Research Article

Family Relations from the Perspectives of Female Youths with Suicidal Behavior: A Qualitative Study

Tience Debora Valentina* [a], Noor R. Hadjam [b], Tina Afiatin [c], Byron J. Good [d]

[a] Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia; Department of Psychology, Faculty of Medicine, Udayana University, Bali, Indonesia.

[b] Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia.

[c] Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia.

[d] Department of Global Health and Social Medicine, Harvard Medical School, Boston, USA.

Abstract

Research on youth's suicidal behavior often focuses on individuals rather than families. This exploratory research is related to family relations in female youths with suicidal behavior. This study's respondents were ten suicidal female youths (aged 15 to 24) divided into two groups: ' attempt' and 'no-attempt'. The FACES IV, family communication scale, and family satisfaction scale were given at the beginning of the study, which was continued with in-depth interviews to explore the flexibility, cohesion, and communication of their family relations. In the attempt group, FACES IV resulted in low balanced cohesion (35.8 respectively), low balanced flexibility (41.2 respectively), and low family communication (15.4 respectively). Surprisingly, all participants of both groups rated their family satisfaction levels low, meaning that all participants were dissatisfied with the family functioning. The interview resulted in eight main themes: lack of emotional closeness, family conflict, sibling relationship, leadership in the family, obedience, autonomy, and control, and mendhem rasa (buried emotion, in Javanese culture), and weak communication skills. In conclusion, the family's hierarchical relationships, family conflict, and emotional distance become the risk factors for adolescent suicidal behavior. The perspectives found in this study with suicidal female youths suggest that family-based prevention and intervention of suicidal behavior in youths need to understand family cultural values while encouraging to build emotional closeness and communication skills in the family.

Keywords: Family relations; female youths; hierarchical relationships; suicidal behavior.

Table of Contents

*Corresponding author at: Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia; Department of Psychology, Faculty of Medicine, Udayana University, Bali, Indonesia. E-mail: tiencedebora@unud.ac.id

Middle-income countries like Indonesia are challenged with the increasing number of suicide cases (WHO, 2018). The average number of suicide cases in Indonesia was 1.6 per 100,000 population or as many as 4002 cases in 2014 (Badan Pusat Statistik, 2014; Bakti Husada, 2014), and it increased to 3.4 per 100,000 population in 2016 (Global Health Observatory Data Repository WHO, 2018). In 2018 there were 4,560 suicide cases in Indonesia (Badan Pusat Statistik, 2018). However, there was no official report on the number of adolescents committing suicide or conducting suicidal behavior.

Suicide occurs more in the male population, while non-fatal suicide attempts more often occur in women and youths who are not married or suffer from a psychiatric disorder (Nock et al., 2008; Wunderlich et al., 2001). Systematic review and meta-analysis of longitudinal study from non-clinical population aged 12 - 26 years also show that female adolescents and young women have a higher tendency of conducting suicide attempt than male ones (Miranda-Mendizabal et al., 2019). In suicidal behavior, women attempted suicide through drug overdose and self-cutting, which still can have time for other people to help them. In contrast, men tend to use more lethal methods of suicide (Beautrais, 2003; Cantor, 2000).

According to some research, suicide is grouped into three categories, i.e. suicide ideation, a suicide plan, and suicide attempt (Nock et al., 2008). Crosby et al. (2011) proposed a terminology that has a broader scope, namely *self-directed violence*, which conveys every form of suicidal behavior, both the fatal ones that lead to death and the non-fatal ones such as suicide attempt and non-suicidal self-harm. Non-suicidal self-injury (NSSI) is commonly occurring in adolescents and young adults (Klonsky et al., 2014). NSSI behavior has a higher

risk to a suicide attempt (Klonsky et al., 2013). Previous findings confirm that female adolescents with a history of NSSI and suicide ideation tend to conduct lifetime suicide attempts (Scott et al., 2015). The findings suggest that studies on suicidal behavior in adolescents cannot overlook adolescents with self-harm behaviors.

Adolescence is the period of dramatic biological changes, new experiences and duties, and changes in their relationship with parents (Santrock, 2011). Adolescence is regarded as a period of transformation (Adams, 2005). When a family comes to the phase when the child grows to adolescence, one of the most significant changes in parent-adolescent relationships is the increased flexibility of family rules in allowing adolescents to be more independent (Goldenberg & Goldenberg, 2013). The family's responsibility in this phase is to change the approach of parent-adolescent relationships and allow adolescents to move in and out of the system (Goldenberg & Goldenberg, 2013). Parent-adolescent relationships play an essential role in the process of identity development and self-regulation of adolescents (Berzonsky et al., 2007). A well-functioning family can encourage the fulfillment of individual potency in its every member by giving them the freedom to explore and discover themselves as there is protection and security (Goldenberg & Goldenberg, 2013).

Family relationship is often described from the perspective of System Theory (Olson, 2000, 2011; Olson et al., 2019), which originates from General System Theory's concept suggested by Ludwig von Bertalanffy (Bertalanffy, 1968). A system can be defined as a set of elements that interact with one another and with their environment (Bertalanffy, 1972). It means that the best way to understand a system is by knowing every element of the system and its simultaneous interactions (Gavazzi, 2011). Therefore, each family member must be understood in the whole family's context to describe their functioning (Santrock, 2011).

Family System has three characteristics, namely cohesion, flexibility, and communication (Olson, 2011). Family cohesion describes emotional closeness in the family (Olson, 2000; Olson et al., 2019). Family flexibility shows the quality and expression of leadership and management, role relationship, and rules of relationship and negotiation (Olson, 2011). Family communication is needed to facilitate the movement of both cohesion and flexibility. It focuses on the skills of listening and delivering opinion, openness, attention to the topic, and respecting others (Olson et al., 2019).

