Early childhood attachment and suicidal ideation among young Kenyan men

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ABSTRACT

The interpersonal theory of suicide posits that suicide behavior is driven by two interpersonal dynamics – perceived burdensomeness and thwarted belongingness. Attachment theory posits that one’s sense of belonging may stem from social attachments during childhood. In this study, we investigate whether these two theories may be meaningfully combined to provide a life course perspective on suicide ideation among young Kenyan men (age 18–34 years). We find that respondents who recalled childhood attachments that were less safe and warm were significantly more likely to report suicide ideation, a pathway that was significantly mediated by present loneliness. Consistent with the interpersonal theory of suicide, the association between loneliness and suicide ideation was significantly mediated by less meaning in life and hope. Suicide ideation in adulthood may be prevented by promoting more secure attachments during childhood.

1. Introduction

Suicide is a global public health concern causing lasting social and economic consequences (Shepard, Gurewich, Lwin, Reed, & Silverman, 2016; Vigo, Thornicroft, & Atun, 2016), and the second leading cause of death in individuals aged 15–29 years old (WHO, 2014). World Health Organization (WHO) estimates that 75% of all completed suicides occur in Low- and Middle-Income Countries, and more frequently among males than females (WHO, 2014).

Despite Low- and Middle-Income Countries incurring most of the burden, relatively little is known about the prevalence of suicide ideation, attempts and completions in these settings due to under-reporting, limited research and inconsistent classifications of suicide (WHO, 2014). Kenya has an estimated overall suicide prevalence of 7.0 per 100,000 individuals (Mars, Burrows, Hjelmeland, & Gunnell, 2014). A school-based nationally-representative sample conducted in 2003 showed the prevalence of suicidal ideation among Kenyan adolescent males was 27.2% (Mckinnon, Gariepy, Sentenac, & Elgar, 2016).

One reason empirical suicide research has been slow to develop is due to a lack of a coherent, testable theory of how suicide behaviors are chosen (Van Orden et al., 2010). Per a recent leading theory, the Interpersonal Theory of Suicide, suicidal desire is initiated when thwarted belongingness and perceived burdensomeness are present in the context of an unchanging situation or hopelessness (Van Orden et al., 2010). Social belonging is a basic human desire, and therefore interacting with family or friends is necessary for adequate mental health (Baumeister and Leary, 1995). A sense of belonging extends beyond forming and having relationships; it is having long-term, positive relationships where all individuals experience mutual support (Van Orden et al., 2010). Thwarted belongingness is a multifaceted construct composed of social isolation, absence of reciprocal caring relationships, hopelessness about these social states and an overall sense of meaninglessness in life.

1.1. Attachment theory

The interpersonal theory of suicide does not articulate the types of social dynamics that may place a person at a higher propensity for thwarted belongingness and perceived burdensomeness. Attachment theory provides an occasion to consider potential life course determinants of thwarted belongingness (Venta, Mellick, Schatte, & Sharp, 2014). Attachment theory describes the relationship between one’s self and attachment figures – beginning with parents – that lay the foundation for cognitive and emotional development over the life course (Ainsworth & Bell, 1970). Attachment styles reflect behavioral and cognitive processes that remain relatively steady over the life course and are rooted in early childhood social environments (Main & Cassidy, 1988). Infants form secure attachments with caregivers who are available, perceptive and responsive to needs expressed by the infant, while insecure attachments form when these conditions are not present (Mesman, van IJzendoorn, & Sagi-Schwartz, 1999). One mechanism
that operates to transmit attachment styles across the life course is a cognitive device called internal working models. Internal working models are mental representations of one’s self in relation to others – beginning primary attachment figures in infancy and extending to social and romantic partners through adulthood (Bretherton & Munholland, 2008). There is strong empirical evidence that an infant’s expectation that a primary caregiver will be available and responsive to emotional and physiological cues repeats in peer and romantic relationships in adolescence and adulthood (Pallini, Baiocco, Schneider, Madigan, & Atkinson, 2014; Chris Fraley, 2002). The mental representation of one’s self as unworthy to receive responsive support from others has been shown to mediate insecure social attachments and loneliness among adults (Akdogan, 2017).

The attachment model developed by Ainsworth included one category for secure attachment and two categories for insecure attachment that has subsequently been expanded to include a third insecure category (Main & Solomon, 1990). The insecure attachment styles are influenced by one’s childhood environment lacking reliable caregiving (Main & Hesse, 1990). On the other hand, secure attachments are characterized by a social, nurturing relationship marked by emotional warmth and safety (Tahirovic & Jusić, 2016). Insecure attachment representations predict more loneliness among adolescents and adults in different cultures (Goossens, Marcoen, van Hees, & van de Woestijne, 1998; DiTommaso, Brannen-Mcnulty, Ross, & Burgess, 2003). Adults with secure attachment representations, as compared to adults with insecure attachment styles, are more likely to turn to others for help during times of stress and thereby experience less loneliness (Lopez & Brennan, 2000; Bartholomew, 1990).

