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# Balanced Parenting: The Effects of Family Functioning on Suicide and Non-Suicidal Self-Injury in Adolescents

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## Abstract

Suicide is the second leading cause of death among adolescents. Suicidal behavior is also highly correlated with non-suicidal self-injury. Many studies show a correlation between the level of family functioning and these adolescent self-harming behaviors. In this review specifically, a compilation of synthesized studies shows that two factors of family functioning—cohesion and flexibility—have a high association with self-harming behavior in adolescents. Families with low levels of cohesion (disengaged) frequently cause feelings of loneliness and isolation, which may lead youth to self-harm. Inversely, adolescents of families with extremely high levels of cohesion (enmeshed) often feel unable to express their true feelings with over-controlling parents. In many cases, they express these emotions through self-harm. Low levels of flexibility (rigid) indicate families that are resistant to change. Adolescents in these families feel they lack freedom and might use self-harm to channel the frustration they feel. Families with levels of flexibility which are too high (chaotic) lack the structure necessary to provide emotional support to the adolescent, which again is associated with self-harming behavior. In cases of self-harming adolescents, therapy should be provided not only to the adolescents but also to the parents. Future research should emphasize how to better help parents improve their family functioning.

Suicide is the second leading cause of death for those aged 15 to 24 years (National Institute of Mental Health, 2015). Suicide rates continue to rise steadily among all age groups; however, those aged 18 to 25 years old are twice as likely to have suicidal thoughts as any other adult age range (Piscopo et al., 2016). Further, a key predictor of suicide is a person's learned ability to harm oneself (Joiner, 2005). Non-suicidal self-injury (NSSI) refers to the conscious, purposeful self-damaging of body tissue without any suicidal intent (International Society for the Study of Self-Injury, 2017). Various studies have found that the NSSI rate for adolescents is between 17% and 20% (Lader, 2006; Swannell et al., 2014). Further, young adults are demonstrating the highest rate of NSSI of any age group, at 21.3% (Swannell et al., 2014). Clearly, both suicide and NSSI are major phenomena among the rising generation. Given the relational nature between suicide and NSSI, the term self-harm will be used to reference both suicide attempts and NSSI within this review.

While there are several causes for self-harming behaviors in adolescents, there is a large quantity of literature analyzing the familial impact on self-harm. The purpose of this paper is to synthesize the findings of various studies that analyze the relationship of family functioning on adolescent self-harm, providing a clearer interpretation of the collected data. By synthesizing these findings, greater steps can be taken to understanding the causes of adolescent self-harm, thus allowing for the implementation of new and improved treatments. Within this review, it has been found that adolescents who come from families with balanced parenting styles are less likely to participate in self-harming behavior than those from families with extreme levels of family cohesion and flexibility.

## **Cohesion**

### ***Disengaged Parenting Style***

Cohesion is defined as the emotional bond felt between family members (Kaslow, 1996). Family relationships with very low cohesion levels are defined as "disengaged" (Halstead et al., 2014). This refers to families with members who do not have emotional connection,

commitment, or respect (Halstead et al., 2014; Gulbas et al., 2011). This type of relationship is also defined as having “failed protection” (Bureau et al., 2010). Children in a family with failed protection feel that their parents are not available in times of need. The disengaged family characteristics of low emotional connection and failed protection often lead to loneliness and anger within adolescents, increasing the probability of self-harming behaviors.

Low levels of emotional connection among family members strongly correlate with self-harming behaviors in adolescents. A strong correlation has been found between poor family connectedness and the frequency, periodicity, and severity of self-harm (Halstead et al., 2014; Gulbas et al., 2011). In a different study, Gulbas and Zayas (2015) found emotional isolation to be a key component in self-harming behavior. Emotional isolation refers to feelings of loneliness and the inability to connect to others and was significantly correlated with low levels of family cohesion (Gulbas & Zayas, 2015). Of the ten non-attempters studied, none expressed feelings of emotional isolation; however, nine of the ten attempters did express these feelings (Gulbas & Zayas, 2015). It appears that those who felt emotionally isolated had no one to rely on for emotional support and would often turn to self-harm. The claim can be made that adolescents who feel emotional isolated are also at a great risk to self-harm.

The evidence supporting the relationship between emotional isolation within a family and adolescent self-harm goes beyond the numbers. In their 2011 study, Gulbas et al. gathered qualitative data to better understand the numeric trends they found. One adolescent with a history of self-harm said, “We do not help each other in my house. . . . It should be that we tell each other about our problems and try to help each other move forward together . . . but in my house, each person lives his or her own life” (Gulbas et al., 2011, p. 9). This example highlights the impact of the disengaged family relationship: without any emotional connection, adolescents might be left feeling lonely and without support, which are indicators of self-harm.