There are limited qualitative studies regarding the family relationship as reflected on the parental relationship and relationships between parent and youths with a history of suicidal behavior. Quantitative studies explain that adolescents with severe depression, who have

ideation and plan of committing suicide, and even have attempted to suicide, come from 'problematic' families as marked with conflicts, low cohesion, and flexibility (Gouveia-Pereira et al., 2014; Miller et al., 2012). The cultural values that avoid conflict passed down in families in Indonesia, especially Javanese families, can affect family relationships (Geertz, 1960). Efforts to avoid conflict in the family are thought to hinder openness in family interactions. A qualitative study is the best way to investigate family dynamics (Ganong & Coleman, 2014). Therefore, this qualitative research is expected to discover the dynamics of family relations in Javanese families from the perspective of Family System Theory proposed by Olson (2011) according to suicidal female youths from Javanese families. Hence, this study can contribute to family-based adolescent suicide prevention.

Method

Participants

The participants of this study were ten female youths who had history of suicidal behavior within the last two years. Their aged ranged from 15 to 24 years, and are not married according to the characteristics of youths in Indonesia and UN (Badan Pusat Statistik (BPS), Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN), Kementerian Kesehatan (Kemekes), & ICF International, 2013; UNESCO, 2017). About 20% or two of them came from low Social Economic Status (SES) families (the families still received direct aid from the government every month to meet their daily needs and education cost) and lived in a small town. The other 80% came from middle SES groups and lived in big cities with one or both parents who had a fixed income that was enough to meet their education and daily needs. The participants, who were still attending high school and university, were fully financed by their parents. The participants who had finished university did not live with their parents because they continued their education or looked for jobs in other cities, but they at least returned to their parents' homes once or twice a month. Table 1 shows the characteristics of the participants according to demographic variables.

Table 1.

The Characteristics of the participants according to demographic variables.

Characteristics	N (%)
Age (M = 20.8, SD = 3.326)	N = 10
Education	
Secondary level	2 (20)
Graduated from Associate's Degree	1 (10)
Student of Bachelor's Degree	5 (50)
Graduated from Bachelor's Degree	2 (20)
Family Structure	
Two-parents family: married	8 (80)
Single parent family: widow	2 (20)
Family SES	
Low SES	2 (20)
High SES	8 (80)
Place of Living	
Rural environment	2 (20)
Urban environment	8 (80)

The participants were purposively selected from the psychiatry/psychology department of Gadjah Mada University's Academic Hospital, which provides outpatient services for youths with suicidal behavior, and from community health centers referred by the schools attended by the participants who engaged in self-harming behavior.

The participants were divided into two groups, namely 'attempt group' and 'no-attempt group' (Table 2). The participants of the attempt group were those having attempted to commit suicide once or more. The no-attempt group participants never attempted to commit suicide but had thoughts of doing so and conducted self-harm behavior. Eight participants were outpatients of hospitals' psychiatry departments. The two other participants were selected from a junior high school that showed multiple self-harm behaviors but never received psychiatric treatment.

Table 2.

Characteristics of suicidal behavior and psychiatric disorders of the participants.

Characteristics of suicidal behavior and psychiatric disorders	N (%)
Suicidal behavior	
I Attempt	5 (50)
II No-attempt	5 (50)
Psychiatric disorders	
Bipolar	4 (40)
Major Depression Disorder	2 (20)
Anxiety	1 (10)
schizoid co-morbid with bipolar	1 (10)
Others (without diagnose)	2 (20)

Ethical Approval

This study had received approval from The Medical and Health Research Ethics Committee (MHREC) of the Faculty of Medicine, Universitas Gadjah Mada in Yogyakarta, Indonesia, under the Ethical Approval certificate number KE/FK.1324/EC/2018. In accordance with the guidance of ethics commission, authorization for involving participants in this study was obtained from the psychiatrists/psychologists who treated them.

Written consents were given to every participant. Participants above 17 years old can give their own consent, but for the participants of 15-17 years old, ascent forms were added to get approval from their parents and teachers.

Stages of Study

This study used two stages to explain and explore family relationships from the perspective of female youths who conduct suicidal behavior. In the initial stage, Indonesian version of Family Adaptability and Cohesion Evaluation Scale IV (FACES IV) was given to each participant. The Indonesian version of FACES IV has been used extensively in research on Indonesia's family systems (Wiguna et al., 2015). FACES IV, developed by Olson (2011) was the latest version of family self-report assessment designed for measuring the Cohesion and Flexibility of family, the two main dimensions of the Circumplex Model of Marital and Family Systems (Olson, 2011). There are six scales in FACES IV with two balanced scales (balanced cohesion and balanced flexibility) and four unbalanced scales (disengaged, enmeshed, rigid and chaotic). It consisted of 42 items of Likert scale, from 1 (Strongly Disagree) to 5 (Strongly Agree). The scores of these items were sorted in order to get the lowest and highest scores of the dimensions of Cohesion and Flexibility. Olson (2011) found

the reliability of the six FACES IV scales which are Balanced Cohesion = .89, Balanced Flexibility = .84, Enmeshed = .77, Disengaged = .87, Chaotic = .86, Rigid = .82. A family communication scale was used to measure the participants' level of communication in the family. This scale consisted of 10 items of Likert scale. The test-re-test reliability of the scale is .86 (Olson & Barnes, 2010). The Family Satisfaction Scale, developed by Olson (2010) is designed to assess 10 aspects of family functioning in a 10-item format. The Alpha reliability of this scale is .92 (10 items).

In the second stage, a semi-structured interview was conducted to collect data from the participants. There were seven questions prepared to reveal the cohesion, flexibility, and communication in a family: 1. How is closeness in your family? 2. How is a problem overcome in your family? 3. Are there rules in your family? 4. How are the rules run in the family? 5. How is a decision made in the family? 6. How do parents respond to their adolescent's suicidal behavior? 7. Is there any change in family relations after the adolescent is known to conduct suicidal behavior? The participants were given the freedom to determine their time and place of the interview so that they could feel more comfortable. Face to face interview was done twice with a duration of 50-60 minutes. The interviews were recorded with a voice recorder. The main writer of this article did the interviews by herself with all the participants and all sessions.

