Parental psychopathology, adult attachment and risk of 12-month suicidal behaviours

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A B S T R A C T

Background: The mechanisms by which parental psychopathology and vulnerability to suicide is transmitted to offspring is not well understood. parental psychopathology and behaviour may impact upon the normal emotional and psychological adjustment of their offspring in various ways. Research shows attachment insecurities may also be a key factor in the facilitation of suicidal behaviours.
Objective: To examine adult attachment insecurities as a potential mediating pathway between parental psychopathology and 12-month suicidality.
Method: The study utilized data from the National co-morbidity Survey-Replication (NCS-R, N = 5692). Parental psychopathology was assessed using items from the Familial History of Psychiatric Disorders section of the NSC-R in conjunction with items designed to capture dimensions of attachment and suicidal behaviours.
Results: Resultant analyses demonstrated specificity effects in that, parental psychopathology was associated with specific suicidal components through specific dimensions of attachment.
Discussion: The results align with literature linking parental psychopathology to both attachment insecurities and risk of suicide. Crucially, this study bridges these research areas by presenting attachment insecurity as possible risk indicator and intervening factor between parental mental health and behaviour and specific indicators of suicide.

1. Introduction

Suicide is a leading cause of death worldwide (World Health Organisation, 2014). Yet research seeking to uncover the causes of suicide has made little advancement (Klonsky and May, 2014; O'Connor and Nock, 2014). Prior studies which have examined correlates of suicidal thoughts and behaviours have shown strong associations with mental illness (Luoma et al., 2014), impoverished interpersonal bonds (Sheftall et al., 2013; Van Orden et al., 2012), exposure to childhood trauma (Barbosa et al., 2014; Park et al., 2015) and household dysfunction (Felitti et al., 1998). Parental history of admission to a psychiatric hospital has also been found to be a strong predictor of suicidality in their adolescent and young adult offspring (Beautrais, 2002; Fergusson and Lynskey, 1995; Hawton et al., 2002; Stenager and Qin, 2008). Furthermore, research shows familial clustering of suicidal behaviours (MacGregor et al., 2014), with a greater attributable risk evident for families with a combined history of death by suicide and psychiatric illness compared to families with a psychiatric illness only (Agerbo et al., 2002; Qin et al., 2002; Stenager and Qin, 2008).

That said, the mechanisms by which parental psychopathology and vulnerability to suicide are transmitted from parent to child are not well understood. However, it is thought that both direct and indirect pathways may influence the emotional and psychological development of the child (McLaughlin et al., 2012). Direct pathways include hereditary factors which are genetically inherited from parents and create a vulnerability to psychiatric illness (Gureje et al., 2011). Indirect pathways may involve many distal life circumstances (e.g. neglect, early family conflict) that can ultimately predispose a child to psychiatric presentations, maladaptive behaviours and compromised patterns of attachment. This in turn can impact upon the normal emotional and psychological adjustment of the child (Frey and Cerel, 2015; Mayes and Lewis, 2012; Weiner and Freedheim, 2003).

Contemporary studies suggest that attachment is a powerful construct by which to explain psychopathology (Shevlin et al., 2014). Research demonstrates that specific dimensions of attachment can predispose individuals to particular patterns of mental disorders (Mikulincer and Shaver, 2012) including suicide (Levi-Belz et al., 2013; Palitsky et al., 2013; Violato and Arato, 2004; Zeyrek et al., 2009). One of the key principles of attachment theory is that early attachment

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relationships become the prototype or internal working model by which individual's judge later relationships, and are predictive of individual differences in cognition, behaviour, emotion regulation and feelings about the self and others (Bowlby, 2008, 1977). A positive internal working model is formed when the primary caregiver is responsive, trustworthy, and accessible, leading to a secure attachment development. Conversely, unfavorable interactions lead to a negative internal working model of others as unpredictable and unavailable, leading to anxious or avoidant attachment development (Bowlby, 2008). As such, if the child's attachment with their parent is undermined due to parental psychopathology, this is likely to also disrupt the child across many stage-salient milestones commensurate with the child's phase of psychological and social development. This may not only precipitate the onset of clinical or subclinical phenomena in later life but also influence the acquisition and maintenance of stable and enduring relationships (Mayes and Lewis, 2012; Shorey and Snyder, 2006).

Empirical evidence demonstrates that adult romantic attachment patterns are typically informed by early experiences with parents (Fraley, 2002; Mikulincer and Shaver, 2016; Waters et al., 2000) and often correspond with memories of parenting in childhood (Riggs, et al., 2007; Ward et al., 2006). Parental marital discord and parental drinking problems have both been linked to insecure romantic attachment in adulthood, especially avoidant attachment (Brennan et al., 1991; Brennan and Shaver, 1993). In addition, various aspects of family functioning including parental maltreatment in early life have found to be associated with different configurations of insecure adult attachment (Bakermans-Kranenburg and van IJzendoorn, 2009; Cicchetti and Lynch, 1993; Lutz and Hock, 1995). Bringle and Bagby (1992) found that avoidant adult romantic attachment was associated with cold parenting styles and family problems in both childhood and adulthood, while Wilhelm, Gillis, and Parker (2016) found a relationship between neglectful parenting and preoccupied attachment among men.

