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The association of lifetime suicidal ideation with perceived parental love and family structure in childhood in a nationally representative adult sample

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ABSTRACT

While perceived support from caregivers in the early stages of life is an aspect of family environment that is increasingly recognized as important for understanding lifetime suicidal behaviors, it is not well understood whether the relationship between perceived support from caregivers during childhood and lifetime suicidal behaviors holds regardless of family structure. This study examined the association between perceived love from caregivers in childhood and lifetime suicidal ideation in the National Comorbidity Survey Replication ($N=5,692$, 2001–2003). Multivariable logistic regression analyses were conducted to examine the association between lifetime suicidal ideation and retrospectively ascertained data on perceived love from caregivers during childhood as well as clinical and sociodemographic characteristics of study participants. Regression analyses were stratified by family structure, namely, whether or not study participants lived with two biological parents during childhood. Regardless of whether or not they lived with two biological parents during childhood, individuals who perceived love from caregivers during childhood had significantly 42–43% lower odds of lifetime suicide ideation as compared with those who did not perceive love from caregivers. Results suggest that perceived support from caregivers during childhood is an important correlate of lifetime suicidal ideation, regardless of family structure.

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1. Introduction

Suicide is the tenth leading cause of death in the United States (13.0 per 100,000 persons) as of 2013 and is a serious public health concern (Centers for Disease Control and Prevention, 2015; National Action Alliance for Suicide Prevention: Research Prioritization Task Force, 2014). An adverse or unsupportive family environment in childhood—including sexual abuse in the household, loss of caregivers, family conflicts, and poor communication between parents and children—is associated with risk for death by suicide, as well as non-fatal suicidal behaviors including suicide attempts and suicidal ideation (McLean et al., 2008; Wagner, 1997).

Perceived support from caregivers in the early stages of life is an aspect of family environment that is increasingly recognized as important for understanding lifetime non-fatal suicidal behaviors. Attachment theory proposes that insecure bonding with caregivers during childhood is associated with increased risk for various

emotional and behavioral problems (Bowlby, 1958). Research has consistently found that perceived lack of support from caregivers in early childhood is associated with reduced well-being, as well as emotional and behavioral problems including depression, anxiety, opposition, aggression, delinquency and drinking problems (Barnes and Farrell, 1992; Branje et al., 2010; Caldwell et al., 2004; McCarty et al., 2005; Meadows, 2011; Raja et al., 1992). A growing literature also indicates that perceived insecure bonding with caregivers during childhood is an important correlate of lifetime non-fatal suicidal behaviors, including suicidal ideation and suicide attempts (Adam et al., 1994; Dale et al., 2010; Johnstone et al., 2015; Saffer et al., 2015; Wong et al., 2002).

It is not well understood, however, whether the relationship between perceived support from caregivers during childhood and lifetime non-fatal suicidal behaviors holds regardless of family structure. Children in the United States are increasingly likely to be raised in a household that does not include both biological parents. As of 2013, less than half (46%) of children (< 18 years old) in the United States lived with two biological parents, as compared with 61% of children in 1980 (U.S. Census Bureau, 2013). Patten et al. (1997) found that the relationship between perceived support from caregivers and depressive symptoms did not differ in

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children in two-parent families versus those in single-parent families. No studies to date, however, have examined the relationship between perceived support from caregivers in childhood and *lifetime non-fatal suicidal behaviors* while accounting for different family structures. It is important to focus on lifetime *non-fatal suicidal behaviors* separately from other mental health outcomes, such as depressive symptoms, because it has been recognized that not all people with non-fatal suicidal behavior problems have mental disorders, despite the strong correlation between mental disorders and *non-fatal suicidal behaviors* (Leenaars, 2004).

The aims of this study were to examine the associations between perceived support from caregivers in childhood and lifetime non-fatal suicidal behaviors while adjusting for potential confounding factors and to test whether the associations hold regardless of family structure. In this study, we used nationally representative, cross-sectional data from the National Comorbidity Survey Replication (NCS-R) to examine the relationship between perceived support from caregivers and lifetime suicidal ideation while accounting for family structure during childhood. We used “perceived love from caregivers in childhood” as a proxy of perceived support from caregivers during childhood. In this study, we used lifetime suicidal ideation as a measure of non-fatal suicidal behavior because of the limited number of cases of suicide attempts in the NCS-R. The cross-sectional nature of the NCS-R did not allow us to include suicide deaths in the study. We examined the association between perceived love from caregivers in childhood and lifetime suicidal ideation. We also examined whether the association between perceived love from caregivers in childhood and lifetime suicidal ideation differed based on whether or not study participants had been raised in a household with both biological parents. We hypothesized that perceived love from caregivers in childhood would be negatively associated with lifetime suicidal ideation regardless of family structure.

