

Childhood violence, experience of loss and hurt in close relationships at adulthood and emotional rejection as risk factors of suicide attempts among women

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Summary

Aim. The aim of the article is to present results of the qualitative research about the risk of suicide attempts accomplished by women who were undergoing psychiatric treatment. The research focused on traumatic childhood experiences, close relationships, and traumatic life events in adulthood. There were emotional states during the time of suicide attempt and methods of suicide acts described too.

Methods. A group of 35 adult women were submitted to the research. These were women who were undergoing psychiatric treatment and had undertaken a suicide attempt. The following measures were used in the study: (1) Psychological interview including questions regarding three groups of issues: childhood traumatic events, difficult experiences in adult life, and emotional states and methods of undertaking suicide attempts. (2) Attachment style test, method developed by Shaver, Hazan, Bradshaw (1987).

Results. The study revealed that women, who attempted suicide, experienced mainly violence and abuse in their childhood, loss of close romantic relationships and partners' violence in adulthood. These women felt social rejection at the time of attempting suicide, and they mainly tried to overdose medicines to commit suicide acts.

Conclusion. Women from the study group were characterized by avoidant attachment style and had variety of traumatic and harmful experiences during their lifetime. These features may have influenced the wish of autodestruction among the examined women and established undertaking suicide attempts by them as non-verbal calling for help.

suicide attempts / violence / abuse / women

INTRODUCTION

Suicide attempt is understood as an attempt to take one's own life which creates a risk of death or damage to health, where the intention of death is not clear and usually there is a chance of receiving assistance from a third party

[1,2]. According to the estimates of WHO, there are as many as fifty million attempted suicides each year, whereas the number of fatal suicides is approximately one million per year [3]. Numerous studies in the field of suicidology demonstrate that women tend to commit attempted suicide much (3–5 times) more often than men. This regards in particular young women aged 24–34 [4, 5].

The literature of the subject describes various socio-psychological and environmental factors which may lead to the risk of suicide attempts. The most frequent cause of suicide attempts are considered to be interpersonal problems, in par-

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particular unsatisfying relations with family and friends, and especially conflicts with closest relatives and people of the opposite sex [6, 7]. The important factors include the sense of rejection by parents, alienation among peers, the feeling of loneliness [7, 8, 9, 10]. The risk factors are also: involvement in a relationship with an egoistic, competitive partner, mutual hostility, display of anger [6, 7, 10]. A circumstance which often leads to suicide attempts is the death or suicide of a close relative or break-up with a loved one [6].

Studies [10] also suggest that there is a correlation between attempted suicides and addiction to psychoactive substances among family members. Other powerful predictors of suicide attempts are the experience of physical and psychological violence or sexual abuse during childhood. People who experienced childhood violence often have a tendency to blame themselves, attach little value to themselves and adopt the role of a victim, which in turn may in extreme cases lead to suicide attempts [10, 11, 12]. Frequently, suicide attempts are related to financial difficulties, in particular unpaid debts and loans, sudden loss of a job and permanent unemployment. The motive of suicide attempts may in many cases be permanent damage to health, chronic physical or mental illness [6, 7].

Satisfying relations with other people are a result of interaction between individual psychological features of a person and life circumstances and situation in which this person is involved. An important individual characteristic related to the ability to create close bonds with other people is the attachment style [13]. It is created in the period of early childhood as a fixed cognitive, emotional and behavioural pattern encompassing the beliefs, expectations and actions of a person which are to encourage other people to fulfil his or her need of security [14, 15]. The following three attachment styles have been identified: Secure – characteristic of people who, in childhood, received love, approval and care, and in adulthood feel secure and likeable and who create close relations with other people without anxiety. Anxious/ambivalent – typical for people whose childhood carers acted in an inconsistent or overbearing manner; such people want closeness with other people, but have a strong fear of rejection. Avoidant – characteristic of people

who did not experience physical closeness with childhood carers; they maintain distance in contacts with others and suppress the need of closeness because of the fear of rejection [14, 15, 16].

Studies on attachment styles [11, 13, 14, 17] have demonstrated that the anxious – ambivalent and avoidant patterns are shaped as a result of any traumatic experiences in early childhood, such as: rejection, lack of care, negligence, violence from a carer. Permanently unfulfilled needs of security and affiliation generate the emotions of fear and anger [13, 18]. In later periods, these emotions are related to a tendency to excessive expectations from others as well as aggression projected onto a substitute or auto-aggression [19]. In women, the avoidant attachment pattern is a predictor of the role of a victim in adult relationships; it correlates with the frequency of experiencing sexual abuse in adult life [11, 20].

Generally, it is important to lead to focusing on reasons of suicide attempts among women in qualitative way – concerning the life span traumatic experiences and methods of parasuicide. The aim of the presented research was to describe and organise the most common life circumstances in which women undertake suicide attempts. Emphasis was placed above all on problems with close relations with key figures in childhood and traumatic events in adult life. The attachment styles of women were also analysed. The aim of the study was also to describe the emotional states which the women were experiencing at the time of their suicide attempt and the methods of making a suicide attempt.