Research suggests that attachment insecurities may be a key factor in the facilitation of suicide (Levi-Belz et al., 2013). Indeed, many of the features of insecure adult attachment styles, including a distorted sense of worth and an unmet need for belonging (Lessard and Moretti, 1998) have conceptual overlap with constructs such as thwarted belongingness, which are central to contemporary theories of suicide (Joiner et al., 2009; Van Orden et al., 2010, 2008). Interpersonal difficulties arising from maladaptive parenting or early adversity are also common amongst individuals who are suicidal (Hardt et al., 2006; Johnson et al., 2002).

That said, almost no systematic research has been conducted examining the etiological role of parental psychopathology on adult attachment insecurities and the subsequent association with suicidality (Sheftall et al., 2013). Moreover, studies which use attachment theory to help explain suicidality tend to combine thoughts, plan or behaviours into an overall composite variable or examine them in isolation. However, each of these components holds significant predictive value since they characterize differential intents. Consequently, the failure to separate suicide components may produce equivocal results which many hinder the identification of distinct etiological pathways, developmental trajectories, and treatment strategies (Stepp et al., 2008).

In lieu of this, the present study attempted to identify the comparative impact of each parent's psychopathology on the respondent's adult attachment style. Secondly, compare the influence of different insecure adult attachment styles on 12-month suicide ideation and suicide plans. The final aim was to ascertain whether insecure adult attachment represents an intermediary link between parental psychopathology and suicidality.

2. Methods

2.1. Sample

The current study employs a secondary data analysis of the National Comorbidity Survey-Replication (NCS-R). The NCSR is a nationally representative household survey of the prevalence and correlates of mental disorders among English-speaking adults aged 18 and over in the US. The NCS-R employed a complex survey design involving multi-stage area probability sampling. This necessitated the use of stratification, clustering and weighting to adjust for differential probabilities of selection within households, systematic nonresponse bias, and residual socio-demographic differences between the respondents (Ericsson et al., 2012). For further details on design and field procedures see Kessler et al. (2004).

The survey was administered in two parts. Part I included a core diagnostic assessment of all respondents (n = 9282). Part II was administered to a subset of 5692 participants who met the criteria for any lifetime core disorder in Part I along with a 1-in-3 probability subsample of other respondents. Part II included questions about mental health correlates such as childhood experiences and retrospective recall of parental psychopathology (Kessler et al., 2005; Kessler and Merikangas, 2004). Sample weights and stratification have been applied to all analyses. Part II sample weights were used considering that the data presented within this study relates specifically to Part II of the survey (NCS-R, *N* = 5692).

2.2. Measures

2.2.1. Background variables

The mediation model was adjusted for a range of demographic factors known to be associated with suicide. These included: age, gender, socioeconomic status (SES), and probable substance abuse. A proxy variable for low SES was created if individuals endorsed receipt of assistance from a government welfare program (0) "No", (1) "Yes". Probable substance abuse was determined through the following items: "Did you ever use alcohol or drugs so much that your family or friends worried about you or repeatedly complained about your use?", "[…] it caused repeated arguments or problems either with your family or friends, people at work or school, or with the police?", "[…] it often interfered with your responsibilities at work, at school, or at home?". A new variable was computed whereby positive endorsement of at least one item was indicative of probable substance abuse: (0) "No", (1) "Yes".

2.2.2. Maternal and paternal internalizing disorders

Fourteen diagnostic items for each parent were used to identify the presence of internalizing disorders, specifically depression and anxiety as specified from the Familial History of Psychiatric Disorders section (Andreasen et al., 1977). Example depression items included: "During the years you were growing up, did [woman/man who raised the respondent] ever have periods lasting 2 weeks or more where [he/she] was sad or depressed most of the time?", and example anxiety items included: "During the time you were growing up, did […] ever have periods of a month or more when [he/she] was constantly nervous, edgy, or anxious?" Individuals who endorsed at least one of the items for each of the respective disorders were coded as (1) indicating the likely presence of the disorder, or (0) indicating the absence of the disorder. This process was replicated to generate four new variables: maternal depression, maternal anxiety, paternal depression, paternal anxiety.

2.2.3. Maternal and paternal externalizing disorders

Eleven diagnostic items from the aforementioned section were identified for each parent which determined the presence of behaviours indicative of substance abuse and antisocial behaviour. Example substance abuse items included: "[…] did [woman/man who raised respondent] ever get professional treatment for a substance problem?" Anti-social behaviour items included: "Was […] ever arrested or sent to prison?" or "Growing up, […] did [woman/man] often get into physical fights". Continuous items were recoded into binary variables whereby