CHAPTER – 2
REVIEW OF RELATED LITERATURE

The social support provided by an individual’s family is again subject to gender differences. Unemployed women report that the family environment is an especially potent source of support, but it does not appear to provide the same benefit for men (Holahan and Moos, 1987).

Retherford, Hildreth and Goldsmith 1988, found, in their relatively last study (N=216), that unemployed women were significantly more likely to receive support from their parents than from their partner, other relatives or friends.

In contrast, Stokes and Levin (1986) reported that unemployed men are more likely to seek support from friends other than from their close relations, as they prefer to keep family and work roles separate (Greenglas, 1993a).

Whilst considering the effect of social support on psychological wellbeing it must be recognized that it is possible for the family environment to exacerbate the effects of unemployment on mental and physical health. Family obligations may carry their own stressors and these may be increased during unemployment, a situation exacerbated by the inability to escape from the family environment (Hibbard and Pope 1993).

The importance of activity during unemployment has been shown in a number of studies which have found that one of the best single prediction of mental health during unemployment was whether or not a man felt his time was occupied, accounting for twice as much variance as the length of time unemployed or age (Hepworth, 1980; Kilpatrick and Trew 1985).
The majority of studies which have investigated the effect of activity levels on mental health during unemployment have only included men. The exclusion of women from such research may arise from the view that women’s domestic role provide meaningful and fulfilling activities for all women’s, and these roles take the place of work roles during unemployment (Warr and Parry, 1982).

Wanberg and Marchese (1994) found know gender difference in the activities levels of unemployed men and women, with equal numbers of men and women reporting high, moderated and low levels of time structures. These levels of activities where again associated with mental and physical wellbeing, and the degree of stress experience by each groups was directly linked to the degree of time structure they maintained.

Numerous studies have linked the age of unemployed people to difresive effects and a curvilinear association between age and mental health during unemployment has been found by several researchers (Hepworth, 1980; Warr and Jackson, 1987), but the evidence is not conclusive. Rowley and Feather (1987) found that, apart from financial stained; there was little difference between age groups and the psychological effect of unemployment. In the contrast, Wooton, Sulzer and Cornwell (1994) suggest that age is predictive of a variety of career and employment expectancies, especially relating to re-employment for which age account for 51 % of the variance, which act as important moderators between age and stress related effects of job los they concluded that the inability to fulfill these expectancies, because of redesign job opportunities, means that increasing age constitutes a substantial risk in term of mental health this effect is compounded as reduced expectances also affect and individual’s willingness to participates in the job research process, (Kanfer and Hulin 1985).
In the early stages of unemployment, uncertainty may lead to high levels of stress, but it has been suggested that the resulting rate of decline researches a plateau after six months. Unemployed individuals continue to remain less mentally healthy, but they experience a much reduced rate of decline in terms of physical and psychological wellbeing. These psychological adjustment is attended by individuals establishing new routings at lower levels of activity, by the maintenance of lower levels of expenditure and by the avoidance of threatening situations this can result in unemployed managers becoming increasingly passive and expecting of their situation and, whilst this may provide some protection against further decline in psychological wellbeing, it inhibits job search and there “rehabilitation” into a managerial position (Duffield, 1994).

Internals tend to perceive less stress, employ more task-centered coping behaviors and employ emotion-centered behaviors than externals (Anderson, 1977).

However, Peterson and Seligman (1987) suggest that there are some situations where an external orientation may be more beneficial. Individuals who explain the occurrence of negative events, such as unemployment, in terms of external, unstable and specific causes are less likely to suffer psychological distress than those making internal, stable and global attributions.

Jick and Motz (1985) suggest that women experience psychological stress (e.g. depression, emotional discomfort) more frequently than men, whereas men experience physiological stress (e.g. coronary heart disease) more frequently than women. However, recent large-scale research has indicated that this latter belief is unfounded, and the evidence suggests that the links between stress and heart disease are now major concerns for both men and women (Elliott, 1995).
Vinamaki et al. (1994) found that continuing unemployment represents a significant risk to mental health, and unemployed people are frequently found to experience higher levels of depression, anxiety, and distress, in conjunction with lower self-esteem and confidence.

Unemployed men have been found to make significantly more visits to their doctor, increase their use of medical drugs and spend more days confined to bed thought sickness than employed men (Layton, 1986; Linn, Sandifer and Stein, 1985).

A few relatively small studies claim that unemployment has a significantly greater impact on the well-being of men, who experience higher levels of depressive affects and anxiety than women (Perrucci et al., 1985).

Unemployed women would experience significantly poorer mental well-being than employed women, whereas a lesser effect would be expected between employed and unemployed men. However, findings contrary to these expectations have been produced by several studies (Perrucci et al., 1985). These studies have shown that employed men have lower levels of distress than employed men, but there is no significant difference in the levels of distress experienced by employed and unemployed women.

