

THE TEENAGERS WITH SUICIDE AND PARASUICIDE ATTEMPTS AND THEIR FAMILY

Dana Metea Stefanescu¹, I Popa¹, Rodica Urtila¹, Sonia Tanasescu¹, Otilia Cinca², Luminita Ionica²

¹Clinic II Pediatrics – University of Medicine and Pharmacy Timisoara.

²Neuropsychiatry department of the Center for Children Diagnose and Treatment Nr2 Timisoara.

Summary

The adolescence, considered as "the age of the second birth" is characterized by the spectacular aspect of the transformations that the individual is going through, in all respects, including that of personality development. The purpose of the study is represented by the evaluation of the familial impact on the motivation in the teenage suicidal attempt. The study group was made up of 60 teenagers, hospitalized in the Pediatric Clinic II Timisoara, diagnosed with suicidal attempt and eventually taken in charge by the Neuropsychiatry department of the Center for Children Diagnose and Treatment. Conclusions:the teenage suicidal attempt represents a phenomenon with an increasing incidence. The dynamic factors of the family life are involved in the psychogenesis of the maladjusted suicidal behaviour.

Key words: suicidal attempt, teenage, personality development.

Introduction

The adolescence, considered as "the age of the second birth" is characterized by the spectacular aspect of the transformations that the individual is going through, in all respects, including that of personality development. The teenage model of personality is influenced by the family environment. In the context of the above-mentioned aspects, the suicidal act can be the expression of maladjustment to the family environment.

Purpose of the paper

The purpose of the study is represented by the evaluation of the familial impact on the motivation in the teenage suicidal attempt, by taking into consideration two aspects: the familial environment and the teenager personality.

Material and method

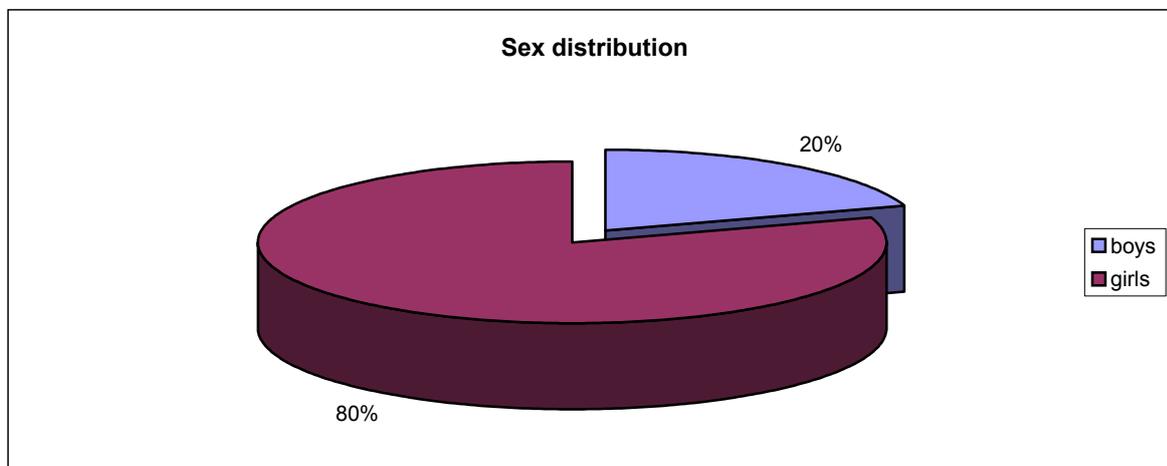
The study group was made up of 60 teenagers, hospitalized in the Pediatric Clinic II Timisoara, diagnosed with suicidal attempt and eventually taken in charge by the Neuropsychiatry department of the Center for Children Diagnose and Treatment.

The patients have been analyzed from the following points of view:

- identity data
- characteristics of the family environment
- triggering factors of the suicidal act.

THE IDENTITY DATA of the study group reveal:

- average age: 15,5 years
- sex: the females represent 80%, the males represent 20%
- family environment: 70% of the cases come from numerous families (with more than 4 children)



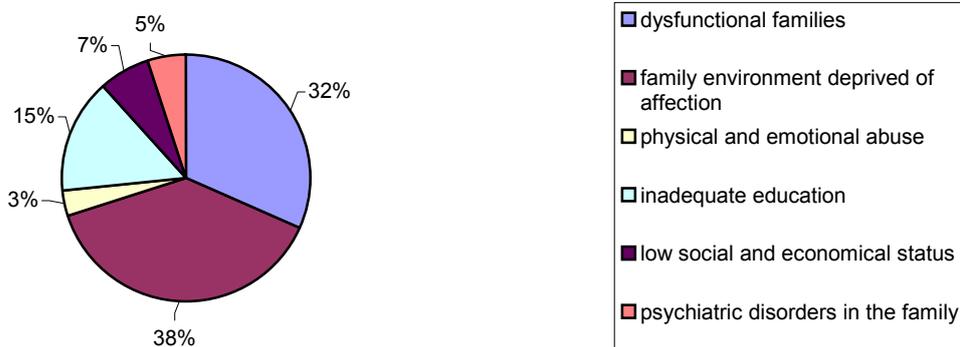
THE CHARACTERISTICS OF THE FAMILY ENVIRONMENT

