

PARENTING STYLES AND PARENTAL BONDING STYLES  
AS RISK FACTORS FOR ADOLESCENT SUICIDALITY

By

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### Abstract

This review aims to synthesize the existing literature on parenting practices and their risk factors for adolescent suicide as well as make the connection from these risk factors to parenting styles (neglectful, authoritarian, permissive, authoritative) and parental bonding styles (neglectful, affectionless control, affectionate constraint, optimal). Although leaders in public health and suicidality do not currently recognize parenting practices and styles as risk and protective factors for adolescent suicides, prior research provides evidence for the relationship between increased risk for adolescent suicidal thoughts and behaviors and parenting factors such as overprotection, control, abundant parent-child conflicts, neglect or rejection, and not taking a suicide attempt seriously. Moreover, past research has also found that deficient parenting styles and parental bonding styles are strongly associated with suicidality in children and adolescents both directly and indirectly due to their relation to other risk factors. This review aims to reignite the conversation about the relationship between parenting practices and adolescent suicidality and bring light to this important subject.

## Introduction

Suicide is a prevalent problem worldwide. Suicidal ideation and suicidal behaviors are especially dominant in adolescent and young adult populations, now more than ever. According to the Centers for Disease Control and Prevention (CDC, 2013, 2014), in 2014 suicide was the second leading cause of death for young Americans ages 10-34, second only to unintentional injury. For ages 10-14, suicide moved from the third leading cause of death in 2013 to the second leading cause in 2014. Specifically for adolescents (ages 13-18), suicide accounted for 20.4% of deaths in 2014. Worldwide, suicide was the second leading cause of death in 2012 for ages 15-29 (World Health Organization). These statistics alone are alarming. Unsuccessful suicide attempts and other suicidal behaviors, though, show even more cause for concern. In 2013, there were 86,568 (2.8%) documented non-fatal injuries caused by self-harm among adolescents (CDC, 2013). A CDC report for 2015 stated 8.0% of high school students (grades 9-12) attempted suicide at least once in the previous year. Moreover, 17.0% of students considered attempting suicide and 13.6% made a plan for suicide in the previous year. Suicide prevention efforts are critical for adolescent health and survival.

An understanding of risk and protective factors is key to preventing and addressing suicidal thoughts and behaviors in adolescents. Public health and mental health organizations such as the CDC, American Foundation for Suicide Prevention, American Association of Suicidology, and the Suicide Prevention Resource Center (2011) identify an extensive list of general risk factors for suicidal behavior. These risk factors include, but are not limited to, previous suicidal or self-harm thoughts and behaviors; a history of suicide in the family; parental history of violence, substance abuse, psychiatric disorders, or divorce; personal history of trauma or abuse; personal history of violence; personal history of impulsivity or recklessness; personal history of certain psychiatric disorders, medical disorders, or brain injuries; low self-esteem or

high self-hate; more tolerance or acceptance of suicide or cultural or religious beliefs that glorify suicide; exposure to suicide; lack of acceptance of sexual orientation (by the self or family); perfectionism; smoking; access to a firearm or other lethal means; unemployment; stress; substance abuse; a threatening event; isolation; stigma; and negative affect such as anger, agitation, hopelessness, etc. Moreover, research has found that poor impulse control, interpersonal stressors (i.e. family dysfunction, relationship break-ups, or victimization), and biological factors such as serotonin dysregulation can all increase risk for suicide (Dawes, Mathias, Richard, Hill-Kapturczak, & Dougherty, 2008). Evidently, risk factors are wide-ranging and the sources of suicidal thoughts and behaviors are highly individual and varying.

The CDC and Suicide Prevention Resource Centers recognize a set of protective factors for suicidal behaviors, as well. These protective factors are support from and access to effective mental health care and interventions, social connectedness (i.e. family, peers, caregivers, etc.), cultural and religious beliefs that discourage suicidal behaviors, and personal skills such as problem-solving and (nonviolent) conflict resolution. This list is not nearly as extensive as risk factors, suggesting that research has a long way to go in identifying factors that may protect youth who are at risk of suicidal thoughts and behaviors from suicidality. These protective factors are equally as important as or perhaps even more important than risk factors to understand and bring awareness to.

The identified risk and protective factors are all well-studied and supported by literature in the field. There are, however, many studies that have discovered associations between both family factors and certain parenting behaviors and adolescent suicidal ideation and suicidal behaviors. These family and parenting factors are not currently recognized as protective factors by national authorities on the subject such as the CDC and Suicide Prevention Resource Centers

and there is a gap in the understanding of suicide from the social psychology perspective involving the family and parents of young suicide attempters. Moreover, there is no comprehensive summary of how particular parenting styles can affect suicidal ideation and suicidal behaviors in children as they grow up. Since parents are encouraged to use different parenting techniques and styles, they should be informed about the effects that these various techniques may have on the mental and physical health of their children. This review will aim to synthesize the existing literature on parenting practices, the most prevalent parenting styles in American society today (neglectful, authoritarian, permissive, and authoritative), and parental bonding styles (neglectful, affectionless control, affectionate constraint, and optimal) and explain how each of these three components are related to each other as well as to adolescent suicidality. This review defends the view that parenting factors are importantly related to risk and protective factors for suicidal thoughts and behaviors in children and adolescents.

