

**BAR – ILAN UNIVERSITY**

**Do Depressive Symptoms Mediate the  
Connection between Social Support, Suicidal  
Thoughts and Non – Suicidal Self - Injury?**

**DOAA DAKA**

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## **Abstract**

Suicide is the secondary cause of death in Israel, among other countries in the world. During the years 1999-2016 the rate of suicidality has risen significantly in many countries worldwide, and is currently marked as 800,000 deaths per year (Centers for Disease Control and Prevention, 2013; Stone et al., 2018; World Health Organization, 2016). Suicidality research deals with a wide spectrum of thought and behavior, from suicidal thoughts, self-harm, and up to suicide attempts (Silverman, Berman, Sanddal, O'Carroll, & Joiner Jr, 2007).

Harter and his colleagues (as cited in Dutta & Gupta, 2014, p.46) defined suicidal thoughts as the thoughts of an individual about putting an end to his or her life (Cole, Protinsky, & Cross, 1992). These thoughts can be, for example, "I think about death", "I think how to kill myself" (Heilbron & Prinstein, 2010). The rate of adolescents who report having suicidal thoughts is 7.1% to 8.9% (Guan, Fox, & Prinstein, 2012). Non-suicidal self-injury (NSSI) behavior is a direct and deliberate harming of one's bodily tissues without lethal intent (Nock, 2009). Such behaviors find expression in cutting, carving and scratching the skin, biting and hitting oneself (Gratz, 2001; Muehlenkamp & Gutierrez, 2004). The rate of prevalence of these behaviors among adolescents is 14% to 30% (Guan, Fox, & Prinstein, 2012; Muehlenkamp & Gutierrez, 2004; Ross & Heath, 2002).

Numerous studies demonstrate that both suicidal thoughts and non-suicidal self-injury might result from depression (Ando et al., 2013; Laye-Gindhu & Schonert-Reichl, 2005). Depression is a disorder characterized by a sense of sadness, emptiness or nervousness accompanied by cognitive and somatic changes that affect a person's functioning (American Psychiatric Association, 2013). By contrast, one of the factors

assisting adolescents who reported suicidal thoughts and non-suicidal self-injury is social support (Brausch & Gutierrez, 2010; Dutta & Gupta, 2014; Heath, Ross, Toste, Charlebois, & Nedecheva, 2009). In their study, Kaplan and his colleagues (as quoted in Thoits, 1982, p.147) defined social support as receiving affection, appreciation, a sense of belonging and security for ones' needs from significant others, such as parents, teachers and friends (Tatar, 1998).

The current study focuses on the Arab population in Israel, and examines whether social support provided by parents, teachers and friends is negatively related to depression symptoms. These symptoms explain the variations in suicidal thoughts and non-suicidal self-injury. Few studies have dealt with the topic of suicidality among the Arab population in Israel (Brunstein Klomek et al., 2016), especially lacking is an investigation of a mediating model that integrates the various factors related to suicidality and self-injury. Therefore, this study might contribute both to the theoretical knowledge in the field as well as to coping with complex situations in the lives of adolescents of this population.

The main **research assumptions** are that (a) depression symptoms would mediate the relationship between social support from parents, teachers and friends and suicidal thoughts, and (b) depression symptoms would mediate the relationship between social support from parents, teachers and friends and non-suicidal self-injury.

**The research population** comprises 276 students of the ages 13-18 (65.5% of whom are girls, the mean age 15.18), studying in three different schools: two high schools and one middle high school that have students from various areas in the country (center and north) from the Arab population of Israel.

**Research tools:** the students responded to four questionnaires. The first was social support of parents, teachers and friends questionnaire (Richards & Branch, 2012). The others were depression symptoms questionnaire (Kovacs, 1981; Zalsman et al., 2005), suicidal thoughts questionnaire (Meneese & Yutrzenka, 1990; Paykel et al., 1974) and non-suicidal self-injury questionnaire (Gratz, 2001). The questionnaires were validated in previous studies, and translated in this study from their original languages (English and Hebrew) to Arabic. Afterwards, they were translated back to their respective languages of origin (Back-translation). In addition, in the current study, we checked the validation of the structure of the social support questionnaire.

**Research procedures:** having received the appropriate certificates of approval from the chief scientist office of the Ministry of Education and the school principals, we handed questionnaires to school students of the 7<sup>th</sup> to 11<sup>th</sup> grades. The time for answering the questionnaires did not exceed 45 minutes and they were filled in the presence of the school educational advisor and the classroom teachers (who were not exposed to the students' answers). The students answered voluntarily and anonymously, and could choose whether to participate in the study or not without any ramifications involved.

### **The study's main findings**

- a) While 71% percent of the adolescents do not harm themselves at all, 8.3% of them harm themselves at least through one of the methods of non-suicidal self-injury.
- b) The parents were perceives as the most significant support factor. The friends came next, and the teachers last.

- c) A high correlation was found between parent and teacher support. That is, there is a high probability that a child who reports of high parental support would also report of higher teacher support than friends support.
- d) Examining the first assumption, that depression symptoms would mediate the relationship between social support and non-suicidal self-injury, we found that in agreement with the assumption, the social support of teachers, parents and friends is related negatively to depression symptoms, which in turn explain the variation in suicidal thoughts.
- e) Regarding the second assumption, that depression symptoms would mediate the relationship between social support and non-suicidal self-injury, we found that depression symptoms mediated the relationship between parent and friend support and non-suicidal self-injury. By contrast, there was no direct connection between teacher support and non-suicidal self-injury, and therefore we did not examine depression symptom mediation.
- f) We found that participants with a tendency to non-suicidal self-injury reported having suicidal thoughts to a higher degree than those with no such tendency.
- g) Having examined the mediation of each variable separately, we examined a general model that included the two research assumptions using Structural Equation Modeling with AMOS program. The analysis showed that social support by parents, teachers and friends had a negative relationship to depression symptoms, and that depression symptoms contribute to explain the variation in suicidal thoughts and non-suicidal self-injury. In addition, we found a direct negative relationship between parental support and suicidal thoughts. The last model, in which we combined together the first two models, that is, the first and the second assumptions together, yielded two relationships: the first, an

indirect negative one between friend social support and suicidal thoughts, and the second a direct and positive one between friend support and suicidal thoughts. The reversal of the relationships testifies to a phenomenon termed suppression, which we discuss in this study.

**The study offers a theoretic and a practical contribution.** Its theoretic contribution lies in that it presents a mediation model through which we examined the extant relationships between the variables: social support (parents, teachers and friends), depression symptoms, non-suicidal self-injury and suicidal thoughts. No study has yet examined the relationships of all these variables together.

Furthermore, the current study dealt separately with each of the kinds of social support. Finally, the studies on the topic of suicidality among the Arab population in Israel are not numerous, and this study might add to the knowledge in this field regarding this population.

From the practical point of view, the study findings might contribute to raise awareness to the fact that depression symptoms contribute to the understanding of non-suicidal self-injury behavior and suicidal thoughts, and to the fact that the source of social support has a crucial effect on the adolescents. Thus, each source is important per se, and they do not necessarily compensate for each other. Based on these research findings, it would be possible to carry out an individual, class and system intervention program to trace and treat depression systems that might appear among students.