The article is a trial to portray the risk of suicide attempts accomplished by women and includes such variables as: traumatic childhood experiences, close relationships, traumatic life events in adulthood, attachment styles, emotional states during the time of suicide attempt and methods of suicidal acts.

SUBJECT AND METHOD

The study covered 35 adult women who had undertaken a suicide attempt in the period of up to two years before participating in the study. At the time of the study, the women were undergoing hospital treatment in psychiatric wards

in the south Polish provinces. The study group was composed of women of normal intelligence with diagnosed (on the basis of ICD-10 classification criteria) depressive disorders (45%) and personality disorders (21%), as well as those still involved in the diagnostic process (33%). The study group did not include women whose suicide attempts may be viewed as result of imperative auditory hallucinations.

Most women (83%) had two or more suicide attempts. The average age was $M=36.2$ ($SD=9.88$). The marital status of the participants was as follows: married (18 women), single (11 women), widows (3 women), divorced (3 women). Education: primary school (4 women), vocational school (8 women), secondary school (17 women), university (6 women).

The following measures were used in the study:

1. Psychological interview. The psychological interview included questions regarding three groups of issues: close relations in childhood, difficult experiences in adult life, and emotional states and methods of making suicide attempts. The questions were prepared on the basis of the results of studies on attempted suicide risk factors [4, 6, 7, 8]. The questions were asked in the same order to all the respondents. The answers were analysed and assigned to various categories of difficult life experiences.

2. Attachment style test, method developed by Shaver, Hazan, Bradshaw (1987). The test included three alternative descriptions corresponding to attachment styles: secure, anxious/ambivalent and avoidant one [16]. Each respondent was asked to choose the one which best describes their attachment pattern.

RESULTS

A qualitative analysis of the interviews has demonstrated that the patients who had attempted suicide most often (77.15%, i.e. 27 respondents) mentioned the use of violence against them by closest relatives. Approximately 14.28% of these women (5 respondents) had experienced separation from their parents in childhood. 11.42% (4 respondents) had been a victim of sexual abuse by a member of their closest fam-

ily. Only 22.85% of the participants (8 respondents) described their relations with parents as good (cf. Tab. 1). Excerpts from statements of the respondents about their childhood: *"My mother gave birth to my brother and gave me to grandma – saying that she was not capable of taking care of us, she had her own stuff on her head... new men and a job", "(...) as a punishment, I had to kneel on coal dust or stand with my hands up, holding an iron"*.

Table 1. Traumatic events in childhood in female respondents undertaking suicide attempts

Traumatic events	Number of people	%
Violence within family	27	77.25
Negative relations with mother (good relations with father)	9	25.71
Negative relations with father (good relations with mother)	9	25.71
Correct relations with parents	8	22.85
Separation from parents	5	14.28
Experience of sexual abuse in childhood	4	11.42
Both parents remembered as negative figures	4	11.42

The total % is not 100 because the respondents often pointed to more than one problem.

Among the most difficult adult life experiences, which had an impact on the decision to undertake a suicide attempt, the respondents most often mentioned the death of a close relative or friend – 37.14% (13 respondents); 14.28% of women (5 respondents) pointed to the suicidal death of one of the family or friends. Another frequently mentioned event was the experience of marital violence, declared by 34.28% women (12 respondents). The least frequently signalled type of difficulty were conflicts between partners of a strong, but emotionally stormy relationship – 8.57% (3 respondents) (cf. Tab. 2). Excerpts from statements of the respondents about their traumatic experiences in adult life: *"My first baby was stillborn. (...) the second daughter was run over by a lorry when she was seven years old"; "I did not have any strength left after what he was doing to me... because of him I lost my teeth, my nose was broken, you see this – I have screws on my wrist, this is how he twisted my arms..."*. *"... in 1997 I found*

out that I was going to have my left leg amputated, I wanted to kill myself, my husband despised me".

Table 2. Traumatic events in adult life in female respondents undertaking suicide attempts

Traumatic events	Number of people	%
Death of a close relative	13	37.14
Being a victim of violence from a partner	12	34.28
Conflicts with family members	8	22.85
Husband addicted to alcohol	8	22.85
Own illness	8	22.85
Cases of suicides in the family	5	14.28
Dealing with children's behaviour problems	5	14.28
Financial debts	5	14.28
Difficulties at work	4	11.42
Husband's illness	3	8.57
Unsuccessful, stormy partner relationships	3	8.57

The thoughts and emotions which accompanied the respondents at the moment of committing attempted suicide were, for the majority, the feeling of loneliness – declared by 37.14% (13 respondents) and the sense of helplessness – 25.71% (9 respondents) (cf. Tab. 3). Excerpts from statements of the respondents: "I felt confused, I did not know what to do, you know, the only thing I felt was that I would do it, I would take my own life". "In the hotel I felt so lonely. Even my mother did not want me with her at home". "I felt so miserable, I had an impression that nobody could understand me".