### **Parenting Practices as Risk Factors**

Studies have shown that parental suicidal behaviors and other mental illnesses serve as a major risk factor for child and adolescent suicidality (Agerbo, Nordentoft, & Mortensen, 2002; Goodwin, Beautrais & Fergusson, 2004; Guldin et al., 2015; Kuramoto et al., 2010; Wilcox et al., 2010). It is evident why being exposed to suicide in this way would increase risk for adolescents' tendencies to the same suicidal thoughts and behaviors and would more generally have detrimental effects on a child's psychological well-being. However, it is less obvious how the everyday parenting practices employed by parents, whether psychologically healthy themselves or not, would negatively affect children and adolescents. There are five main parenting factors to be discussed in this section that have been found to correlate with adolescent suicidality: overprotection and control, harsh punishment, parent-child conflicts, neglect and

rejection, and denying the seriousness of a previous suicide attempt. Particular attention will be paid to overprotection, control, neglect, and rejection and how they relate to adolescent suicidality with respect to the widely utilized Parental Bonding Instrument (PBI) will be discussed in a future section.

### **Parental Overprotection**

Parental overprotection exists on a spectrum from no overprotection to extreme overprotection. On the extreme overprotection end of the spectrum, parenting behaviors can include controlling tendencies, which may lead to more conflicts between parents and children, especially when psychological or coercive control is employed (Martin & Waite, 1994; Smetana & Gaines, 1999; Sorkhabi & Middaugh, 2014). Both parental control and parent-child conflicts are additional risk factors for suicide that can be instigated by parental overprotection. While a certain amount of perceived parental protection is clearly necessary for a child's physical and emotional health and safety, overprotection can be disadvantageous. Martin and Waite (1994) conducted a study in Australia which showed that more parental protection was positively associated with suicidal thoughts. More parental overprotection was also found to be related to adolescent suicide attempts in Norwegian adolescents (Wichstrom, 2000) and in a study by Johnson et al. (2002), maternal possessiveness, specifically, was positively correlated with adolescent and young adult suicide attempts.

Interestingly, paternal overprotection was only found to be significant among females, though overall parental overprotection was higher for suicidal adolescents of both genders when compared with non-suicidal adolescents (Adam, Keller, West, Larose, & Goszer, 1994; Goldney, 1985). Parental overprotection can presumably cause mere frustration among adolescents as they struggle to gain more freedom and independence at this pivotal point in their lives. However,

among those who are already at a higher risk for suicide, this parenting factor can be critical. Perhaps the most troubling function of this negative parenting practice is that it seems to be a precursor to many other more severe parenting practices which have also been found to correlate with adolescent suicidal behaviors. Extreme overprotection is tantamount to controlling tendencies and demonstrates expected risk increase for suicide. High parental control was found to be associated with suicidal ideation in adolescents in French-Canada (de Man, Labrèche-Gauthier, & Leduc, 1993) and in China, where maternal over-control was particularly important (Lai & McBride-Chang, 2001; Leung, Kwok, & Ling, 2015). Additionally, Australian adolescents who exhibited suicidal behavior reported high parental control (Toumbourou & Gregg, 2002). It is clear that parental control has a strong correlation with suicidal thoughts and behaviors, but it seems to be related to other risk factors, as well. In Iran, a study by Heydari, Teymoori, and Nasiri (2013) discusses the effects of parental control on anomie, low socioeconomic status (SES), and suicidality. The authors propose that while low SES, anomie, and parental control are all individually related to suicidality, parental control serves both as a mediating factor between SES and suicidality and as a moderating factor on anomie. This severe type of parental overprotection may be useful to categorize and develop research and education around, since controlling behaviors would be more easily identified than overprotective behaviors. Control itself, perhaps more than mere overprotection, can also intensify other known risk factors for adolescent suicide such as exposure to violence (i.e. parental control manifesting as violent punishment) and interpersonal stressors such as parent-child conflict. Alarming, high parental care has also been associated with risk of repeated suicide attempts (Dale, Power, Kane, Stewart & Murray, 2010).



On the other end of the parental protection spectrum, less maternal control was shown in one study to have a stronger correlation with adolescent suicide attempts compared to adolescent suicidal ideation (Cruz, Narciso, Pereira, & Sampaio, 2015). The difference between suicidal thoughts and actual suicide attempts provides a more well-rounded view of factors contributing to suicide. The authors suggest that this particular difference may reveal that some level of parental control is protective against self-destructive behaviors by the adolescents. According to the Interpersonal Psychological Theory of Suicide (IPTTS), a suicide attempt requires both the desire to end one's life as well as the acquired capability to kill oneself. Acquiring the capability may refer to developing a particularly high pain tolerance, overcoming fear of suicide, or even developing self-destructive or violent behaviors toward oneself (Cero & Sifers, 2013). Therefore, if parents have a healthy level of protection and control over their child, they could play a role in preventing their child from acquiring the capability to kill himself. A total lack of control over the child may create an environment of instability for the child which would, on its own, increase suicide risk and could contribute to other risk factors for suicidality. Parental protection, both lack of protection and overprotection, should be further investigated, especially with consideration to how extreme parental overprotection impacts other risk and protective factors for adolescent suicidality.