The interview data were explored with multiple case study methods, choosing several cases that described the studied issue in order to show the difference of perspectives on the cases (Creswell, 2007). The cases addressed by this study were those showing suicidal behaviors that altogether occur as a continuum, namely suicidal thought, self-harm, and suicide attempt.

Data Analysis

The data obtained from FACES IV were analyzed by calculating the scores on each dimension of cohesion and flexibility. The higher the balanced cohesion and balanced flexibility scores, the healthier the family system (Olson, 2011). The higher scores on all four unbalanced scales (disengaged, enmeshed, rigid, and chaotic) indicate the more unhealthy family system (Olson, 2011). The higher the score for the family communication scale and the family satisfaction scale, the more positive feelings of the adolescents about communication and family satisfaction (Olson, 2011).

For the interview data, the researcher listened to the interview tape and then transcribed it into verbatim form. To maintain the confidentiality of the identity as well as information about the participants that made them identifiable, all identity data were deleted. Two transcripts contained several statements in Javanese because the participants considered Javanese better describing how they felt. The sentence or statement had been translated into Indonesian by a native Javanese, who understands Javanese culture so that all transcripts were in Indonesian.

The data analysis in case studies consisted of detailed descriptions of the cases (Creswell, 2007). In analyzing data, researchers observe every case acquired data and carry out categorization (Yin, 2014). One of the steps taken is member checking (Harper & Cole, 2012). Member checking allows researchers to interact with participants and get feedback from them on the initial information given by participants to researchers (Arora, 2017).

Results

Results of the First Stage

Figure 1 presents the average score of female youths of the two groups of suicidal behavior (attempt group and no-attempt group). FACES IV results showed that youths in the attempt group experienced low Balanced Cohesion (35.8, respectively) and low Balanced Flexibility (41.2, respectively). The low level of Balanced Cohesion and Balanced Flexibility illustrated the less functioning family or lack of emotional closeness in the relationships among the family members.
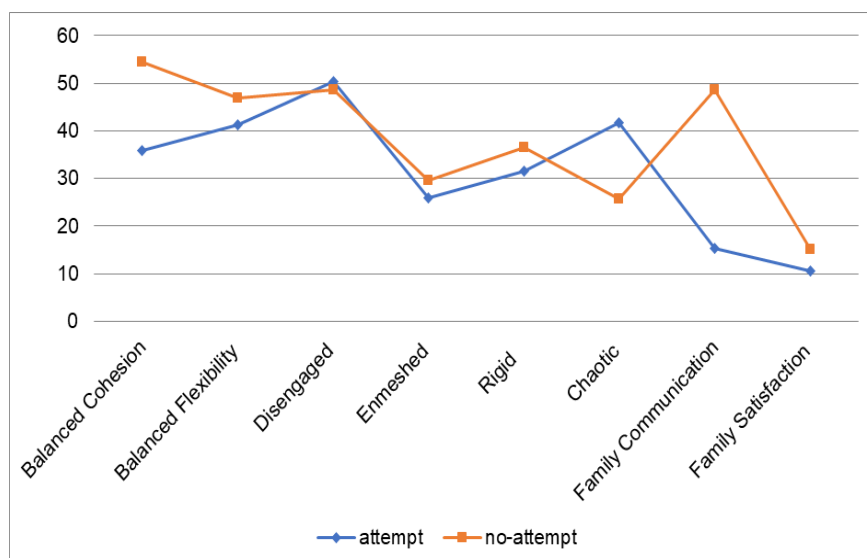
Figure 1. *The average scores of the suicidal behavior group based on FACES IV.*

The youths of the 'no-attempt' group felt moderate Balanced Cohesion (54.4) or emotional closeness in families classified as moderate. They also experienced moderate Balanced Flexibility (47), which illustrates that there is a clear division of leadership in the family, but there are still strict rules for children's activities outside the family environment. Those of the 'attempt group' also rated low family communication (15.4, respectively), while those of 'no-attempt' rated moderate family communication (48.6). The low level of family communication shows a lack of listening skills, openness, and family communication appreciation. Surprisingly, the youths of both groups rated low family satisfaction (10.6 and 15.2), meaning that all of them were dissatisfied with family functioning. Table 3 is a sample of descriptive statistics.

Table 3.

Descriptive samples (mean, deviation standard) of the participants in the attempt and no-attempt groups.

Variables	Attempt ($n = 5$)		No-attempt ($n = 5$)	
	M	*SD*	*M*	*SD*
Balanced cohesion	35.80	14.007	54.40	14.450
Balanced flexibility	41.20	12.834	47.00	15.133
Disengaged	50.40	16.134	48.60	18.105
Enmeshed	26.00	13.115	29.60	11.194
Rigid	31.60	2.608	36.60	6.066
Chaotic	41.80	14.704	25.60	6.693
Family communication	15.40	5.225	48.60	23.512
Family satisfaction	10.60	1.342	15.20	7.463

Results of the Second Stage

Table 4 represents eight categories and 17 subcategories from the interviews that explored the dimensions of cohesion, flexibility, and communication. The main categories on the dimension of cohesion are (1) lack of emotional closeness, (2) family conflict, and (3) sibling relationship. The flexibility dimension is explained with three categories, (1) leadership in the family, (2) obedience, and (3) autonomy and control. The communication dimension includes two main categories, (1) *mendhem rasa (buried emotion)* and (2) weak communication skills.

Table 4.

Classification of relation dimension, main categories, and sub-categories.