In some countries such as India and Uzbekistan, it is observed that there is a close relationship between economic crisis and poverty with suicide. (Dorckhime, 1999).

There are several bodies of research about different causes of suicide in Iran: According to a research undertaken in 1994, the causes are mentioned respectively as loneliness, age, irremediable disease, and failure in life and love (Gudarzi, 1994). In other research, the causes are pointed out as marital problems, undesirable condition of family life, psychological problems, failure in love, mental and personal disorders,
poverty, joblessness, addiction, urban and industrial life and disintegration of social groups (Sotudeh, 1994).

New Zealand research has found higher rates of unemployment among those making serious suicide attempts than among a sample of the general population (12.9% vs. 3.4% unemployed, a risk factor of 4.2). In total however, only 7.3% of the suicide attempts were by people who were unemployed, and statistical control for other factors known to contribute to suicide risk reduced the correlation between unemployment and suicide to statistical non-significance.

The researchers concluded that much of the association between unemployment and suicide relates to factors that contribute to both suicide and unemployment (lack of formal educational qualifications, childhood sexual abuse, poor parental relationship, poor parental care, and psychiatric disorder).

The possibility also remained that exposure to unemployment could exacerbate psychiatric disorders that carried increased risk of suicide, particularly depression. Similarly; some 150 studies overseas have shown associations between unemployment rates and suicide rates, but not clearly demonstrated direct cause and effect.

People with psychotic disorders, although a small proportion of both the general population and of people who die by suicide, are at high risk of engaging in suicidal behaviour. For example, people with schizophrenia are 20 times more likely to die by suicide than the general population, and the risk is greatest within the first ten years of onset of the illness and during transitions in psychiatric care. Males and females with schizophrenia have an equal risk of suicide, whereas in the general population the risk for males is higher. However, effective treatment is possible and most people with schizophrenia are not suicidal.
Societal changes thought to have some level of influence on or relationship to the suicide rate increases over the last 20 years in New Zealand and overseas include: cultural alienation, changes in family structure, high unemployment, reduced influence of religion, trends toward a more risk-taking and individualistic society, and rising rates of depression, abuse and violence, and alcohol and drug abuse.

Over the last 50 years psychosocial problems among youth (e.g. crime, substance abuse, depression, suicide and eating disorders) have been increasing in European countries, most markedly since the 1970s. In New Zealand, clear increases in male youth suicide rates also began in the 1970s.

A definition of adolescence requires consideration of age and also socio-historical influences. Adolescence is defined as the developmental period of transition between childhood and adulthood that involves biological, cognitive and socio-emotional changes (Santrock, 1996). Although cultural and historical circumstances limit the ability to place an age range on adolescence, in the USA and most other cultures today, adolescence begins at approximately 10 to 13 years of age and ends between the ages of 18 and 22 for most individuals. The biological, cognitive and socio-emotional changes of adolescence range from the development of sexual functions to abstract thinking processes to independence.

Adolescents are expected to defer sexual gratification and meaningful employment. Although sexual maturity is reached in late childhood or early adolescence, young people are not expected to act out sexually. Promiscuity, teenage pregnancy, sexual assault, and rape are in part an outgrowth of the lack of routine, regular, acceptable, socially and institutionally approved sexual outlets for adolescents (Maris et al., 2000).
King (1997) suggests that each suicidal adolescent has a unique life story and, thus there are no predictive equations with definite decision-making rules for determining whether a suicidal behaviour will occur or not. Stressful life events are associated with attempted and completed suicide in adolescence (King, 1997). For example, parent-adolescent arguments as well as difficulties with romantic relationships are common precipitants of suicidal behaviour among adolescents. Poor development of coping strategies in childhood may well carry into later years, contributing to legal and disciplinary problems.

Selye (1982) point out that stressful adolescent life events especially predictive of future suicide attempts are arguments or fights, a relative or friend with alcohol or drug abuse problems, a relative or friend who tried to commit suicide, and the adolescent moving away from or leaving home. Security and comfort in interpersonal relationships seems to be particularly critical. However, stressful life events may function as proximal risk factors.

King (1997) stresses that we must try to understand adolescent suicidal behaviour within its social or environmental context and remember that although variables related to family functioning and psychosocial stress have not always shown specificity to suicidal behaviour, hey are usually critical aspects of the pathway to suicidal behaviour. At the moment adolescents choose to engage in suicidal behaviour, they have crossed their personal threshold for suffering, frustration tolerance, and adaptive coping (King, 1997).