### **Harsh Punishment**

Discipline is a necessary part of parenting. However, excessively harsh or abusive punishment is unmistakably unhealthy and even dangerous for the child. Some psychological and psychosocial consequences of abuse are widely known. These include increased reports of depression and anxiety, which extend well into adulthood, and problems with interpersonal relationships (Kendall-Tackett, 2002; Springer, Sheridan, Kuo, & Carnes, 2003; Springer,

Sheridan, Kuo, & Carnes, 2007). However, how corporal punishment affects suicidality in children and adolescents is less recognized. Some studies show that harsh parental punishment (or corporal punishment) is a risk factor for adolescent or early adult suicide attempts, particularly among women (Johnson et al., 2002; Straus & Kantor, 1994). This effect of harsh punishment may be due to many different factors. An increased exposure to violence and a history of victimization may serve as a cause for decreased sensitivity to violence or aggression toward the self, making it easier to attempt suicide. Additionally, violent punishment or exposure to violence could be coupled with lack of parental protection or control, making matters even worse for the adolescent. Being the victim to abuse can also play a role in the types of psychological difficulties that are associated with suicide, such as depression. A more intricate explanation may even be found in the effects harsh parental punishment has on social and situational factors that can contribute to suicidality in adolescents. The specific relationship between corporal punishment and child and adolescent suicides should be further reviewed in future work.

### **Parent-child Conflicts**

In general, fighting with family members correlates with increased risk for adolescent suicide attempts and suicidal ideation (Johnson et al., 2002; Lai & McBride-Chang, 2001; Leung, Kwok, & Ling, 2015). More perceived family violence was also found to be correlated with higher suicide risk (Randell, Wang, Herting, & Eggert 2006). More specifically, increased suicidal ideation and behaviors are associated with perceived conflicts with parents (Breton, Tousignant, Bergeron, & Berthiaume, 2002; Randell et al., 2006; Soole, Kølves & De Leo, 2015; Toumbourou & Gregg, 2002). Kuhlberg, Peña, and Zayas (2010) found that the relationship between parent-child conflicts and suicidality is, at least partially, mediated by increased

internalizing behaviors and lower self-esteem. This literature suggests that parent-child conflicts are a clear and important risk factor for child and adolescent suicides.

### **Parental Neglect and Rejection**

Certain parenting behaviors can serve as protective factors such as parental care (Adam et al., 1994; Dale et al., 2010; Goldney, 1985; Martin & Waite, 1994; Toumbourou & Gregg, 2002), parental warmth (Connor & Rueter, 2006; Lai & McBride-Chang, 2001), and parental support (Connor & Reuter, 2006; Randell et al., 2006; Reyes et al., 2015). Conversely, some factors may increase risk for suicide, such as parental rejection. For instance, lifetime suicide attempts for females are positively correlated with perceptions of parental neglect and rejection (Ehnvall, Parker, Hadzi-Pavlovic, & Malhi, 2008). More paternal rejection has shown a stronger correlation with adolescent suicide attempts compared to adolescent suicidal ideation (Cruz, et al., 2015) and adolescents who identify with the LGBT community tend to perceive more family and parental rejection or lower family and parental acceptance, which are significantly correlated with more suicidal ideation and suicidal behaviors among this population (Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russel, Huebner, Diaz, & Sanchez, 2010). Neglect can be similarly detrimental. Brodsky and Stanley (2008) define neglect as physical, indicating a lack of food and shelter provided for the child, or emotional, indicating a lack of consideration or validation for the child's emotions, though most studies on parental neglect do not measure these factors independently. Regardless, there is a large body of research which gives evidence that parental neglect is significantly related to adolescent suicidality (see a review in Brodsky & Stanley, 2008). Each of these aforementioned factors also exists on a spectrum of parental care ranging from neglect and rejection to care and support. This spectrum, as well as its relationship to the parental overprotection spectrum, will be explored further in a later section.

### **Denying the Seriousness of a Suicide Attempt**

A lack of support and care may be illustrated in a particular form after an adolescent has already made a suicide attempt. Randell et al. (2006) found “support availability for depression and suicidal thoughts” to be significantly higher for adolescents at high, moderate, and low risk for suicide compared to no risk for suicide (p. 263). Parents play an important role in acknowledging a suicide attempt and suicidal ideation as real and significant but parents may avoid or withdraw from services and treatment after the adolescent’s suicide attempt due to feelings of guilt, embarrassment, or pain caused by the reminder of the incident (see a review in Kerfoot, Harrington, & Dyer, 1995). Parental support after a suicide attempt is crucial for adolescents’ access and adherence to treatment, but lack of care or support is an upsetting obstacle. Therefore, parental care is important as a protective factor both before and after suicidal behaviors in adolescents.

### **Parenting Styles and Parental Bonding Styles as Risk Factors**

There are two commonly used models for describing and studying parenting styles. The first was developed by Baumrind (1971, 1989) and Maccoby and Martin (1983) and will be referred to in this review as “parenting styles.” The second was developed by Parker, Tupling, and Brown (1979) and will be referred to in this review as “parental bonding styles.” Both are four-quadrant models with two scales representing different bipolar parenting factors. These models are used separately but often for the same purposes in research and this section will aim to explain how the two models relate to each other as well as to adolescent suicidality.