Dimension	Main Categories	Sub-categories
Cohesion	Lack of emotional closeness	Feeling alienated in the family
		Parents less understanding each other
	Family conflict	Psychological and physical violence in the family
		Conflict with mother and loss of father as triggers to suicidal behavior
	Sibling Relationship	Closeness versus distance with siblings
		Parents comparing children
Flexibility	Leadership in the family	Sharing roles
		Father as decision maker in the family
	Obedience	Obedience with the authority figure
		Parents feeling to have the rights to control children
	Autonomy and control	Self-determined to choose education
		Parental' control hampering autonomy
		Rigid rules about school and religious activities
Communication	*Mendhem rasa (buried emotion)*	*Mendhem (buried emotion)*
		Less open communication
	Weak communication skill	Mother less-understanding children
		Criticizing and blaming children

1. Cohesion

1.1 Lack of emotional closeness

This category consists of 2 sub-categories, (1) feeling alienated in the family and (2) parents less understanding each other.

- Feeling alienated in the family

Female youths who feel less emotional closeness in their family relationship, feel alienated at home. They opt to leave parents' houses and live in other cities. Although they occasionally come back home, they still feel and experience reduced interaction at home. They feel negative emotions like sadness and anger due to cold family relations. Such emotional distance was reflected in the relationship between these youths and their fathers. Female youths regarded their father as a stranger and merely a source of financial needs.

"I feel I have no closeness to my parents, I feel like a stranger as if we lived on our own but in the same house." (Participant 1)

"I don't really know my father. I am not emotionally close to him. At least he still can help me to survive, give me money." (Participant 10).

"When at home I always feel angry. I don't know why; I just get angry." (Participant 9)

- Parents less understanding of each other

The participants thought the parental relationship was not close as marked by their parents' inability to understand each other. An opinion could be understood differently so that it always led to parental conflict. Another parental conflict caused by one partner having an affair. Female youths thought that their parents stayed together just for their children.

"They are like strangers to each other, not knowing each other, never understand each other. They do not communicate well. When my father says something, my mother takes it differently, always bringing them to a conflict" (Participant 6)

"My mother is having an affair. So, they keep fighting. I do not know what for they stay together. Maybe just for formality, they are still together. They are destined to stay together despite being unhappy. Staying together just for fulfilling their children's needs." (Participant 1)

1.2 Family Conflict

This category consists of 2 sub-categories, (1) psychological and physical violence in the family, and (2) conflict with the mother and loss of the father as triggers to suicidal behavior.

- Psychological and physical violence in the family

Parental conflict and parent-youth conflicts often occur in the family. One cause of family conflicts was the affair of one parent. The conflicts were followed by divorce despite the likelihood of the parents getting together again. In addition, psychological and physical violence also occurred in families, from father to mother and from parents to the children.

"I don't know why my parents couldn't get along well. Every day they had a fight. When I was in elementary school and junior high school, my family was really shattered because of fighting, parents living separately, and divorce. They got together again, then had fights again… such was the pattern." (Participant 2)

"How father always screamed at my mother, how father treated his children… He used to beat me, douse me with water, and lock me in the bathroom…always like that. My father had an affair since I was 4 to 19 years old. My father and mother had wanted to separate." (Participant 3)

- Conflict with the mother and loss of the father as triggers to suicidal behavior

A female's relationship with her mother and with her father can be different. Females in late adolescence who are not used to openly communicating with their mothers tend to have conflict with mothers, leading to self-harm behavior. Female youth who closes to father, the death of father triggers to a suicide attempt.

"I harmed myself after having a fight with my mother. After a problem appeared again, I had a fight again with my mother and then I harmed myself again. My mother doesn't want to understand, she doesn't want to listen first." (Participant 6).

"Perhaps, my high school time was the darkest time of my life, yet also the loveliest time. The darkest time because my father passed away, and I conducted suicide attempt. Nevertheless, I could find my identity during my high school years." (Participant 5).

1.3 Sibling Relationship

This category has 2 sub-categories, namely (1) closeness to versus distance from siblings and (2) Parents comparing children.

- Closeness to versus distance from siblings

There were participants who considered themselves unable to have an open discussion with their mothers but showed closeness to their siblings and openly communicated with them.

However, there were also participants feeling distant from their siblings and rarely communicate each other, although they lived in the same house.

"It is not usual for me to discuss with my mother. That's why I am close to my sister. From kindergarten to university, we are always together." (Participant 6)

"We are really like people who live on their own despite staying at the same house. He is in his own room and I am in mine. Everything is completely separated. My brother and I never talk, never eat together. Just feel like boarding house mates, who never get along with each other. (Participant 2)

- Parents comparing children

The participants considered that their parents treated their children differently, that their siblings were treated better than them. These female youths did not like being compared with their siblings and other children.

"I'm not close to my big sister, because we are different. She is the queen of the family, and I am the black sheep. She is an introvert, never sharing stories. So, I feel it is not comfortable for me to share with her." (Participant 3)

"I don't like the way my parents treat their children. They said my sister is more diligent than me, and her academic achievement is better too. I am also compared with their friends' children whom they think are better than me." (Participant 6)

2. Flexibility

2.1 Leadership in the Family

In this category, there are 2 sub-categories, (1) Sharing roles, and (2) father as the decision-maker

- Sharing roles

The participants admit that their parents were responsible for fulfilling family needs. In two-parent families, the mothers played the roles of managing family finance and instilling values into the children. Maternal figures becoming the backbones of the family occurred in single-parent families.

"I know my parents work so hard, looking for extra incomes, because they want their children to get the best education. My father wants his children to pursue a Master degree. My parents always try to make sure their children not run out of money. My mother manages all family finance." (Participant 6)

"My mother cares more about values like attitudes and characters" (Participant 4)

"The great thing is that she is a single parent. She is able to support her child's education up to Master degree. That's what makes me so proud. My mother has many debts, but she is still able to finance her child's education. I am so amazed with that." (Participant 2).

- Father as the decision-maker

Not all families discuss daily problems. When a situation demands a decision, the father often becomes the decision-maker. There were families that discussed family problems, but the participants regarded no behavior change in the family members for a long time. The absence of consistent behavioral changes in the family relationship made the family discussion useless.

