidal behavior, most studies show a much greater effect with a history of sexual abuse than physical, and some report a greater risk for suicide attempts in those reporting more than a kind of abuse.

Empirical studies largely show a link between childhood abuse / neglect and suicide for both boys and girls and within different ethnic / racial groups.

Garnefski and Arends found that sexually abused boys were at greater risk of suicide attempts than sexually abused girls, although both groups were at higher risk than unsuspecting boys and girls.

**Bullying**

A great deal of theoretical and empirical evidence supports this relationship between bullying and adolescent suicide. Bullying consists of deliberate and repeated aggression involving a power mismatch between the victim and the bully (Olweus 1993). Bullying in adolescence is identified in different forms, with different prevalence rates for different forms: physical (i.e., assault), verbal (i.e., threats or insults), relational (exclusion or spread of gossip) and cybernetic (i.e., aggressive texts or posts on social networks) (Wang et al. 2009).

Klomek showed that bullying and victimization during childhood increase the chances of a subsequent suicide attempt. Prevalence shows that approximately 20-35% of adolescents report involvement in bullying as a bully, victim, or both (Levy et al. 2012).

Victimization from bullying has been shown to be associated with low self-esteem (Juvonen et al. 2000), anxiety (Kumpulainen et al. 1998), and depression (Fekkes et al. 2004; Klomek et al. 2007). Many young people are subject to cyberbullying via email, cell phone messaging, and social networking sites, perpetrated by other teens or even adults (Mann 2005).

Brent found that in boys, bullying, but not victimization, was associated with suicide, while in girls, victimization, but not bullying, was associated with suicide attempts. Boys who were both bullies and victims of bullying had a higher probability of suicidal behavior than boys who were just victims and girls who were victims of bullying were more likely to exhibit suicidal behaviors than those who were neither bullies nor victims (Klomek 2009).
Gender

In adolescents and young adults, the suicide rate is 2-4 times higher in men than in women, while suicide attempts are 3-9 times more common in women (Wunderlich et al. 2001; Eaton et al. 2012). In developed countries, suicide mortality is estimated to be 2-3 times higher in young men than in women (Wasserman et al. 2005).

Within the context of suicide research, gender differences in rates of suicidal behavior are known as the "Gender Paradox" (Canetto and Sakinofsky 1998). In adolescents and young adults, this paradox varies with age (Canetto 2008; Rhodes et al. 2014a). Female suicide attempt rates increase with age, peaking in mid-adolescence (Lewinsohn et al. 2001; Boeninger et al. 2010; Thompson and Light 2011), while male suicide rates increase through early adulthood. (World Health Organization 2014). Previous suicide attempts are one of the strongest predictors of suicidal death (Kokkevi et al. 2012), especially in women. Gender differences in suicidal behavior can be explained by differences in emotional and behavioral problems (Kaess et al. 2011). Higher suicide rates among young men may be associated with a higher prevalence of external disorders (e.g., behavioral disorder, substance abuse disorder, deviant behavior) (Mergl et al. 2015). ) and a preference for highly lethal methods.

Sexual orientation

Young people who report same-sex sexual orientation are at greater risk than their peers of attempting suicide, and this risk persists even after checking for other risk factors for suicide. According to a recent study, gay teens, lesbians or bisexuals who experience family rejection or a negative family reaction to their "exit" are eight times more likely to attempt suicide than adolescents who do not experience family or minimal rejection [39]. These findings show that providing assistance to the gay / lesbian adolescent community in resolving their identity issues is an important part of suicide prevention. Moreover, addressing the issue of social rejection seems to be an important measure in this regard.

Conclusions

From a sociological point of view, suicide is not only an individual act, but also a social act, because a number of external factors shape the decision to commit suicide. The paper notes that there are many different explanations for suicide in different social systems, social classes, and different historical periods.

The revised studies are evidence that confirms the role of social factors in adolescent suicidal behavior. Recognizing and considering social aspects / factors and warning signs of suicide are essential for effectively predicting, preventing and treating adolescent behavior and suicide attempts.

Protecting teens from disasters, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical to their health and well-being during adolescence.
The importance of addressing the risk factors of the individual, family, community and social levels is related to taking action to improve the long-term well-being of adolescents. To promote and protect the adolescent's mental health, with due regard for the sociocultural context and care system in order to improve your lifelong well-being.

An important factor that influences suicide and has been analyzed in the paper is education, the findings of this sociological factor prove that even those with higher, secondary education, but also those with low education can overcome the risk of suicide. Each individual suicide, in forms and analysis is a story in itself. The circumstances, the motivation and the "identity card" that makes it are a series of specific circumstances that lead to the fatal act. Therefore, there is no unique formula for a general explanation of why people kill themselves.

However, these factors can vary significantly for different countries due to differences within social and cultural constructs.

References


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