### **Parenting Styles**

There are four parenting styles that are well known among psychologists today which were developed by Baumrind (1971, 1989), and Maccoby and Martin (1983) (as cited in Aunola,

Stattin, & Nurmi, 2000 and Glasgow, Dornbusch, Troyer, Steinberg, & Ritter, 1997). The four quadrants are neglectful/uninvolved parenting, authoritarian parenting, authoritative parenting, and permissive/indulgent parenting. In this model, the two bipolar scales represent parental demandingness and parental responsiveness. Demandingness is described as level of control, supervision, and maturity demands from the child and responsiveness is described as warmth, acceptance, and involvement (Aunola et al., 2000; Glasgow et al., 1997). Parents are placed in one of the four parenting styles based on adolescents' responses on a parenting style index, which includes questions regarding two different scales: acceptance/involvement and strictness/supervision (Glasgow et al., 1997; Lamborn, Mounts, Steinberg, & Dornbusch, 1991). Each parenting style's placement on these scales and its relation to suicidality will be discussed in this section.

**Neglectful parenting.** The first parenting style is neglectful/uninvolved parenting. The previous section already identified perceived parental neglect as a risk factor for adolescent suicidality. Scholars define neglectful/uninvolved parenting as low in responsiveness and low in demandingness, meaning neglectful parents are, among other things, low on acceptance, involvement, control, and maturity demands from the child (as cited in Aunola et al., 2000 and Glasgow et al., 1997). These factors emulate a "hands-off" or even disengaged approach to parenting, leaving the child without any rules or regulations and little support. Essentially, the child is left without any sort of functioning parent-child relationship.

**Authoritarian parenting.** The next parenting style is authoritarian parenting. Scholars define authoritarian parenting as low in responsiveness and high in demandingness and this style is characterized by low levels of trust, a strict set of rules that are expected to be obeyed, discouragement of open communication, and both behavioral and psychological control (as cited

in Aunola et al., 2000 and Glasgow et al., 1997). “Intrusiveness” is another characteristic that can be used to describe authoritarian parenting (Barber, 1996). Authoritarian parents seem to reflect attitudes that the parent-child relationship is one of authority and obedience instead of friendship and equality.

**Permissive parenting.** Permissive parenting is high in responsiveness and low in demandingness. These parents are generally warm and accepting, according to Baumrind (1991), and Maccoby and Martin (1983). Baumrind (1991) describes these parents as non-demanding with a lack of control, leaving their children to be independent (as cited in Aunola et al., 2000). Despite the lack of regulation, permissive parents are devoted to their children and very involved in their lives (Glasgow et al., 1997). This style reflects a parenting attitude of friendship rather than authority in regards to the relationship between parent and child.

**Authoritative parenting.** The last parenting style is generally seen as the most effective and most balanced parenting style. Authoritative parenting is high in demandingness and high in responsiveness. According to many different scholars, authoritative parents have solid rules but are not restrictive, as they encourage child psychological autonomy. They use nonpunitive discipline when rules are broken and reinforcement when rules are upheld. Additionally, communication is encouraged and child perspective is taken into account (as cited in Aunola et al., 2000 and Glasgow et al., 1997). Authoritative parenting is warm, accepting, and involved, unlike authoritarian parenting, but offers a level of supervision and maturity demands from children that permissive parenting does not. Unique to authoritative parenting is psychological autonomy, which is separate from behavioral autonomy and allows adolescents to develop their own beliefs (Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Steinberg, 2001).

These four parenting styles represent one large realm of parenting research. Studies have found authoritative parenting to be the most effective at equipping children with a sense of ability and self-reliance (see a review in Glasgow et al., 1997). Children of authoritative parents have also been found to be less likely to have depression, anxiety, delinquency, and drug use and more likely to do well in school and have better self-reliance and self-esteem. Alternatively, nonauthoritative parenting styles were found to relate to more negative consequences for adolescents (see a review in Steinberg, 2001). Less understood, though, is how these parenting styles relate to adolescent suicidal thoughts and behaviors.

Researchers have mostly, if not exclusively, utilized the authoritarian parenting style in studies about adolescent suicidality. Adolescents who reported more risk for suicide ideation also reported having more authoritarian parents (Lai & McBride-Chang, 2001; Smith & Moore, 2013). However, as Cero and Sifers (2013) and Greening, Stoppelbein, and Luebbe (2010) point out, authoritarian parenting can serve as a protective factor for suicidality instead of a risk factor. Moreover, the protective feature of authoritarian parenting could be related to the evidence that insufficient parental control is associated with suicide, as discussed above (Cruz, Narciso, Pereira, & Sampaio, 2015). This may mean that in certain circumstances the effects of high demandingness would outweigh the effects of low responsiveness. On the other hand, the study by Greening et al. (2010) found evidence for authoritarian parenting serving as a moderator for suicidality among children with depression, which could mean that for other populations authoritarian parenting would pose more of a risk for suicide. Interestingly, authoritative parenting was not found in Greening et al.'s study to have the moderating role that authoritarian parenting did. Perhaps this is why demandingness and responsiveness and these four parenting styles have not been the most widely used variables in research. Instead, most studies use

parental bonding styles with scales for care and overprotection which may offer a more accurate depiction of the factors that relate to adolescent suicidality.