"My father often makes decisions without hearing my mother's opinion. For example, yesterday, suddenly my mother texted me, "Girl, the car had sold. Yes, it's the same. It's already your father habit not to consult with me." Like that. My mother felt she was disregarded." (Participant 6)

"We have a family forum, but what we usually discuss just last for a week or two or even for several days. It's useless talking with them. Should they be reminded? I don't think so. Now I don't care." (Participant 3)

2.2 Obedience

In this category, there are 2 sub-categories, (1) Obedience to an authority figure and (2) Parents feeling to have the right to control children.

- Obedience to an authority figure

The theme of obedience became an interesting finding regarding the family relationship. It reflects on the wife's obedience to husband and children to parents. The obedience of mother to father, according to the participants, indicates the mother's weakness. On the other

side, parents demand obedience from their children. Children's disobedience is regarded as a behavior of opposing the parents.

"My mother always loses from my father. My mother is not brave to oppose my father. He's too stubborn, uncompromising. If he has a desire or an opinion, everyone must follow him." (Participant 6).

"Now, everything is ruled by my parents, even a trivial thing. If everything is not as they wish, they will be angry. "Why are you against your parents?" There's no time for me to decide thing on my own. Everything is controlled by my parents." (Participant 3)

- Parents feeling to have the rights to control children

Although the participants had stated their aspiration to decide by themselves, their parents responded that it is parents' right to determine their children's future. Youths eventually will obey their parents in order to avoid conflict and please them.

"I have my own life, why others should rule it. Everything must be controlled. I need my own space too, to determine my life. Usually, my mother will answer, "I am your parent, I have the rights to determine your life." (Participant 5).

"Obey… Although I get upset, everything my mother tells, I always obey. If I just decide something by myself, I am afraid it will not suit my mother's wish. She will surely get angry. Not to make her angry, I ask her first, can I do this, Mom?" (Participant 2)

2.3 Autonomy and Control

In this category, there are 2 sub-categories, (1) self-determined to choose education, (2) parental control hampering autonomy, and (3) rigid rules about school and religious activities.

- Self-determined to choose education

Parents give their children autonomy to choose a college major and university they desire. Most of the college students had left their parents' house and live in other cities for studying.

"Like choosing a college major, it's supposed to be my own desire, isn't it?" (Participant 4)

"From childhood, I've got used to being on my own, I do everything by myself. Like deciding to join school's extracurricular activity, children usually ask their parents. I get used to decide by myself. I decide everything by myself." (Participant 6)

- Parental control hampering autonomy

There were playtime restrictions. It is considered as an obstruction to autonomy according to middle adolescents and as a restraint on building relationships with peers. Parents control the behavior and decisions made by youths. Parents control youths' activities because they keep a value that a child is the parents' responsibility until the child gets married. Strong control from parents over children occurs until late adolescence, which encourages female youths to get married in order to determine her own life.

"They restrict my freedom. It gives me quite deep trauma because my social life cannot develop better." (Participant 10)

"That is why I want to get married. When can I really be able to decide everything by myself? Until today this is what my parents say, "because you are still on father and mother's responsibility." That's it. They still control me with that words." (Participant 3)

- Rigid rules about school and religious activities

Parents impose strict rules toward early and middle youths regarding their school activities. In contrast, these youths accept the demands of carrying out religious activities and assume that these demands are the way parents instill spiritual values.

"I was asked to join acceleration class, but I rejected. They said, "You are against your parents." Every little thing that I want and does not suit their wish, they judge me as going against them. Anyway, children have their own will, don't they? (Participant 3)

"My mother always reminds me to do the prayer, study, recite Al-Qur'an. My mother is so fussy about doing the prayer. Such is the value she implants. (Participant 2)

3. Communication

3.1 Mendhem rasa (buried emotion)

This category consists of 2 sub-categories: (1) *Mendhem*, and (2) Less open communication

- *Mendhem*

Mendhem rasa or *mendhem* is a term that the participants use to explain the tendency not to express and communicate what they thought and felt when facing a problem. *Mendhem* means buried their emotions or feelings, usually negative emotions such

as disappointment, sadness, and anger. They choose *mendhem rasa* because they did not want to intensify problems and did not find anyone with whom they could share stories. One female from a single mother family did not want to share with her mother because she did not want to burden her.

*"When my mother and father had a fight, mother kicked father out of home, so they lived separately for some time before they got together again. It was always like that. I was tired of witnessing them fighting. My mother maddened me, but I could not say anything to her. It was **mendhem** here (touching her chest), so upset, but I could hardly say it." (Participant 2)*

*"When I have a problem, I more often **mendhem**. There is no one with whom I can share. If I share with my mother, I am afraid it would be a burden for her." (Participant 5)*

- *Less open communication*

The participants felt there was emotional distance in the relationship with their parents that hampered communication. Most of them felt uncomfortable sharing things openly with their parents. The feeling of distance had grown for a long time so that they found it weird when their parents asked them to share their stories or problems. Even when the parents knew their children's suicidal behavior, they did not respond with attention as the female expected. One participant could share with her mother but felt distant in the relationship with her father. This youth felt rejected by her father since childhood, making her prefer not to have a father.

"It is weird if suddenly my parents ask me, want to know my being, ask me to tell something. It is just weird." (Participant 6)

"My parents quite know that I have attempted to commit suicide. That's all. They never asked me why." (Participant 4)

"I don't like having father, he never touched since my childhood. When I was sick, only my mother took care of me. My father never. I rarely talk to my father." (Participant 8)

3.2 Weak communication skills

This category consists of 2 sub-categories, (1) mother less-understanding children, and (2) criticizing and blaming children

- Mother less-understanding children

The participants thought their mothers were not good listeners. Mothers could not understand their youth's opinions and tended to be reactive or angry towards their opinions. The way the mothers responded in communication triggered mother-youth conflicts and self-harm behavior among youths.

