

The Family's Responsibility in Protecting Adolescents from Suicide (A Case Study from a Sociological Perspective)

مسؤولية الأسرة في حماية المراهق من الانتحار (دراسة حالة من منظور علم الاجتماع)

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Article abstract:

Suicide is recognized as a social issue requiring a multidisciplinary approach. While psychological and psychiatric explanations often prevail, suicidal individuals exist with environments, which may contribute to their actions. This study examines the family's responsibility in protecting adolescents from suicide, emphasizing on its role as the primary socializing institution. The research demonstrates the connection between weak family ties and heightened vulnerability to suicidal behavior. Depending on a study of individuals who attempted suicide, the consequences show that strong family support and positive dialogue play a crucial role in protecting adolescents from suicidal tendencies.

Keywords : Suicide ;Adolescent ;Family ;Family Support.

ملخص المقال:

يشهد موضوع الانتحار تزايداً في معدلاته، ما يجعله قضية اجتماعية ملحة تتطلب مقاربة متعددة التخصصات، ورغم التفسيرات العقلية والنفسية، خاصة أن المنتحرين يعيشون ضمن بيئات اجتماعية قد تسهم في اقدامهم على هذا السلوك المنحرف، وتنطلق هذه الدراسة من إشكاليات مسؤولية الأسرة في حماية المراهق من الانتحار، مركزة على دورها كمؤسسة تنشئة أولى في تشكيل شخصية الأبناء، وتكمن أهمية البحث في إبراز العلاقة بين ضعف الروابط الأسرية وتزايد قابلية المراهق للانتحار، وانطلاقاً من دراسة حالة، لمفردات سبق لها وأن حاولت الانتحار، خلصت الدراسة إلى أن تعزيز الدعم الأسري والحوار الإيجابي داخل الأسرة يشكلان عاملاً حاسماً في حماية المراهقين من السلوك الانتحاري.

كلمات مفتاحية: الانتحار، المراهق، الأسرة، الدعم الأسري.



Introduction

We are mainly driven aback by news of suicide cases. Our initial reaction is mostly to disown the person who committed suicide and reject to perceive their behaviours. This refusal is based on religious justifications, specifically the prohibition of suicide, without a real attempt to inspect or understand the motives that led to this deed. What is particularly alarming is when suicide is tied to children and adolescents, a category that is to be more linked to life. In such cases, we cannot continue to hide behind religious justifications while these individuals often do not have a developed religious awareness or a mature mental perception to perceive the moral and religious impacts of their actions.

This highlights the responsibility of society and its various institutions, specifically the family, in investigating this phenomenon. The family is the basic institution in the process of a child's social and educational development. It formulates the first framework in which a child receives deep values and behaviours. So, the family's role is essential in shaping a child's personality and demonstrating their future psychological and social responses containing how they deal with crises and pressures.

1.Problem Statement:

Suicide is a complicated social phenomenon. While psychological and medical explanations have long interpretation of this phenomenon, a sociological approach is also vital for understanding the social dimensions surrounding the individual who commits suicide when it concerns a category that has not even reached full maturity, like adolescents.

Trying to explain suicidal behaviours in adolescents cannot be confined to individual or psychological analysis alone. Instead, it is shaped within a complex social fabric where socialization institutions, formerly the family, has a crucial role. The family is not only a biological unit; it is a social complexity that contributes for building an individual's psychological and social personality and is a basic element in their combination into or alienation from society.

Suicide becomes a phenomenon that stimulates the thinking of the entire society when it concerns adolescents. Adolescence, by virtue of its rank as a change between childhood and maturity, is connected with a state of psychological and social tension, making the individual more sensitive to the effects of their environment. Consequently, it seems important to understand the role of the family as an important social institution in forming an adolescent's psychological and behavioural stability. When the family fails to achieve its fundamental functions of containment, support, and guidance the adolescent becomes more vulnerable to severe crises, and may find suicide to be the ultimate way out. The danger of this failure is raised when it intersects with other impacts such as domestic violence or a lack of dialogue which makes the family environment either a catalyst or an inhibitor of suicidal behaviours.

Consequently, we follow to provide a sociological approach to suicidal behaviour in adolescents to understand the relationship between the pattern of family upbringing and the phenomenon of suicide in this unprotected category. The aim is to deconstruct the social and psychological structure that produces this behaviour and the extent of the family's responsibility in building effective responses for their children to cope with crises. The fact that researchers concentrate on explaining suicide through psychological and mental theories does not negate that this phenomenon also comes from social reasons connected to the structure of family relationships and the upbringing environment that the adolescent goes through.

In this notion, we pose the following problem: To what extent is the family responsible for the suicide of their children during adolescence?