### **Parental Bonding Styles**

There has been extensive research into parental bonding styles, which are operationalized in the literature as a four-quadrant model comprised of two bipolar scales, care and overprotection. Care and overprotection are thought to be distinct but not entirely independent. Each factor is bipolar and both interact to create another two-dimensional model known as the Parental Bonding Instrument (Parker, Tupling, & Brown, 1979). The PBI consists of 13 questions about overprotection and 12 questions about care. Scores assign parents to one of four quadrants for parental bonding style: neglectful parenting (low care and low overprotection), affectionless control (low care and high overprotection), affectionate constraint (high care and high overprotection), and optimal parenting (high care and low overprotection) (Martin & Waite, 1994). Care and overprotection were found to be negatively correlated parenting factors (Parker, Tupling, & Brown, 1979).

As mentioned above, care and overprotection serve as protective and risk factors, respectively. Both also exist on a spectrum. Care ranges from “indifference/rejection” to “care” (Parker, Tupling, & Brown, 1979, p. 5). High care would reflect in the PBI as warm and friendly tone of voice, adequate help provided by the parent, adequate affection shown, frequent smiling at the child, excellent understanding of the child, offering praise for the child, and the ability to make the child feel better (p. 10). Overprotection ranges from “encouragement of autonomy and independence” to “overprotection” (p. 5) with overprotection items including parenting elements such as low desire for the child to make his own decisions, tendency to baby the child, privacy invasion, effort to make the child dependent on the parents, not giving the child permission to go



out, and not allowing the child to dress how he wants (p. 10). Every parental bonding style mentioned in this review has aspects of parental care and overprotection which allows each to be categorized into one of the four quadrants of the PBI.

A large majority of the studies done regarding the relationship between parenting practices and adolescent suicidality used the PBI to categorize the parenting styles. Since most of the evidence supporting associations between parenting factors and adolescent suicidality is within the parental bonding styles framework, parents and psychologists should be informed about the comparison between parental bonding styles and parenting styles in order to understand how parenting styles may affect adolescent suicidal thoughts and behaviors. Previous sections have already discussed protection and care's roles in adolescent suicidality as discrete influences. Together, however, the factors show equally important results.

Parental bonding styles and parenting styles will be compared throughout this section because the bipolar factors of both models are quite similar. Demandingness is comparable to overcontrol while responsiveness is comparable to care. While the scales and models do not match up exactly, there are overlapping operational elements. Therefore, evidence found from both models should be pooled to better understand parenting and adolescent suicidality.

**Neglectful parental bonding.** Neglectful parenting, in the PBI, is low on both the overprotection and the care scales. A study by Martin and Waite (1994) showed that 17% of adolescents with suicidal thoughts assigned their mothers to the neglectful parenting quadrant compared to only 10.7% of adolescents without suicidal thoughts. Study results by Cruz, Narciso, Pereira, and Sampaio (2015) show that low maternal control and high paternal rejection—which can be understood as low paternal care—are associated with more adolescent

suicide attempts. Suicide among pregnant teenagers in Brazil has also been shown to correlate with paternal neglectful parenting (da Cunha Coelho et al., 2014).

The three studies mentioned here have found rather inconclusive results. First of all, Martin and Waite (1994) found that maternal neglectful parenting showed more of a relationship to suicide while da Cunha Coelho et al. (2014) found significance for paternal neglectful parenting. This may suggest that neglectful parenting by both the mother and the father are detrimental. However, the fact that the two studies had opposite results could mean that neither parent has a significant effect on child suicide when exhibiting neglectful parenting. Moreover, Cruz et al. (2015) found only low maternal control or overprotection to be significant and while only low paternal care was significant in relation to adolescent suicide. In other words, mothers were low on one scale while fathers were low on the other. Perhaps it is the interaction between mother and father that make neglectful parental bonding dangerous instead of only one parent being responsible for the effect. The reason for the correlation of neglectful parenting to child suicidality needs to be better understood with respect to the interaction between maternal and paternal neglect in connection with the two subscales of the PBI.

Despite puzzling evidence in relation to the PBI, looking to the neglectful parenting style, as described above, can help psychologists clarify how neglectful parenting may affect adolescent suicidal thoughts and behaviors. Glasgow et al. (1997) found that the neglectful parenting style showed the lowest levels of trust, engagement, control, and monitoring compared to authoritarian, authoritative, and permissive parenting styles. Low engagement in the neglectful parenting style is analogous to low care in the neglectful parental bonding style while low trust, control, and monitoring are analogous to low overcontrol in the neglectful parenting style and neglectful parental bonding style, respectively.