"My mother doesn't understand me… She will get angry quickly if I tell her something. Instead of giving advice, she gets angry. That's her type of personality." (Participant 2)

"My mother rarely listens to me when I tell her something. For example, when I text her something through WhatsApp, she's quickly so reactive. She easily gets angry." (Participant 4)

- Criticizing and blaming children

The participants also found it difficult to be open with their mothers because mothers tended to criticize their children or find their weakness. Parents blame their daughters for acting suicidal. Parents consider youth's suicidal behavior as an expression of not loving the parents.

"I cannot share a story with her because when I tell her something, she always talks much. I just want to be listened. A little sample, yesterday I would go, and I took a selfie, then I sent to my mother. I said, "Mom, how about this?" I expected my mother would say, "O you are pretty, my girl." But my mother tried to find my flaw, replying me, "O… what's wrong with your eyebrow? Your dress should be done like this. Your hair must be tidied up." She always criticizes and finds my faults. She cannot appreciate people." (Participant 6)

"My mother instead responded, "what you even have the thought (of committing suicide) like that? You don't love me and your father. You don't think who's going to bear the sin, you don't think about your own future." So, actually it gives me more burden instead." (Participant 3).

Discussion

To intensify the family-based prevention of suicidal behavior in female youths, it is important to understand the family relation from these youths' perspectives. This qualitative study aimed to describe family cohesion, flexibility, and communication from suicidal female youths' perspectives (Olson, 2011; Olson et al., 2019). As described in Circumplex Model,

communication helps the family to change its cohesion and flexibility when facing a problem (Olson, 2011). Communication in parent-youth relations reveals closeness that can maintain the connectivity among the family members (Laursen & Collins, 2004). Previous studies have suggested that families with youth who conducted suicidal behavior are less cohesive and flexible and experience less open communication. Respectively, FACES IV's results in this study showed that the 'attempt' group experience low family cohesion and flexibility. Conflicts that are not overcome with solutions that all family members can accept, create an emotional distance in family relations. This condition hampers youths to communicate their problems to parents openly. Female youths choose to *mendhem rasa* (in Javanese culture, *mendhem rasa* means to bury their emotion and feeling) from parents. In line with previous studies, such poor communication makes adolescents try to overcome the problems on their own (Lie & Liou, 2012). The females from the no-attempt group considered their families' communication moderate because they can still communicate with one of parental figures (mostly mothers), although these mothers do not really show empathy in understanding their adolescents' opinions.

The ambivalence in the relationship of female youths and especially with their mothers, was identified in this study. These youths want to develop openness in communication with mothers and share their problems, but their different opinions became sources of conflicts between mothers and females. This study indicates that conflict with the mother was one of the factors triggering self-harm behavior. Contrast with previous studies that revealed the level of emotional closeness between female youths and their parents, especially mothers, builds the females' preparedness to share everything that is either important or frightening for them (Karabanova & Poskrebysheva, 2013), and reduces the likelihood of attempting to suicide (Zayas et al., 2011). The daughters need their mothers as a source of emotional support to deal with life's stresses. Unfortunately, these needs are often not fulfilled.

The cultural aspect of Indonesia family relationship also reflects on the hierarchical relationships, which demand obedience to an authority figure, such as from wife towards husband and from children towards parents. Authority figures hold control over the family members, as seen in the father's role as the family's decision-maker. These fathers often do not involve other family members to discuss family problems. This condition occurred in the families of both attempt and no-attempt groups. The youths tended to *mendhem rasa* or bury their emotions and not share what they felt to show their obedience to their parents and avoid conflict with them. It is not surprising that Indonesian culture holds a hierarchical relationship and avoids conflict (Moffatt, 2012). Cultural values that avoid conflict and

hierarchical family structures have an unfavorable impact on parent-youth relationships. Female youths can only give opinions about what they want, but the decision about whether these youths' expectations can be realized depends on their parents' consent. The hierarchical relationship builds conformity in family communication, which tends to be one-direction communication from superiors to subordinates.

The tug of war between the opportunity to be autonomous and parents' desire to control their adolescents to ensure conformity to parental authority occurs from childhood to late adolescence. As understood, early adolescence is the period of negotiation for autonomy within the parent-youth relationships (Steinberg, 2001). The results of this study showed that female youths have limited opportunities to be independent in making their own decision. Although youths want to choose and determine their own future, parents think that they are the ones who have the right to decide their children's future. The culture held by Indonesian society considers that a child is the responsibility of the parents until the child is married. Parents will fulfill the child's needs before working to meet their own needs. Parents also have the right to make decisions about their children's future.

On the other hand, this situation hinders the autonomy of youths. For early and middle female youths, their parents limit their activities outside the home and make sure that they are at home before dark. In particular, for female youths, there are gender-based norms that make their mobility more restricted than that of male ones, so that they must always be protected and not allowed to be outside the family home (Blum et al., 2017). Female youths consider restrictions on activities outside the home as limiting opportunities for personal development. Middle and late adolescents who are going to college are given the opportunity to choose their intended tertiary education, but parental control is still felt to be strong enough in relation to the non-academic activities and with whom they are friends. Female youths respond to parental control by choosing to undergo education outside the city so that they can 'get out of the house' and avoid confrontation with parents. Separation from parents becomes an opportunity for youths to break away from parental control and develop autonomy.

Limitation of the study

Although it was attempted to carry out the study following the planned design, this qualitative study conducted on suicidal youths had several limitations:

1. This study involved suicidal youths from Javanese families who live in cities and villages. This study's findings cannot capture the differences between youths who live in cities and villages on how cultural values internalized in the family that affect relationships within the family.

2. Female youths involved in this study were selected purposively based on their type of suicidal behavior. This study did not analyze the possibility of participants' psychiatric disorders that contribute to youth suicidal behavior.