2. Method

2.1. Study sample

The cross-sectional sample was drawn from the National Comorbidity Survey Replication (NCS-R) conducted with a sample of 9,282 nationally representative citizens in the United States aged 18 years and older. The NCS-R was carried out ten years after the National Comorbidity Survey (NCS), which was conducted between 1990 and 1992 (Harvard Medical School, 2005). The goal of the NCS-R was to study trends in various psychiatric disorders since the NCS (Kessler and Merikangas, 2004). The NCS-R was administered between 2001 and 2003 and had a response rate of 70.9%. The data were weighted to adjust for differential within-household probability of selection and non-response and to approximate the distribution of the 2000 U.S. Census on a range of sociodemographic characteristics (Kessler et al., 2004). The NCS-R interview consists of two parts. Part I was administered to all the study participants ($N=9282$) to assess the existence of core mental disorders. Part II was administered to 5692 study participants to assess correlates of core mental disorders. Since the present study involves variables assessed in Part II (e.g., household income), the total sample size for this study was 5692. As 18% of the sample was missing observations, we used multiple imputation techniques with the *ice* command in STATA, version 13 to impute missing observations. Five imputations were generated, using the chained equation models including both dependent and independent variables we will describe below (Royston, 2005). Standard errors were estimated using Rubin’s Formula to take into account within and between variations across five imputed datasets (Rubin, 1987).

2.2. Measures

The outcome measure in this study was the presence of lifetime suicide ideation. It was assessed by asking, “Have you ever seriously thought about committing suicide?” We coded the variable of suicide ideation 1 if the response to this question was yes and 0 if the response was no.

A main explanatory variable of interest, perception of parental love, was assessed by an item asking, “How much love did the woman who spent most time raising you, give you?” The same question was repeated for the man who spent most time raising a study participant. The answers were scored on a 4-point scale, “a lot” (1), “some” (2), “a little” (3), and “not at all” (4). The dichotomized variable was created by rating 1 for those who responded they received a lot or some love from at least one of their caregivers and 0 for those who responded they received a little or no love from both of their caregivers.

Family structure was assessed by a question asking “Did you live with both of your biological parents up until you were sixteen?” The dichotomized variable was created by rating 1 for those who responded they lived with both of their biological parents in childhood and 0 for those who responded they did not live with both of their biological parents in childhood.

Covariates in this study included lifetime mental disorders, presence of prolonged sadness experienced by participants’ caregivers during childhood and sociodemographic characteristics at the time of the survey. Lifetime mental disorders were operationalized as the presence of at least one of the following mental disorders over the respondent’s lifetime: bipolar disorder (type I and type II), dysthymia, hypomania, major depressive disorder, major depressive episode, adult separation anxiety disorder, agoraphobia, general anxiety disorder, panic attack, PTSD, social phobia, specific phobia, alcohol abuse, alcohol dependence, drug abuse, drug dependence and nicotine dependence. The dichotomized variable was created by rating 1 for those who responded they had at least one of these lifetime mental disorders and 0 for those who responded they did not have any of these lifetime mental disorders.

Presence of prolonged sadness experienced by study participants’ caregivers during childhood was assessed by a question asking “During the years you were growing up, did the woman who raised you ever have periods lasting 2 weeks or more where she was sad or depressed most of the time?” The same question was repeated for the man who spent most time raising a study participant. The dichotomized variable was created by rating 1 for those who responded at least one of their caregivers experienced prolonged sadness and 0 for those who responded none of their caregivers experienced prolonged sadness.

Sociodemographic variables in this study included: (1) gender, (2) age group (15–24, 25–34, 35–44, 45–54, > 54), (3) race (White, African American, Hispanic, and all other), (4) educational attainment (less than 12 years, 12 years, 13 to 15 years, and 16 years or more), (5) marital status (married, divorced/separated/widowed, and never married) (6) yearly household income (less than \$20,000, between \$20,000 and \$34,999, between \$35,000 and \$69,999, and more than \$70,000), and (7) importance of religious beliefs (very/somewhat important and not very/not at all important).

2.3. Data analysis

We compared lifetime prevalence of suicidal ideation between those who perceived a lot or some love and those who perceived little or no love from caregivers in childhood, as well as between those who lived with both biological parents and those who did not live with both biological parents in childhood. We conducted a

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