The neglectful parenting style has not been directly researched in relation to suicidality. However, it has been researched in relation to other negative elements of adolescent personalities and behaviors. These are often elements which have already been well-established as risk factors for suicide. For instance, “under-controlled environments,” according to Barber (1996, p. 3300), can foster impulsivity because children would have never learned self-regulation. As mentioned above, poor impulse control is considered a risk factor for suicide, making neglectful parenting a potential catalyst for this risk factor. One study has also shown that neglectful parenting styles are associated with adolescents having a dysfunctional attribution style, or misattributing outcomes to external factors because they do not believe they are capable (Glasgow et al., 1997) and less use of self-enhancing attributions has been found to be associated with neglectful parenting (Aunola et al., 2000). These behaviors reflect feelings of self-doubt and low self-esteem. Low self-esteem is another risk factor for suicide. Breaking down how this parenting style affects other risk factors illuminates the effect neglectful parenting can have on adolescent suicidality.

Interpersonal stressors, such as break-ups, are other suicide risk factors that have also been previously identified. Ehnvall et al. (2008) found that numbers of lifetime suicide attempts among females with depression were higher among those who perceived more parental neglect as children. The authors suggest that a reason for this increase throughout lifetime could be that parental neglect and rejection may lead to “rejection sensitivity” (p. 54). This means that if a person is broken up with, loses a friend, or perhaps if someone close to them dies, he may have a stronger or healthier reaction because of his history with parental rejection. Such an event could be an important risk factor for this type of person who may be less able to cope with rejection. Furthermore, adverse childhood experiences, including neglect, have been found to

correlate with drug use in adolescents (Alvarez-Alonso et al., 2016; Dube et al., 2003) and poor child behavior control, similarly to neglectful parenting practices, have been found to correlate with drug use (as cited in Barber, 1996). Only four risk factors for suicide are discussed here. However, neglectful parenting could have an impact on countless other risk factors, as well. Isolation is another risk factor that is assumed to relate to neglectful parenting as is denying the seriousness of a suicide attempt by the adolescent. It is evident that neglectful parenting and neglectful parental bonding seem to dangerously affect adolescent suicidality by both a direct relationship between neglectful parental bonding and suicidality as well as an indirect relationship by which neglectful parenting exacerbates other risk factors for suicide.

**Affectionless control.** On the PBI scales, affectionless control is low in care and high in overprotection. Studies have found the most evidence for the negative effects that affectionless control may have on suicidality compared to all other parental bonding styles. Adam et al. (1994) found that mothers of suicidal adolescents were more often low in care and high in overprotection than parents of non-suicidal adolescents. The same effect was found for fathers of suicidal adolescent females but not males. Martin and Waite (1994) also found that besides optimal parenting, affectionless control parenting showed the biggest difference between adolescents with suicidal thoughts and adolescents without suicidal thoughts. Paternal affectionless control was found to be 30.4% for suicidal adolescents compared to 12.4% for non-suicidal adolescents and maternal affectionless control was 25.2% and 14.4%. Once again, suicidality among pregnant Brazilian teenagers is associated with affectionless control (da Cunha Coelho et al., 2014). Among incarcerated male adolescents, paternal affectionless control was found to be significantly higher for the adolescents who exhibited suicidal thoughts and attempts than the ones who did not, a stronger relationship than for any other parental bonding style

(McGarvey, Kryzhanovskaya, Koopman, Waite & Canterbury, 1999). Several additional studies have found a similar relationship between suicidality and parental affectionless control both among adolescents and adults (see a review in Goschin, Briggs, Blanco-Lutzen, Cohen & Galynker, 2013). This parental bonding style is by far the most well-documented in respect to its possible effects on suicidality.

Indirect effects also may exist. McGarvey et al. (1999) studied youth placed in juvenile correctional facilities. They found that maternal affectionless control was correlated with low male self-esteem and paternal affectionless control was correlated with female hopelessness, both well-known risk factors for suicide. Moreover, they review many other risk factors which relate to affectionless control. For instance, they reveal that other studies have found that affectionless control is characteristic of adolescent psychiatric disorders, substance abuse, depression, and low social support. It is also plausible that due to lack of care, a previous suicide would not be taken seriously. Similarly to neglectful parenting, affectionless control seems to have effects on risk factors for suicide as well as be a risk factor itself and parents should be educated on the potential consequences that low care and high overprotection could have on their children.

The next parenting style relates well to affectionless control. According to scholars in the field, authoritarian parenting is low in responsiveness—which reflects this parenting style being low on the care spectrum—and high in demandingness—which also reflects high overcontrol (as cited in Aunola et al., 2000 and Glasgow et al., 1997). Aunola et al. (2000) found authoritarian families to show the highest levels of perceived parental control by the adolescent and the lowest levels of perceived parental trust, which would place authoritarian parenting high on the

overcontrol scale of the PBI. Moreover, they found very low levels of parental engagement and child disclosure, placing authoritarian parenting low on the care scale of the PBI.

