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Intergenerational transmission of suicidality or shared stressors?

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I read with interest the paper by Ranning et al. describing the relationship between parental suicide attempts and the incidence rate ratio for offspring in a prospective Danish sample (Ranning et al., 2021). The authors considered several explanations for ‘intergenerational transmission’, including genetics, social transmission and environmental factors.

While the paper raised important needs of the children of parents who attempt suicide, it contained several concerning points. The use of the term transmission refers to how something is passed from one person to another. This is a misnomer for suicidality. Suicidality occurs on a continuum of unhealthy coping strategies used to reduce overwhelming distress (Stallman, Beaudequin, Hermens, & Eisenberg, 2021). The unhealthy coping continuum also includes negative self-talk, harmful behaviours (e.g. emotional eating, aggression, substance use, self-harm) and social withdrawal. Rather than being passed from one person to another, suicidality occurs following overwhelming distress and the absence of effective healthy strategies or other unhealthy strategies to reduce that distress.

Overwhelming distress often has shared causes (environmental, developmental interpersonal trauma, poor sense of belonging, poor health behaviours and inadequate treatment of illnesses) amongst family and community groups. For parents with overwhelming distress, day-to-day functioning in general becomes increasingly difficult – this includes parenting. Poor parenting may impact the acquisition of developmental competencies (healthy identity, emotional and behavioural regulation, interpersonal skills and problem-solving skills) in children. In addition to the unhealthy environment where children may feel responsible for their parents, developmental competency deficits increase the likelihood of overwhelming distress as children get older. They are then more likely to use unhealthy coping strategies, including suicidality, when their healthy strategies (e.g. self-soothing, relaxation/distraction, social support and professional support) are ineffective at reducing distress. The word ‘relationships’, rather than ‘transmission’ in the Ranning et al. paper title would have more accurately portrayed the shared experience of suicidality between some parents and their children.

While the authors noted the need for parenting interventions to help younger children or individual interventions for older children of parents who attempt suicide, there is a need for a more comprehensive biopsychosocial assessment and interventions to address the causes of overwhelming distress for parents to parent effectively. The findings show multisystemic, longer-term biological, social and psychological interventions are indicated after a suicide attempt to improve outcomes for parents and children rather than just child-centred interventions.

References

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