Family upbringing can be a protected factor that reduces the risks of suicide in adolescents, but its absence, along with a lack of family cohesion and effective communication among its members, can create a fruitful ground for the entrenchment of suicidal behaviour as a way of salvation.

1.1 Importance of study:

- The importance of the topic tends to address a social phenomenon with several dimensions. Understanding the social factors influencing suicide among this category can contribute into developing preventive strategies.
- The research adds mental value by reviewing and analysing the role of the family and socialization in the phenomenon of suicide, prioritizing the social dimension compared to other explanations.
- The findings of this study give opportunities for specialists in the field of cognitive and social health to design intervention programs that promotes the role of the family, whereby helping to decrease suicide rates.

1.2 The Objectives:

- To achieve a profound understanding of the role of family upbringing in driving suicidal behaviour among adolescents by studying real-life issues that illustrate how social factors within the family interact and affect the adolescent's tendency towards suicide.
- To shed light on manifestations of family failures that may come with the exacerbation of the adolescent's psychological and social status, as well as identifying factors that could contribute to protecting them from this phenomenon.
- To elevate sociological knowledge about suicide by adopting a field-based approach, that allows for a more accurate understanding of the social and environmental factors surrounding adolescents and influencing their behaviour, opening new horizons for interpreting the phenomenon.

1.3 Hypotheses:

The study's hypotheses reflect the role of social factors in adolescents' engagement in suicidal behaviours and are as follows:

1. Weak dialogue and communication within the family lead to an increased likelihood of suicide attempts among adolescents.
2. Strong and stable family relationships act as a strong factor that mitigates the escalation of crises that might push adolescents toward suicide.
3. Manifestations of emotional neglect or family disintegration in adolescents lead to creating a psychological and social environment that encourages suicidal behaviours.
4. The social circumstances surrounding the family, such as strained social relationships, play a secondary role in increasing the risk of suicide among adolescents.

1.4 Methodology:

The case study method was adopted as the elementary approach by investigating four cases of adolescents who had attempted suicide. Consequently, data was collected and analysed using case study techniques.

We relied on a supplementary method, the descriptive approach, which allows for inspecting the phenomenon by describing and analysing its varied dimensions in their natural context. Since the topic of adolescent suicide requires specific cognitions of social and psychological factors, this methodology tends to provide a deep and multi-dimensional perception of the phenomenon of suicide in adolescence, showing how family upbringing influences this behaviours.

2. Theoretical Framework: A General Introduction to Adolescent Suicide

2.1 Definition of Adolescence:

Adolescence is a difficult stage in a person's life because it involves physiological and psychological changes that affect behavior. The adolescent may find themselves at times irritated and at other times elated without understanding why. Here, we present some definitions:

- Abd al-Rahman al-Asawi defines it: "Adolescence is the stage in which the gradual transition toward physical, sexual, intellectual, and psychological maturity occurs." (Al-Asawi, 2016, p. 25).
- "Adolescence is the stage between childhood and maturity; it is characterized by physical, psychological, and social changes, and some behavioral disorders may occur during it." (Al-Sharabini Lotfi, 2015, p. 6).

From these two definitions, adolescence is a transitional stage in which a young person emerges from childhood: the psyche suffers, the body transformed, and emotions become unstable. As another definition puts it: "Adolescence is a period of physical growth and a social phenomenon and a time phase, a period of deep psychological transformations and overall growth through which the human being moves from childhood to adulthood." (Mikhail Ibrahim, 2020, p. 12). This definition explains the nature of adolescence as complicated physical and psychological changes accompanied by severe anxiety.

2.2 Suicide in Adolescence:

Adolescence is represented by instinctual activity in notion of sexuality and aggression and an increase in internal and external inhibitions that work to restrain these drives. Consequently, the adolescent may have frustration and the tendency to discharge the excess aggression either toward the self or by attacking others. Regarding aggression directed at the self, adolescents often tend toward self-punishment, which takes various forms, including (Al-Qahtani Salem, 2022, p. 45):

- Adopting academic failure.
- Entrapping oneself in troubles that warrant punishment.
- Exposing to dangers such as in smoking and drugs.
- Suicide, which represents the summit of violence inflicted on the self.

Suicide may seem like hopeless behavior with no justification, but it is an act with unconscious reasons for the adolescent. "Suicidal behavior ranges from transient or persistent thoughts to bargaining and up to the actual execution of the suicide idea. For the adolescent there is an equivalent behavior to suicide, called slow suicide, such as refusing food and addiction to drugs despite conscious awareness of the harms and consequences." (Jaber Mabrouk, 2024, p. 76).