Adolescents in authoritarian families report other risk factors for suicide, as well. These include more failure expectations (Aunola et al., 2000), adolescent self-consciousness (Yee & Flanagan, 1985; as cited in Glasgow et al., 1997), dysfunctional attributions, and this parenting style is thought to contribute to less self-regulation (Glasgow et al., 1997). As explained in the previous section, all of these aspects are risk factors for suicide. Hopelessness is another important threat to adolescents. Two studies have found that psychological control is associated with hopelessness (Li, D., Li, X., Wang, & Bao, 201; Shek & Lee, 2005). Li et al. (2015) also found a correlation between psychological control and adolescent suicidality, arguing that hopelessness serves as a mediator between the two. Additionally, authoritarian parenting was found to be associated with anxiety sensitivity and, more specifically, the social subfactor of anxiety sensitivity (Timpano, Carbonella, Keough, Abramowitz, & Schmidt, 2015). Since anxiety disorders are psychiatric disorders, this increased anxiety sensitivity already poses a risk for suicide. Even more, the social subfactor of anxiety sensitivity has been found to strongly correlate with past suicide attempts (Capron, Fitch, Medley, Blagg, Mallott, & Joiner, 2012). Lastly, authoritarian has been linked to maternal corporal punishment in Filipinos (Jocson, Alampay, & Lansford, 2012). This link to harsh punishment makes authoritarian parenting have even more potential for detrimental effects on children. This evidence, along with evidence about affectionless control's relation to suicide and suicide risk factors could mean that authoritarian parenting and/or affectionless control, would promote suicidality both directly and indirectly in adolescents.

**Affectionate constraint.** Affectionate constraint, high in care and high in overprotection, is a parental bonding style which has rarely been of focus in research about suicidality. This is most likely due to the evidence that the correlation with adolescent suicidal thoughts and behaviors is much weaker. Martin and Waite (1994) found that paternal affectionless constraint was identified by 16.1% of adolescents with suicidal thoughts compared to 10.9% of nonsuicidal adolescents. Maternal affectionless control was identified by 13.4% and 9.7% of adolescents with suicidal thoughts compared to those without suicidal thoughts, respectively. The correlation is clearly weaker for affectionate constraint compared to affectionless control and maternal neglectful parenting. However, the relationship is still valuable due to affectionate constraint incorporating high overprotection, a risk factor that has already been discussed in this review.

There has been conflicting evidence for the relationship between affectionate constraint and suicide risk factors. A study by Silove, Parker, Hadzi-Pavlovic, Manicavasagar, and Blaszczyński (1991) showed that patients with panic disorder reported affectionate constraint parental bonding styles more than any other style. However, Wiborg and Dahl (1996) found no such evidence. Other than these few studies, affectionate constraint has not been exclusively studied nor has there been much evidence for its relation to other psychiatric disorders. However, in a study that examines all four quadrants of the PBI, affectionate constraint fares worse than optimal bonding (Martin & Waite, 1994). This may mean that it has no effect on suicidality since it is not correlated with increased suicidality but evidence does suggest that it is not correlated with decreased suicidality. For this reason affectionate constraint should be warned against, especially due to its possible relationship to other psychiatric disorders, which are risks for suicide.

**Optimal parental bonding.** Low overprotection and high care reflect the optimal parental bonding style. Optimal bonding is the most prevalent among non-suicidal adolescents and the least prevalent among suicidal adolescents, according to Martin & Waite (1994). Generally, optimal bonding should provide the most reliable construct for parents because it encompasses warmth, support, and affection but does not include the restrictive tendencies of high overprotection. In other words, this parental bonding style includes the protective factor of parental care without the risk factor of control. Optimal bonding also correlates with less psychological distress, less depressive symptoms, better self-esteem, better well-being, and more social support than other parental bonding styles among adolescents and college women, giving evidence that optimal bonding is associated to more protective factors and less risk factors for suicide (Bachar, Canetti, Bonne, DeNour, & Shalev, 1997; Canetti et al., 1997; Hall, Peden, Rayens, & Beebe, 2004).

There are two more parenting styles which have not yet been discussed: permissive parenting and authoritative parenting. These two parenting styles are not so easily compared with the parental bonding styles. Authoritative parenting, for example, is high in demandingness but would not be classified as high in overcontrol. Rather, authoritative parenting is high in *control* but not *overcontrol*, as shown in Aunola et al. (2000). This means that authoritative parenting would be low in overcontrol on the PBI scale. Permissive parenting is low in demandingness which would make this parenting style also low in overcontrol, evidenced by a study by Aunola et al. (2000) which found that permissive parents showed less control than authoritative and authoritarian parents. Both authoritative and permissive parenting are high in responsiveness and would also be high in care on the PBI. Permissive parenting has been found to show more engagement than neglectful and authoritarian parenting and authoritative parenting has shown



the most engagement out of all four parenting styles (Aunola et al., 2000). Therefore, both permissive parenting and authoritative parenting would land in the optimal parental bonding quadrant of the PBI. This creates the problem of permissive parenting not being equivalent to optimal parenting or authoritative parenting.

It is still important, though, to acknowledge that permissive parenting is very low in overcontrol and high in care as well as explore how permissive parenting relates to suicidality. For instance, Glasgow et al. (1997) found permissive parenting to be associated with dysfunctional attributions, reflecting low self-esteem, much like authoritarian and neglectful parenting styles. Permissive parenting can also foster the same under-controlled environment found in neglectful parenting that may lead to impulsivity (Barber, 1996; Aunola et al., 2000). Studies by Brown, Arnold, Dobbs, and Doctoroff (2007); Ladd and Pettit (2002); Sandstrom (2007); and Clark, Dahlen, and Nicholson (2015), show that permissive parenting is correlated with less behavioral control (as cited in Clark, Dahlen, & Nicholson, 2015). These same studies show that permissive parenting also relates to more relational aggression, which is similar to personal violence, a risk factor for suicide that was identified in the Introduction. Last, many studies have found a relationship between youth alcohol use or abuse and permissive parenting (see a review in Whitney, & Froiland, 2015). It is clear why it is still important to understand how permissive parenting relates to suicidality. Even though it does not easily fit into the PBI, evidence shows strong correlations between low overcontrol or demandingness, high care or responsiveness, and suicide risk factors.