Research into the psychology of female (Thompson & Bhugra, 2000) adolescents tends to support the view that increased interdependency is an important goal for adolescent girls, and their psychological development takes place through a process of affiliation and mutuality within relationships. It has also been theorized that suicidal
behaviour by adolescent girls signals conflict or failure in their ability to successfully separate and individuate during adolescence. Although it is generally accepted that female adolescent suicidal acts are a desperate form of communication regarding unmet interpersonal needs, it has also been assumed that these interpersonal needs result from an inability to establish more mature relationships. It appears this inability manifests itself in a need to be with others. Such females are dependent and rely upon others to help, approve and support. Thus the suggestion is that a female's perception of who she is and how she interacts with others can become a “tool” for altering both the relationship and the perception of the relationship (Thompson & Bhugra, 2000).

Within the field of psychology and psychiatry, much of the research on factors considered to be related to adolescents' suicidal behaviours has focused on variables such as depression (Brent, 1989; Smith & Crawford, 1986), hopelessness social support and socioenvironmental stressors (Lewinsohn et al., 1993; Rubenstein, Heeren, Housman, Rubin, Stechler, 1989;). This research has used both clinical and non-clinical samples of adolescents, and, for the most part, has examined concurrent relationships among these variables. Hopelessness may be conceptualized as a relatively stable schema incorporating negative expectations.

During psychiatric distress, such as a depressive episode, hopelessness increases, posing an acute risk to suicide. For most, hopelessness decreases as the depression remits. Yet, high hopelessness in one episode is predictive of high hopelessness in subsequent episodes (Beck; Brown, Steer; 1997).

Hopelessness, conceptualized as a pessimistic perception of the future, has been studied as it relates to suicidal behaviour in adolescents. In adults, hopelessness has been found to mediate the effects of
depression on suicidal behaviour. Studies of hopelessness, depression and suicidal behaviour in adolescents have reported mixed results (Cole, 1989; Lewinsohn et al., 1993; Rich, Kirkpatrick-Smith, Bonner, Jans, 1992). In a study of approximately 1700 high school students Lewinsohn et al. (1993) found that when depression was statistically controlled, other psychosocial variables, including hopelessness, were no longer related to previous suicide attempts. These results are generally consistent with Cole's (1989) findings.

Cole, in a study of school-based adolescents, found that when depression was statistically controlled, the relationship between hopelessness and suicidal ideation for males was not statistically significant. Hopelessness in females remained moderately related to suicidal ideation levels when the relationship with depression was controlled. When hopelessness was statistically controlled, depression remained a significant predictor of suicidal ideation in males and females. Somewhat different results were found by Rich et al. (1992), who examined depression, hopelessness and other psychosocial variables, who reported that hopelessness was the best predictor of suicidal ideation.

Mazza & Reynolds (1998), in a longitudinal study of 374 high school students found that, in males, changes in depression and hopelessness were related to the residual changes in suicidal ideation, even with the contribution of the social-environmental factors removed. Similarly, changes in depression and hopelessness for females were also significantly related to the residual changes in suicidal ideation. These findings suggest that changes in depression as well as changes in hopelessness are important risk factors for males and females who are experiencing suicidal ideation. On the other hand, although depression and hopelessness were related to current severity of suicidal ideation, they were relatively weak in the multivariate prediction of future levels of
suicidal cognitions one year later when levels of social support and stressors were also examined (Mazza & Reynolds, 1998). These findings are similar to the results of the 6-month longitudinal study, where hopelessness did not predict future suicidal ideation and depression showed a weak relationship with suicidal ideation.

In contrast to adult patients, among depressed adolescents and children, the role that hopelessness plays in suicidality remains unclear (Dori & Overholser, 1999). Hopelessness may not be a reliable indicator of suicidal risk in youth because of the possible developmental difficulties in conceptualizing the future clearly. In comparison to adults, adolescents often focus more on the immediate present than on the future.

Although depressive symptoms can predict suicide ideation and behaviours during childhood and adolescence, hopelessness has not always been useful in distinguishing between depressed suicide attempters and non attempters (Pinto & Whisman, 1996). In other cases, hopelessness has shown strong relationships with depression and suicidal behaviours throughout adolescence (Hammond & Romney, 1995; Pinto & Whisman, 1996). In several studies on youth, suicidal intent was more consistently correlated with degree of hopelessness than with depression. Also, hopelessness has been related to suicidal behaviour and suicide ideation even after depression severity was controlled (McLaughlin, Miller, & Warwick, 1996). Thus, both hopelessness and depression appear to be strongly related to one another and to contribute to suicidal tendencies in adolescents.