The root of adolescent suicide refers to the physiological and psychological changes, which lead to increased activity on different levels, leading them to be into some problems for which they may find no solution other than suicide. Among these problems are (Al-Kaisi and Wahib, 2013, p. 58):

- The problem of adjustment: As a result of the changes the adolescent passed and his position of being neither an independent adult nor a child.

- The loss of a close relationship between the parents and the adolescent, or losing one or both parents leads the adolescent to spend time with older adults..
- The adolescent may be exposed to external pressures from the family such as interference in his private life or imposing controls on his behavior, especially on girls, which puts suffocation and may leave suicide as the only solution.
- Depression disorder is widespread among adolescents which gives many pathological behaviors such as suicide.

These are a category of problems that place the adolescent at a crossroads: either endurance and living or collapse and suicide. The family is supposed to contain them and extend a helping hand regardless of circumstances while this institution plays the principal role in enabling the adolescent to pass through this stage safely.

2.3 Familial Factors Behind Adolescent Deviance and Suicide:

The family is considered the important social institution for upbringing children and developing their psychological health, relating to its role in shaping their personality from birth until adulthood. It is also credited with determining their psychological stability. Therefore, once the family, voluntarily or forcibly, neglects its crucial role in child-rearing, it pushes the child to endure crises that disturb their psychological development and expose to problems that gradually lead them to commit suicide. Among the important factors of family neglect are:

1. Early psychological deprivation of motherhood: the death or absence of a mother leads children to dejection, aimlessness, deviance, aggression towards others or aggression towards themselves through suicide.
2. Family rejection of children: this leads to self-hatred in extreme cases and a feeling of worthlessness in life, consequently introducing the idea of suicide into their minds.
3. Overprotection of children in handling daily needs and interacting with others inside and outside the family, which robs them of the ability to adapt and eventually leads to collapse at the first obstacle they face. (Al-Maghazi, Izzat, 2022, p.108).
4. Excessive responsiveness to children's requests and desires, which portrays life as easy for them. If this responsiveness is interrupted due to family circumstances or decisions, it may lead to anger or self-harm through suicide.
5. Excessive pressure on children: for perfect behaviours or academic excellence while they feel their abilities are far below what the family demands of them, leading to depression and subsequently to suicide.
6. Misguided parenting and incorrect parental modelling for children, through contradictory instructions from one condition to another or directing children towards a certain behaviours then doing the opposite. The ultimate result is anger, despair, deviance, or simply suicide.
7. Discrimination among siblings and differentiation between genders and the unfair distribution of rewards and punishments within the family, making siblings feel depressed, potentially leading to suicide.
8. A family atmosphere controlled by family disputes which may push the adolescent to suicide.
9. Pathological parental interactions with their children lead to violent and hostile clashes. The results of these negative interactions are reflected in behaviours, and they may feel an abnormal desire to commit suicide to end their suffering (Abu Manna, Salma, 2019, p.22).
10. Lack of family follow-up on children's activities and insufficient dialogue, which encourages them to act as they please including deviance.

Such problems set the adolescent at a dead end with no way out, in their opinions, except suicide. The family, that was supposed to embrace them, may become the stick that pushes the features of joy away from

them to the point of abandoning life. It is essential to contain them so that the family becomes the thing they turn to in times of distress.

2.4 Warning Indicators of an Adolescent's Desire for Suicide:

Psychologically stressed adolescents or even children who have a tendency to think about committing suicide show some clear indicators, including (Saad Abdullah,2024,p.57):

- 1.Children's insistence on the family and their urgent requests which is an indirect cry for help from an uncomfortable situation.
- 2.The adolescent's feeling of discouragement, hopelessness, frustration, and depression due to family neglect and lack of response to their hopes and needs.
- 3.Complaining and growling about injustice and the harshness of life as the adolescent feels that the family is unjust, consequently leading to gradual withdrawal from social life and a preference for solitude.
- 4.Isolation from family interactions leads to silence and daydreaming most of the time, and being absent-minded.
- 5.Starting to talk frequently and positively about death and suicide incidents and sometimes threatening suicide during any argument.

The family's neglect in noticing such warning indicators in their children and their belief may exacerbate the situation. Moreover, the family is expected to be more aware of what is happening with their children within continuous follow-up of their affairs and relationships in general ,leaving them to suffer in silence until they think to commit suicide.