Because authoritative parenting more easily fits into the PBI than permissive parenting, this review will compare authoritative parenting to optimal parental bonding since both are low in overcontrol and high in care. Maccoby and Martin found that authoritative parenting is

associated with better self-esteem and mental health (as cited in Lamborn, 1991) and Raboteg-Saric and Sakic (2014) found authoritative parenting to relate to higher adolescent self-esteem, happiness, and well-being. According to Lamborn et al. (1991), children of authoritative parents show higher self-confidence and less psychological distress. Authoritative parenting is also negatively correlated with dysfunctional attributions factor (Glasgow et al., 1997), meaning that children of authoritative parents are less likely to make misattribute events to factors besides themselves because their self-esteem and belief in their capabilities would be higher. Each of these factors subsequently serves as a protective factor against suicidal thoughts and behaviors. Authoritative parenting has furthermore been found to negatively correlate with childhood relational aggression, according to multiple scholars (as cited in Clark, Dahlen, and Nicholson, 2015). Less aggression and violence eliminates another risk factor for children and adolescents of authoritative parents. Evidence found of authoritative parenting, as well as optimal parental bonding, and its use as a control group from which to compare results of all other parenting styles makes it evident why high care or responsiveness and low overcontrol, but a certain amount of healthy demandingness, would be protective against adolescent suicidality.

### **Conclusion**

While psychology research has identified numerous risk and protective factors for suicide, it is not common-knowledge that parenting practices may have a significant role in child and adolescent suicidality, nor are there parenting and adolescent suicide specific education efforts by public health organizations, such as the CDC. Adding to this lack of awareness, there is no comprehensive review of how parenting styles, specifically, relate to suicidality in adolescents both as risk and protective factors. Neither has there been a comparison between

parenting styles (neglectful, authoritarian, permissive, authoritative) and parental bonding styles (neglectful, affectionless control, affectionate constraint, optimal).

It is clear from the amount of literature as well as the results of the research that neglectful parental bonding, affectionless control, neglectful parenting, and authoritarian parenting all seem to have some detrimental relationship to adolescent suicidality. Affectionate constraint and permissive parenting, though, are under-explored and seem to relate negatively to suicidal risks and behaviors, as well. Moreover, parenting factors such as overprotection, control, abundant parent-child conflicts, neglect or rejection, and not taking a suicide attempt seriously have been shown to relate to an increased risk for suicide among adolescents. This review discussed how these parenting factors relate to suicidality as well as how parenting styles relate to these factors.

There seems to be a great deal of evidence for the negative aspects of authoritarian parenting and affectionless control parental bonding. However, Goschin et al. (2013) maintain that the research does not make light of *why* deficient parenting is so strongly associated with suicide. Based on the evidence articulated in this review, it seems that deficient parenting and parental bonding styles are so greatly related to suicidality in children and adolescents due to their relation to other risk factors. For example, authoritarian parenting itself may not necessarily cause suicidal thoughts and behaviors in children. However, its correlation to dysfunctional attributions, less self-regulation, hopelessness, and other psychiatric disorders among adolescents makes this parenting style significantly more dangerous since it extends to many other risk factors. It is possible that parenting style or parental bonding style is mediated, or perhaps moderated, by these other risk factors. In this case, inadequate parenting is not, on its own, as disadvantageous if there are other factors in the child's life that can counteract some of the

negative effects of the parenting practices. However, parenting does seem to serve as a significant influence in child and adolescent suicidality, whether as a risk or protective factor.

Many of the studies utilized here were not from recent years and though there is adequate evidence of the relationship between most parenting styles and parental bonding styles and suicidal thoughts and behaviors, parenting practices are still not identified as risk and protective factors. Recognition for these factors would be valuable for parents because they have not been informed of the effects their parenting behaviors may have on their children's suicidality.

Moreover, the relationship between parenting styles and parental bonding styles, as well as their relationship to child and adolescent suicidality, could be useful for clinicians and public health professionals in the prevention and treatment of adolescent suicides. It would be a more comprehensive approach for clinicians to utilize family therapies that acknowledge parenting practices as critical influences in this issue. Flouri (2005) argues that helping to change parenting practices may be valuable but that there is no universal standard for which to base this support on. The evidence outlined in this review suggests that perhaps some combination of the PBI, parenting styles, and the parenting practices that serve as risk and protective factors could yield a more universal understanding of the effects of parenting practices on adolescent suicidal thoughts and behaviors, to then be utilized in parent-based adolescent suicide prevention and treatment efforts. It is the hope that this review will help reignite the conversation about parenting and adolescent suicidality and bring light and recognition to an important element in child-rearing and suicidality.

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