Failed protection is another characteristic of disengaged families that is associated with self-harm in adolescents. Failed protection correlates highly with fear evoked from lack of parental care (Bureau

et al., 2010). Adolescents of families with failed protection lack support, which frequently leads to fear and uncertainty about the future. This fear has been identified as a significant predictor of self-harming behavior (Bureau et al., 2010). Similarly, others have found that over half of parents (56.5%) were unaware of the self-harming tendencies of their adolescents (Kelada et al., 2016). This lack of awareness is a result of failed protection from the family. Disengaged parents are unable to comprehend the emotional difficulties of their adolescents, which may in turn cause them to engage in self-harming behaviors. In support of previous findings, a different study found that as parental protection and awareness increased, so did the chance of help-seeking for adolescents who self-harm (Kelada et al., 2016). These collective findings indicate that there is a strong connection between the amount of parental protection and the self-harming behaviors of adolescents. Clearly, there is a significant association between the lack of cohesion in disengaged families and self-harm.

### ***Enmeshed Parenting Style***

Opposite the disengaged parenting style is the enmeshed parenting style, which is defined as a family relationship with too much cohesion (Halstead et al., 2014). Enmeshed families are excessively close, resulting in poorly constructed boundaries between individuals (Fishman, 1993). In other words, parents are overly protective and controlling. Other studies have characterized enmeshed families as focusing excessively on the ideology of familism, which is defined as putting the family before the individual (Nolle et al., 2012; Peña et al., 2011). Parents ask adolescents to put their personal well-being after that of the family. These two characteristics of enmeshed families—overprotection and obligation to the family over self—are both factors that help predict incidence of self-harm in adolescents.

Parental overprotection is a characteristic of enmeshed families that increases the likelihood of self-harming behaviors in adolescents. As was the case when looking at the impact of failed protection, overprotection is also strongly correlated with adolescent fear—with fear serving as a key predictor of self-harm (Bureau et al., 2010). One way that overprotection demonstrates itself is through excessive

parental control. One study showed a significant connection between adolescent-reported parental control and self-harm (Baetens et al., 2014). Adolescent reports of the psychological control of parents also correlated with self-harm (Baetens et al., 2014). These parents were unaware of the impact of their control; there were no significant results when comparing parent-reported levels of control and self-harm (Baetens et al., 2014). Parents of enmeshed families fail to recognize that their adolescents often suppress their feelings, potentially due to the overprotection and control of these same parents. Ironically, the effort of parents to bring their children closer occasionally leads those same children to withdraw even further. Many of these adolescents will revert to self-harm in order to cope with the emotions they have internalized.

Another characteristic of enmeshed families that might lead to adolescent self-harm is a sense of obligation to the family over oneself. This familial obligation often causes an increase in internalized behaviors among adolescents (Kuhlberg et al., 2010). These internalizing behaviors are strong indicators of self-harm (Kuhlberg et al., 2010). In a qualitative study of female teenagers, a determining factor between those that self-harmed and those that did not was a feeling of being a burden on the family (Nolle et al., 2012). These girls considered themselves the cause of their families' problems and felt that the only way to alleviate their families' pain was to take their own lives (Nolle et al., 2012). Nolle et al. concluded that, in extreme cases, familism not only fails to prevent self-harm, but it also can serve as a catalyst for it. Similarly, Peña et al. (2011) found that extreme levels of family obligation mixed with overly harsh parenting are associated with an increase in self-harming behavior. Because parents of enmeshed families are too focused on the family unit as a whole, they may fail to meet the individual needs of each member, potentially bringing about emotional and physical harm to the individuals they are trying to protect. Within enmeshed families, adolescents will often internalize their emotions as to not be burdensome and instead use self-harm to cope with the stresses they feel.

## **Flexibility**

### **Rigid Parenting Style**

Family flexibility refers to family rules, interactions, and the ability of the family to cope with change (Halstead et al., 2014). “Rigid” families are those with extremely low levels of flexibility; family rules are strict and there is little sharing of power between parent and child (Halstead et al., 2014). This family structure is characterized by a lack of respect from the parent toward the child (Gulbas et al., 2011). Often, this lack of respect leads to abuse, whether physical or emotional (Nolle et al., 2012). Adolescents raised in rigid families are more likely to use self-harm, possibly due to the strictness of family rules and the lack of respect shown by parents toward their children.

Families characterized by excessive strictness are correlated with cases of self-harming adolescents. Those raised in a strict family environment had higher durations of self-harm (Halstead et al., 2014). Adolescents of rigid families often feel they lack the necessary freedom to express themselves, and in turn may use self-harm to release the frustration they feel. Research also shows a strong interaction between parental criticism and adolescent self-criticism (Wedig and Nock, 2007). This parental criticism is a key characteristic of a strict family environment. Adolescents with low levels of self-criticism are affected significantly less by parental criticism, but those with high levels of self-criticism and parental criticism often use self-harm as a coping mechanism (Wedig and Nock, 2007). Feelings of low self-worth are expounded when criticism comes from the parent. Many will cope with these feelings by harming what they feel to be worthless. Other studies support this claim, finding that self-harm correlates to perfectionism that is associated with parental criticism (Flett et al., 2012). When the parental demands are too high, it is impossible for the adolescent to meet the set expectations. Discouragement and possibly even depression are likely to follow, increasing the chances of self-harm (Flett et al., 2012). Clearly, there is a strong relationship between highly strict and critical parents and the self-harm of their adolescents.