Table 3. Emotional states accompanying suicide attempts in the respondent group

Emotional states	Number of people	%
Loneliness and feeling of social rejection	13	37.14
Helplessness	9	25.71
Feeling of being a burden for others	6	17.14
Feeling of the meaninglessness of life	5	14.28

The attachment style most often diagnosed among the women taking part in the study

was the avoidant one – 62.85% of the women (22 respondents), and the anxious/ambivalent – 25.71% of the women (9 respondents). The secure style was diagnosed only in 11.42% of the respondents (4 women) (cf. Fig. 1).

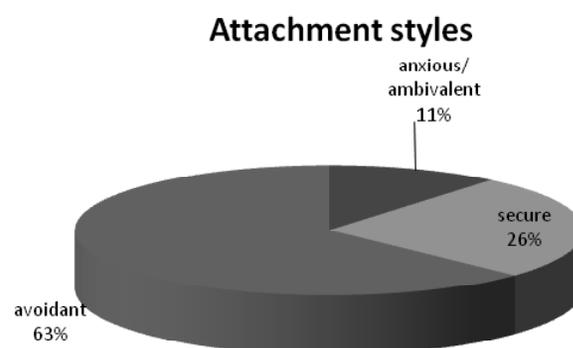


Fig.1. Attachment styles in female respondents undertaking suicide attempts

The type of method which the respondents used when attempting to commit suicide was in 88.57% (31 respondents) related to overdosing pills (in comparison to the clinically recommended dose). Excerpts from statements of the respondents: "I took a package of a medicine – as much as there was at home – and washed it down with alcohol, because I had read somewhere that you should not combine these things, I wanted to get over it quickly". "Always with pills – any pills I had". (cf. Tab. 4).

Table 4. Method of committing attempted suicide in the respondent group

Method	Number of people	%
Pills overdose	31	88.57
Slashing wrists	7	20.00
Jumping from height	5	14.28
Blow with a sharp tool	5	14.28
Hanging	4	11.42
Gas poisoning	1	2.85

SUMMARY

In the presented study, it was found out that women who had attempted to commit suicide had in many cases experienced extremely difficult and traumatic situations in childhood or in adult life. In most cases, these situations concerned the sphere of the closest interpersonal relations. These were usually related to the ex-

perience of violence or sexual abuse within the family and separation from parents in childhood. In adult life, there was the trauma of loneliness and the experience of being a victim of violence. Most of the women participating in the study (77.15%) experienced violence from their closest carers in childhood. A considerable part of the women (14.28%) had been abandoned or emotionally rejected by their parents; approximately 11% of the respondents revealed that they had been victims of sexual abuse by members of their multigenerational families.

Similar results were obtained in American studies, which demonstrated that depressed adult in-patients who had experienced sexual abuse during childhood more often attempted to commit suicide than people suffering from depression who had not been victims of abuse [18, 21]. Similar conclusions were drawn from French and Italian studies [12], which suggest an important correlation between a traumatic events such as childhood abuse and later suicide attempts in healthy adults.

In the presented study, an analysis of the adult-life experiences has demonstrated that the respondents had gone through many difficulties related to family life. In more than one third of the group (37.14%) it had been the experience of losing closest relatives, including suicidal deaths of members of closest family. The frequency of marital and partner relationship problems related to being a victim of violence were almost the same as above (34.28%). One in five respondents (22.85%) admitted co-dependence related to the alcohol addiction of a husband or partner. All these circumstances are in the literature of the subject [4, 6, 7, 10] referred to as suicidal behaviour risk factors.

In parallel with difficult life experiences in the studied group, it was diagnosed that the avoidant attachment style characterised the definite majority of the participants (62.85%). The avoidant attachment style is related to considerable difficulties with creating permanent and meaningful close relation with other people as well as with maintaining the interpersonal distance [14, 15, 20]. On the one hand, such an insecure attachment pattern is a result of negative experiences related to bonds in childhood, and on the other – it is a factor which moderates the manner of creating social contacts later in life [11, 21].

The avoidant attachment style reduces, especially in difficult life situations, involvement in seeking effective social support [15]. Latent anger, generated as a reaction to intimacy in a person with an avoidant attachment style, may be transferred to other objects or onto the subject themselves in the form of self-destructive behaviours such as suicide attempts [18, 22].

The respondents stated that the emotional states which accompanied them at the moment of taking the suicide decision were most frequently related to the sense of loneliness, helplessness, or the feeling of being a burden for closest relatives. The respondents resorted to such methods of undertaking suicide attempts which left a chance of an intervention and rescue from other people. This meant that their conduct was in fact a cry for help. The method chosen for a suicide attempt was in the great majority (88.57%) a pills' overdose. This method may reflect the ambivalent attitude of the respondents to death as this method reduces the risk of a fatal outcome in comparison with more radical methods, such as jumping from height.

The presented study had shown that suicide attempts among women may be considered as a non-verbal attempt to draw the attention of the closest community to the experienced problems. This problem includes interpersonal difficulties connected to traumatic and violent experiences during their lifetime.

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