3. This study's findings cannot be generalized to youths from other different cultures, and the results can also be different if the same study was conducted on Indonesia male youths.

Conclusion

Overall, this qualitative study with ten suicidal female youths has shown that poor family relations and the impact of rigid cultural traditions become the risk factors of suicidal behavior. Family dysfunction are reflected in family conflicts that are not resolved with solutions accepted by all family members. Physical and verbal abuse from parents against youths and the hierarchical family relationships widen emotional distance among family members. This study's implication indicates the importance of involving family cultural values and family relationship patterns in preventing family-based adolescent suicidal behavior.

Funding/Financial Support

Other Support/Acknowledgement

Competing Interests

The authors have declared that no competing interests exist.

References

Adams, G. R. (2005). Adolescent development. In T. P. Gullotta & G. R. Adams (Eds.), *Handbook of adolescent behavioral problems. Evidence-based approaches to prevention and treatment* (Gullotta, T.P., Adams, G.R., (pp. 3–16). Springer.

Arora, A. B. (2017). Member checks. In J. Matthes, C. S. Davis, & R. F. Potter (Eds.), *The international encyclopedia of communication research methods* (pp. 1–3). John Wiley & Sons, Inc.

Badan Pusat Statistik. (2014). *Village potential statistics of Indonesia 2014 (Indonesian Language).* Badan Pusat Statistik.

Badan Pusat Statistik. (2018). *Village potential statistics of Indonesia 2018 (Indonesian Language).* Badan Pusat Statistik/ BPS-Statistics Indonesia. https://www.bps.go.id/publication/2018/12/17/196ea04986a4540261ba994d/potensi-desa-2018.html

Badan Pusat Statistik (BPS), Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN), Kementerian Kesehatan (Kemekes), & ICF International. (2013). *Indonesia demographic and health survey 2012.* BPS, BKKBN, Kemenkes and ICF International.

Bakti Husada. (2014). *Executive summary of health data and information in East Java Province (Indonesian Language).* Bakti Husada.

Beautrais, A. L. (2003). Life course factors associated with suicidal behaviors in young people. *American Behavioral Scientist, 46*(9), 1137–1156. https://doi.org/10.1177/0002764202250657

Bertalanffy, L. V. (1968). *General System Theory: Foundations, development, applications.* George Brazziler. https://www.amazon.com/General-System-Theory-Foundations-Applications/dp/0807604534/ref=mt_paperback?_encoding=UTF8&me=

Bertalanffy, L. V. (1972). The history and status of General Systems Theory. *The Academy of Management Journal, 15*(4), 407–426.

Berzonsky, M., D., Branje, S. J. T., & Meeus, W. (2007). Identity-processing style, psychosocial resources, and adolescents' perceptions of parent-adolescent relations. *Journal of Early Adolescence, 27*(3), 324–345. https://doi.org/10.1177%2F0272431607302006

Blum, R. W., Mmari, K., & Moreau, C. (2017). It begins at 10: How gender expectations shape early adolescence around the world. *The Journal of Adolescent Health, 61*(4 Suppl), S3–S4. https://doi.org/10.1016/j.jadohealth.2017.07.009

Cantor, C. H. (2000). Suicide in the Western World. In K. Hawton & K. van Heeringen (Eds.), *The International handbook of suicide and attempted suicide* (pp. 9–28). John Wiley & Sons Ltd.

Creswell, J. W. (2007). *Qualitative inquiry & research design. Choosing among five approaches.* (Second). SAGE Publications Inc.

Crosby, A. E., Ortega, L., & Melanson, C. (2011). Self directed violence surveillance: Uniform definitions and recommended data elements, Version 1.0. *National Center for Injury Prevention and Control, Atlanta (GA): Centers for Disease Control and Prevention*, 1–96.

Ganong, L., & Coleman, M. (2014). Qualitative research on family relationships. *Journal of Social and Personal Relationships*, *31*(4), 451–459. https://doi.org/10.1177/0265407514520828

Gavazzi, S. M. (2011). *Families with adolescents. Bridging the gaps between theory, research, and practice*. Springer.

Geertz, C. (1960). *Agama Jawa. Abangan, santri, priyayi dalam kebudayaan Jawa (terjemahan).* Komunitas Bambu.

Global Health Observatory Data Repository WHO. (2018). *Suicide rates, crude Data by country*. WHO. http://apps.who.int/gho/data/node.main.MHSUICIDE?lang=en

Goldenberg, H., & Goldenberg, I. (2013). *Family therapy. An overview* (Eight). BrooksCole, Cengage Learning.

Gouveia-Pereira, M., Abreu, S., & Martins, C. (2014). How do families of adolescents with suicidal ideation behave? *Psicologia: Reflexão e Crítica*, *27*(1), 171–178. https://doi.org/10.1590/S0102-79722014000100019

Harper, M., & Cole, P. (2012). Member checking: Can benefits be gained similar to group therapy? *The Qualitative Report*, *17*(2), 510–517.

Karabanova, O. A., & Poskrebysheva, N. N. (2013). Adolescent autonomy in Parent-child Relations. *Procedia - Social and Behavioral Sciences*, *86*, 621–628. https://doi.org/10.1016/j.sbspro.2013.08.624

Klonsky, E. D., May, A. M., & Glenn, C. R. (2013). The relationship between nonsuicidal self-injury and attempted suicide: Converging evidence from four samples. *Journal of Abnormal Psychology*, *122*(1), 231–237. https://doi.org/10.1037/a0030278

Klonsky, E. D., Victor, S. E., & Saffer, B. Y. (2014). Nonsuicidal self-injury: What we know, and what we need to know. *Canadian Journal of Psychiatry*, *59*(11), 565–568.

Laursen, B., & Collins, W. A. (2004). Parent-child communication during adolescence. In A. L. Vangelisti (Ed.), *Handbook of family communication* (pp. 333–348). Lawrence Erlbaum Associates, Inc.