Lack of respect is another key characteristic that defines rigid families and can lead to increased incidence of self-harm in adolescents.

Respect is a distinguishing factor between families with adolescents who did not use self-harm versus those that did (Gulbas et al., 2011). One characteristic of the lack of familial respect found across many studies was abuse, whether physical or sexual. Frequently, parents of rigid families claim they have no other way to reach and discipline their children (Gulbas et al., 2011). One mother of a self-harmer said, “What I want to do is grab her and explode in anger. . . . If I have to grab her and let her have it, I let her have it. I grab her, and if I have to strangle her, I strangle her” (Gulbas et al., 2011, p.10). A different study found that a history of both physical and sexual abuse related significantly to the presence of self-harm, and that a history of sexual abuse correlated to the severity of self-harm (Di Pierro et al., 2012). Furthermore, a history of sexual abuse correlates with the time to a repeat suicide attempt (Yen et al., 2013). Adolescents who face abuse must deal with the trauma that follows, drawing many to self-harm as a means to suppress the emotional pain they feel. Lack of respect within the family, often evident through physical or sexual abuse, is evidently associated with self-harm in adolescents.

### ***Chaotic Parenting Style***

On the opposite end of the flexibility spectrum, “chaotic” families include a lack of structure or rules, often leading to low levels of support toward the child (Halstead et al., 2014). A lack of leadership is associated with disorder and few safety measures for the child (Halstead et al., 2014). Feelings of alienation and lack of care are common among adolescents from chaotic families (Bureau et al., 2010). Furthermore, this family style has low levels of connection and high levels of conflict (Peña et al., 2011). Feelings of neglect and family conflict are two key characteristics of chaotic families that are correlated with self-harming behaviors in adolescents.

Adolescents raised in families with high levels of neglect feel alienated, which may lead them to self-harm. In one study, levels of care were lower among self-harming adolescents, while feelings of alienation were higher (Bureau et al., 2010). Such results indicate adolescents who do not receive necessary parental care may cope with loneliness by self-harming. Similarly, physical neglect has been found

to be significantly correlated to self-harming behaviors in adolescents (Di Pierro et al., 2012). One measurement of parental neglect is a child's lack of understanding of family responsibilities. Without the structured support of a parent, it is more difficult for a child to understand their responsibilities within the family. In one study, self-harmers felt lower levels of family support, while those who did not self-harm had a greater understanding of family responsibilities (Chan et al., 2009). These results are consistent with the data collected by Palmer et al. (2016), who also found a significant relationship between the perception of family responsibility and self-harm in adolescents. The higher the perception of family responsibility, the higher the chance of self-harm (Palmer et al., 2016). Chaotic families ask their adolescents to bear a heavier load. These adolescents, who are often unprepared for such responsibility, turn to self-harm as a way to channel their feelings of neglect. Such neglect of adolescents frequently leads to feelings of alienation, increasing the predictability of their self-harm.

Family conflict is another characteristic of chaotic families that correlates with self-harming behaviors in adolescents. Levels of family conflict are significantly higher among self-harmers (Peña et al., 2011). A different study found that adolescents who had a serious interpersonal conflict with a family member in the past year were more likely to turn to self-harm as a coping mechanism (Chan et al., 2009). Further, conflict often leads to a decrease in emotional attachment between family members, which is associated with higher levels of emotional isolation. As seen earlier in this paper, levels of emotional isolation are significantly related with self-harm. Halstead et al. (2014) supports the findings of these other studies, determining that adolescents of chaotic families have higher levels of frequency and periodicity of self-harm. These findings show that conflict in families helps to predict the use of self-harm by adolescents.

## **Conclusion**

Adolescents from families with extreme levels of cohesion or flexibility are more likely to participate in self-harming behavior than those who come from balanced families. The reviewed studies provide

greater clarity regarding the characteristics of these unbalanced families that increase the risk of adolescent self-harm. The lack of emotional connection and failed protection of disengaged families, the overprotection and familial obligation of enmeshed families, the strictness and disrespect of rigid families, and the neglect and conflict of chaotic families have all shown to be indicators of self-harm. In contrast, adolescents from families with balanced levels of cohesion and flexibility are less likely to participate in self-harm.

Such findings serve to provide a deeper understanding of the impact of each of these family characteristics. This knowledge should be used to further clinical treatments, specifically family-based therapies for adolescents who self-harm. Treatments should focus on helping families to develop balanced levels of cohesion and flexibility. Further research should be conducted to determine what methods are effective in changing family environments. Doing so would allow for the implementation of more effective family-based treatments. Furthermore, additional research should be done to determine whether there is any interaction between parental and adolescent self-harm (Kawabe et al., 2016). Self-harm is not only an individual problem; it affects the entire family and should be treated at a family-wide level.

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