Dori and Overholser (1999), in a study of 90 adolescent psychiatric inpatients, found that adolescents who experience higher levels of hopelessness during a depressive episode are at increased risk for repeatedly engaging in suicidal behaviour. In addition, results showed that adolescents who had attempted suicide on more than one occasion
displayed more severe levels of depression than adolescents who had attempted suicide only once. These findings also suggest that hopelessness plays an important role in discriminating repeat suicide attempters from single attempters (Dori & Overholser, 1999). Thus hopelessness may represent a lasting cognitive vulnerability in certain adolescents that elicits suicidal tendencies during a depressive episode.

Dixon, Heppener, Rudd (1994) have focused on problem-solving appraisal in a study expanding Schotte and Clum's (1987) work. They concluded that hopelessness mediates the relationship between problem-solving appraisal and suicide ideation and argued that their results underscored the usefulness of hopelessness in predicting suicide ideation. Additional research supports these conclusions and suggests that the relationship between self-appraisal of problem-solving ability and hopelessness is important and needs to be examined more closely (Rudd et al., 1994; Wilson et al., 1995). Dixon et al. (1994) suggest that it may be of value to focus clinical investigations on hopelessness and problem-solving appraisal. They point out that when people think they cannot cope with the problems they face, they are at risk for becoming hopeless about the future, and this sense of hopelessness is what leads to suicide ideation.

The role of depression in the assessment of suicide risk is not as direct and simple as it seems (Tomori & Zalar, 2000). The research findings on the importance of depression among the risk factors for suicidal behaviour in adolescents reveal differences depending on whether the data are derived from samples of completed suicides, from clinical samples of adolescents following suicide attempts, or from community-based samples. In his study of completed suicides in adolescents, Shaffer et al. (1996) has confirmed that depressive mood disorder significantly increases the risk of suicide in both sexes. Studies carried out in different countries (Shaffer et al., 1996) often associate the
presence of major depression and other affective disorders with completed suicides. Depression has also been confirmed in clinical sample of adolescents after attempted suicide (Kumar & Steer, 1995).

Studies of suicide risk in the community adolescent population have revealed a higher level of depression in suicide attempters, although this correlation is less convincing when one considers that the samples studied comprised a considerable portion of adolescents whose levels of depression did not reach clinically relevant levels. However, irrespective of whether a significant proportion of adolescent suicide attempters without depressive mood disorder were found among subjects with conduct disorders or among those with impulsive suicidal behaviour, the rate of non-depressed adolescents at risk for suicide should not be ignored. Rotheram-Borus and Trautman (1990) have pointed out a decreased ability to solve interpersonal problems in adolescent suicide attempters, which need not necessarily be associated with depression. According to their opinion, which is confirmed by the literature, depression cannot be attributed to all suicidal adolescents.

Rao, Weissman, Martin, and Hammond (1993) conducted a 10-year follow-up study of 159 children and adolescents who were diagnosed with depression and reported a higher rate of suicide in the depressed group than in a small comparison group previously diagnosed with anxiety disorder. Depression has also been frequently reported in adolescents who exhibit suicidal behaviour (Brand, King, Olson, Ghaziuddin, Naylor, 1996). Research studies examining the relationship between depression and suicidal ideation in adolescent suicide attempters report moderate correlations, (ranging from r=0.40 to r=0.60) (Sadowski & Kelley, 1993). Similarly, in studies of non-clinical adolescents, the relationship between depression and suicidal ideation is of similar magnitude (Mazza & Reynolds, 1998).
Although depression and suicidal behaviour are related, they are not synonymous. Adolescents who exhibit suicidal behaviour are not necessarily depressed, nor are all depressed adolescents contemplating suicide (Mazza & Reynolds, 1998).

Children of depressed parents may be at risk for suicide for a number of reasons. Offspring of depressed parents often do not have the support in their home environment to master the developmental challenges they encounter (Klimes-Dougan et al., 1999). Indeed, their home environments are often characterized by emotional unavailability, stress, and conflict (Wagner, 1997). These children may be at risk because of their exposure to family members who have attempted or committed suicide.

Several studies have investigated the possible link between parental depression and child suicidality but few of the studies have found suicidal ideation or behaviour to be significantly more prevalent in children of depressed parents than in controls. The relatively low base rate of suicidal thoughts and behaviours, the diversity of the participants (for example, child's age, parent's diagnosis), and the range of methods used (for example, how and what aspects of suicidal thoughts and behaviour were assessed), make it difficult to determine whether children of depressed parents are indeed at risk for sociality (Klimes-Dougan et al., 1999).

On the other hand, Klimes-Dougan (1999) in a study that compared children and adolescents of depressed and well mothers, provide evidence that children of depressed mothers are at risk for suicidal ideation. Children of depressed mothers were more likely than children of well mothers to (1) report suicidal ideation or behaviour in early childhood through adolescence, (2) have seriously considered suicide by the time they reached adolescence, an (3) have persistent thoughts of suicide (report suicide over multiple assessment periods).