Attachment style is also related to suicide risk. In a cross-sectional study surveying college students regarding suicide risk factors, de Jong et al. (1992) found that less secure parental attachment predicts higher risk of suicide in late adolescence. Additionally, worse paternal attachment predicted more suicide attempts in a study of 236 adolescent psychiatric patients (Mathius et al., 2012). In another study, adolescent individuals in the secure attachment group tend to have healthier behavior and emotional wellness. Characteristics of adolescents with more secure attachments include healthier lifestyles, positive self-body image, and a lower risk of suicidal ideation (Ackard, Neumark-Sztainer, Story, & Perry, 2006).

Loneliness may serve as the mediator between the insecure attachments and suicidal risk. Van Orden et al. (2010) predicted that loneliness is a mechanism that may cause thwarted belongingness, resulting in suicidal ideation. Loneliness is an interpersonal and social construct reflecting the psychologically painful experiences of not belonging socially and not receiving emotional support from a particular person or group of people (DiTommaso et al., 2003). A recent study of medically serious suicide attempts found that less secure attachment styles predicted more lethal suicide efforts, an association that was mediated by loneliness (Levi-Belz, Gvion, Horesh, & Apter, 2013). Lack of emotional warmth from parents and other caregiving adults may predispose these children to develop insecure attachments that carry on to adulthood. While research in other contexts continues to explore and to confirm the association between attachment and suicide behavior, it is worth exploring whether similar patterns are observed among people living in low- and middle-income countries. Kenyans with insecure attachment styles may experience more loneliness, an indicator of thwarted belongingness, putting them at a higher risk for suicidal ideation.

Both attachment theory and interpersonal theory of suicide have been articulated as sociobiological rather than culturally-bound phenomena (Joiner, Buchman-Schmitt, Chu, & Hom, 2017; van Ijzendoorn & Sagi, 1999). As such, while social and cultural contexts and contributions may vary, the basic mechanics described by both theories should be found wherever there are people. Due to allocation of resources, there has been only one birth cohort study in sub-Saharan Africa limiting data available with which to mount policy or programmatic responses (Lawlor, Andersen, & Batty, 2009). Where assessed via recall studies, childhood experiences predict a wide range of health and behavioral outcomes in Kenya (author own, 2016a; author own, 2016b; author own, 2016c). Underscoring the universal hypothesis of attachment, Ainsworth’s initial observations regarding parent attachment took place in Uganda (van Ijzendoorn & Sagi, 1999).

1.2. Hope

As theorized by Van Orden et al. (2010), hopelessness and meaninglessness in life may mediate the pathway between thwarted belongingness and suicide behaviors. Hope can be defined as containing the following three components (1) the perception that a positive, desired outcome is realistically probable in the future, (2) a feeling of confidence that the initiation of plans will affect the desired outcome and (3) the recognition of the interdependence and interconnectedness between one’s self and others (Herth, 1992). Empirical research exploring the relationship between hope and thwarted belongingness has established an inverse association between the two variables (Davidson, Wingate, Rasmussen, & Slish, 2009; Christensen, Batterham, Sobelet, & Mackinnon, 2013).

1.3. Meaning in life

Experiencing less meaning in life is another consistent predictor of suicide ideation (Kleiman & Beaver, 2013). Meaning in life can be defined as the “sense made of, and significance felt regarding, the nature of one’s being and existence” (Steger et al., 2006). Possessing (presence of) purpose in life was protective against suicidal ideation and mediated the association between satisfaction in life and suicidal ideation in a clinical psychiatric sample (Heisel and Flett, 2004). The presence of meaning is a resiliency factor decreasing the probability of suicide ideation. In an undergraduate sample, the presence of meaning partially mediated the relationship between perceived burdensomeness and suicidal ideation and completely mediated the association between thwarted belongingness and suicidal ideation (Kleiman & Beaver, 2013).

Social interaction and activities help fulfill the desire to belong which results in an experience of meaning. Individuals who experience social withdrawal and rejection have reported less meaning in their lives (Twenge, Catanese, & Baumeister, 2003; Stillman et al., 2009). Twenge et al., 2003 postulated that social rejection caused decrease meaningful thought, resulting in an inability to buffer detrimental self-awareness and emotional distress (Twenge et al., 2003). A longitudinal study found initial sense of belongingness positively predicted more meaning in life 3 weeks later (Lambert et al., 2013), which is consistent with findings from another study finding that for an adult population ranging in age from 21 to 65, more secure attachment predicts more meaning in life (Bodner, Bergman, & Cohen-Fridel, 2014). An explanation for this could be that individuals with more secure attachments are better able to access the social support necessary maintain the coherent worldview that contributes to meaning in life (Shaver & Mikulincer, 2012).

1.4. Study aim

In this study we apply a life course perspective on suicide behavior to analyze associations between early childhood attachments, recorded as early memories of warmth and safeness, and suicide ideation among young adult (age 18–34 years) males in semi-rural Kenya. Further, we determine whether this association is mediated by present loneliness and collective self-esteem. Finally, we conduct mediation analysis to determine whether the association between loneliness and collective self-esteem and suicide ideation are mediated by lower hope and meaning in life. From a larger perspective, we aim to determine whether attachment theory can be combined with interpersonal theory of suicide to provide a life course model of suicide behavior in this Kenyan
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