- dysfunctional families: 19 cases
- family environment deprived of affection, unsupportive: 23 cases
- physical and emotional abuse: 2 cases
- inadequate education: 9 cases
- low social and economical status: 4 cases
- psychiatric disorders in the family: 3 cases

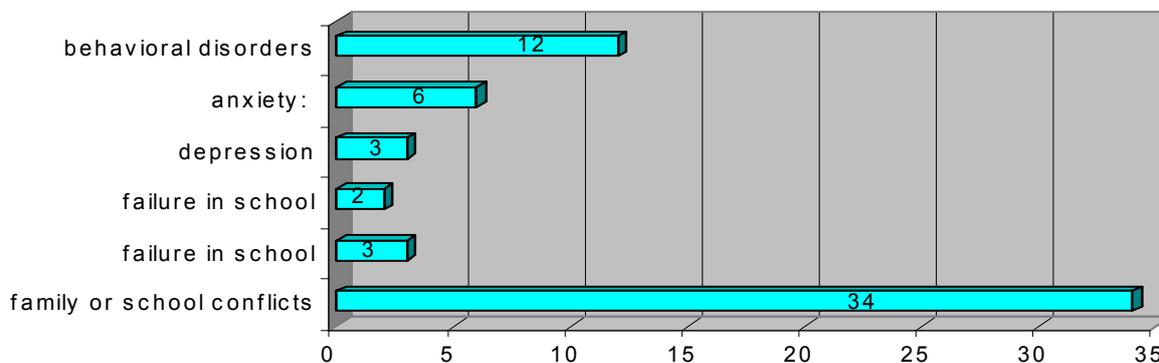
TRIGGERING FACTORS OF THE SUICIDAL ACT

- family or school conflicts: 34 cases
- failure in school: 3 cases
- c (separation from a girlfriend/ boyfriend): 2 cases
- psychiatric disorders of the subject, depression: 3 cases
- anxiety: 6 cases
- behavioral disorders: 12 cases

THE CHARACTERISTICS OF THE FAMILY ENVIRONMENT



TRIGGERING FACTORS OF THE SUICIDAL ACT



For the psychological evaluation, we have used: Zung self-rating depression scale, the ASI anxiety index, associated with projective tests (the family test, the Draw-a-person test, the Draw-a-tree test) and the Raven test, in order to establish the subject intelligence level (IQ).

Results and discussions

The teenage suicidal attempt represents a phenomenon with an increasing incidence.

In full development, the teenager starts to separate from the state of family dependency and tends to the adult

independence and autonomy. It is the period when the personality is defining; the teenager adapts himself and develops the biological, psychological and social potentialities, makes progresses, combining several hierarchical levels: the satisfaction of the biological needs, the social interaction and adaptation, the accepted rules of moral behaviour.

The dynamic factors of the family life are involved in the psychogenesis of the maladjusted suicidal behaviour. Here we can include the quality of interpersonal relationships with the family members and the quality of the

emotional communication in the family. Most of the times, the dysfunctional family creates severe psychosocial stress in teenagers vulnerable to stress, determining a modification of the conflict perception, a negative cognitive distortion, pushing them towards a suicidal behaviour.

The temperament, in a close connection with the IQ, has an important role in the suicidal inclination. Thus, the teenagers with a high IQ respond positively and adapt to the stress conditions, while those with a lower IQ are more vulnerable in similar conditions.

The suicidal attempt must not be considered as a pathologic element, but it must be understood as an aspect of an evolution associating both progress and regress.

Conclusions

1. It is important that the family should have knowledge about the psychological problems faced

by the teenager during the period in which his personality structure is defining.

2. The difficulties of expression of the suicidal teenager are generally connected to the adolescence itself. We can mention some constant features of the suicidal teenager, i.e. the capacity to isolate and the difficulty to identify himself which were noticed in all the cases studied.
3. The need to elaborate programs in order to prevent the mental illness in children and the need for children to adopt precocious adaptable measures in order to prevent the suicidal act.
4. The establishment of a program of psychological assistance in special institutions, for teenagers passing through difficult existential moments, the availability of "hotline" centers during the night.

References

1. Christopher A. Kearney, Kelly L. Drake. (2007) Child Anxiety Sensitivity and Family Environment as Mediators of the Relationship between Parent Psychopathology, Parent Anxiety Sensitivity, and Child Anxiety. *Journal of Psychopathology and Behavioral Assessment*
2. Sonya B. Norman, Ariel J. Lang. (2005) The functional impact of anxiety sensitivity in the chronically physically ill. *Depression and Anxiety* 21:4, 154
3. Edmund Keogh. (2004) Investigating Invariance in the Factorial Structure of the Anxiety Sensitivity Index Across Adult Men and Women. *Journal of Personality Assessment* 83:2, 153-160.
4. WWK Z, NC D. A Self-Rating Depression Scale. *Archives of General Psychiatry*. 1965;12:63-70.

Correspondence to:

Dana Metea Stefanescu,
Clinica II Pediatrie,
Paltinis 1-3,
Timisoara,
Romania