Lie, H., & Liou, J.-C. (2012). Suicide behavior among Junior High School students in Philippines and Indonesia associated with the social factors. *GSTF Journal of BioSciences*, *2*(1), 93–98. https://doi.org/10.5176/2251-3140_2.1.28

Miller, E., McCullough, C., & Johnson, J. G. (2012). The association of family risk factors with suicidality among adolescent primary care patients. *Journal of Family Violence*, *27*(6), 523–529. https://doi.org/10.1007/s10896-012-9443-3

Miranda-Mendizabal, A., Castellví, P., Parés-Badell, O., Alayo, I., Almenara, J., Alonso, I., Blasco, M. J., Cebrià, A., Gabilondo, A., Gili, M., Lagares, C., Piqueras, J. A., Rodríguez-Jiménez, T., Rodríguez-Marín, J., Roca, M., Soto-Sanz, V., Vilagut, G., & Alonso, J. (2019). Gender differences in suicidal behavior in adolescents and young adults: Systematic review and meta-analysis of longitudinal studies. *International Journal of Public Health*, *64*(2), 265–283. https://doi.org/10.1007/s00038-018-1196-1

Moffatt, A. (2012). *Indonesian cultural profile*. Diversicare.

Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic Reviews*, *30*(1), 133–154. Scopus. https://doi.org/10.1093/epirev/mxn002

Olson, D. (2011). FACES IV and the Circumplex Model: Validation study. *Journal of Marital and Family Therapy*, *37*(1), 64–80. https://doi.org/10.1111/j.1752-0606.2009.00175.x

Olson, D. H. (2010). *Family satisfaction scale.* Prepare/Enrich, LLC.

Olson, D. H., & Barnes, H. (2010). *Family communication scale.* Prepare/Enrich, LLC.

Olson, David H. (2000). Circumplex model of marital and family systems. *Journal of Family Therapy*, *22*(2), 144–167. https://doi.org/10.1111/1467-6427.00144

Olson, David H., Waldvogel, L., & Schlieff, M. (2019). Circumplex model of marital and family systems: An update. *Journal of Family Theory & Review*, *11*(2), 199–211. https://doi.org/10.1111/jftr.12331

Santrock, J. W. (2011). *Life-span development* (13 Edition). McGraw-Hill Companies, Inc.

Scott, L. N., Pilkonis, P. A., Hipwell, A. E., Keenan, K., & Stepp, S. D. (2015). Non-suicidal self-injury
        and suicidal ideation as predictors of suicide attempts in adolescent girls: A multi-wave
        prospective study. *Comprehensive Psychiatry*, *58*, 1–10.
        https://doi.org/10.1016/j.comppsych.2014.12.011

Steinberg, L. (2001). We know some things: Parent-adolescent relationships in retrospect and
        prospect. *Journal of Research on Adolescence*, *11*(1), 1–19. https://doi.org/10.1111/1532-
        7795.00001

UNESCO. (2017). *What do we mean by "youth"?* Learning to Live Together.
        www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition/

WHO. (2018). *Suicide data*. WHO.
        http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

Wiguna, T., Ismail, R. I., Noorhana, S. R., Kaligis, F., Aji, A. N., & Belfer, M. L. (2015). Family
        responses to a child with schizophrenia: An Indonesian experience. *Asian Journal of
        Psychiatry*, *18*, 66–69. https://doi.org/10.1016/j.ajp.2015.09.009

Wunderlich, U., Bronisch, T., Wittchen, H. U., & Carter, R. (2001). Gender differences in adolescents
        and young adults with suicidal behaviour. *Acta Psychiatrica Scandinavica*, *104*(5), 332–339.
        https://doi.org/10.1034/j.1600-0447.2001.00432.x

Yin, R. K. (2014). *Case study research. Design and methods.* (5 Edition). SAGE Publications Inc.

Zayas, L. H., Hausmann-Stabile, C., & Kuhlberg, J. (2011). Can better mother-daughter relations
        reduce the chance of a suicide attempt among Latinas? *Depression Research and Treatment*,
        2011, 403602. https://doi.org/10.1155/2011/403602

Zhai, H., Bai, B., Chen, L., Han, D., Wang, L., Qiao, Z., Qiu, X., Yang, X., & Yang, Y. (2015).
        Correlation between family environment and suicidal ideation in university students in China.
        International Journal of Environmental Research and Public Health, *12*(2), 1412–1424.
        https://doi.org/10.3390/ijerph120201412

About the authors

Tience Debora Valentina: The author is a lecturer at Udayana University who is pursuing her Doctoral Degree at Universitas Gadjah Mada. This work is written as part of dissertation in Doctoral Program of Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia. The dissertation research theme is about family relation and adolescent suicide behavior.

Noor R. Hadjam: The second author is the first dissertation supervisor. He is a Professor at Faculty of Psychology, Universitas Gadjah Mada. His major is Clinical Psychology and is concern about adolescent mental health. He has published many scientific articles in national and international journals.

Tina Afiatin: The third author is the second dissertation supervisor. She is a Professor at Faculty of Psychology, Universitas Gadjah Mada. Her major is Family Psychology. She has published many of her research in national and international journals. She also wrote several books such as The Psychology of Marriage and Family (Indonesian Language).

Byron J. Good: The fourth author is the third dissertation supervisor. He is a Professor of Medical Anthropology at Harvard Medical School. He is also a visiting Professor at Universitas Gadjah Mada. He has published a lot of scientific articles in international journal and several books.

*Corresponding Author's Contact Address [Top]

Tience Debora Valentina
Faculty of Psychology,
Universitas Gadjah Mada,
Jl Sosio Humaniora Bulaksumur,
Karang Malang, Caturtunggal,
Kec. Depok,
Kabupaten Sleman,
Daerah Istimewa Yogyakarta 55281,
Indonesia.
E-mail: tiencedebora@unud.ac.id