2.5 The Family's Role in Protecting Adolescents from Suicide:

The family is the base of any difference, positivity in relation of the adolescent's upbringing and psychological health and the family fulfilling its responsibilities in case of neglect. So, the family is expected to do the following in raising their children, developing them behaviourally and psychologically, and directing their needs (Naseef, Majd,2024,p.75):

- Continuous attention to daily needs, interests, and concerns of children.
- Continuous, unconditional love for the child, sometimes overlooking their behavioural mistakes.
- Practically, demonstrating appropriate behaviours to the child or adolescent, while enhancing them, when they implement the behaviours.
- Avoiding contradiction in instructions, behaviours, and inclinations from one case to another when treating with the adolescent.
- Avoiding, to the greatest extent possible, violence and family disputes.
- Getting close to children and trying to accompany them to learn about their certain affairs without showing parental authority.
- Teaching the child before adolescence and acclimating them to principles and methods of self-protection from violence and dealing with others based on dialogue.
- Parental firmness when dealing with children who risk their health and safety.
- Helping children to understand others and to perceive and respect the seriousness and authority of adults without fear.
- Simultaneous discussion with adolescent children about what preoccupies and confusing them, depending on dialogue to solve any problem hindering their lives.
- Respecting the school's message at home by speaking positively about teachers and education, caring to give the children's school needs, and encouraging reading and dialogue about what they think.
- Reinforcing the children's sense of family and the importance of safety, love, and care for them, to avoid deviance and falling into anxiety and depression disorders that lead them towards suicide.

The deep impact the family plays in establishing an individual's personality from childhood until adulthood is evident when it is the fundamental actor in shaping the adolescent's psychological structure. The behaviours displayed by the latter reflect the value system gained within their family environment from their early years. The significance of the family appear in its ability to prepare a supportive environment that provides protection, emotional and social stability, and meets the child's basic needs. Ultimately, the absence of family embrace can cause a deviation in the adolescent's psychological development and push them to suicide.

3. Applied Framework:

3.1 The Sample and its Limitations:

We select to present case studies of suicide attempts by adolescents in which the family has a role in pushing them toward collapse and then to a suicide attempt. This was depend on information gained from interviews with their therapists at the Ouad El Athmania psychiatric hospital in Mila province from June 2025 to August 2025. The sample was a purposive one, containing three cases of adolescents, aged between 14 and 17.

The characteristics of the sample are as follows:

Educational Level: The individuals in the sample have a secondary and middle school education. -Social
Status: The individuals in the sample enjoy a good to average standard of living. -Health Status:
Absence of mental and physical disorders was a consideration. -Parental Care:
All individuals in the sample have both parents; there were no cases of orphans.

3.2 Data Presentation and Analysis:

3.2.1 Case One:

A-Case Description:

This case includes a 14-year-old adolescent girl who was forced to drop out of school and take on early family responsibilities. The family composed of the parents and one older brother. The adolescent lives in a family environment characterized by great psychological pressure due to being deprived of her right to education and living her age. She found herself burdened with housework, in addition to an abusive, authoritarian relationship with her older brother and the negative stance of her parents.

The climax of the case was an incident where her brother aggressively assaulted her under the pretext of her communication for too long with a neighbour. This happened with the mother's support for her son's behaviours as she gave a series of insults at her daughter. This accumulation of oppression and humiliation led the adolescent to a state of terrible depression, which drove her to take an overdose of medication.

B-Sociological Analysis:

This case reflects a clear dysfunction in the family institution's performance of its basic functions, especially in relation to socialization and performing a balance of roles among its members. From a structural-functionalist view, the family represents the basic nucleus of society, and its central function is to maintain the upbringing of children and prepare them for proper integration into the social structure. However, what we observe in this case is the family's failure to perform this function, as it has turned into a source of pressure by burdening the girl with roles and responsibilities that exceed her cognitive and emotional capacity at this sensitive.

However, from a conflict theory perspective, this situation is interpreted as a reflection of unbalanced power relations within the family, where the older brother uses his male authority to subjugate his sister, supported by the silence of the father and mother. This authoritarian relationship shows what can be called

“symbolic violence”, as domination is entrenched through habitual practices that seem normal to the actors but leave devastating psychological and social effects, as in the case of depression and the suicide attempt.

From a psycho-social view, the marginalization of the girl and her deprivation of education and natural interaction with her surroundings lead to what can be called “dual exclusion”. Consequently, this case highlights the importance of re-examining the family’s roles as a social actor with a direct impact on the integration or exclusion of individuals and on their psychological balance or internal disintegration.

3.2.2 Case Two:

A–Case Description:

This case involves a 16-year-old adolescent girl who is in her first year of secondary school. She is the fourth of eight siblings. She lives in a family context characterized by instability and symbolic and physical violence, mainly from the father, who practices continuous violence against her, in contrast to the mother’s continuous attempts to defend her. Her suffering also extends to her older brother, who takes on the role of the father in an authoritarian and violent manner. This has placed the girl in a catastrophic situation, especially with her being deprived of education, while her four younger sisters enjoy their right to education. This made her feel discriminated against in her treatment. Moreover, the girl feels sorry for her mother, who suffers from spousal abuse. The family is also dominated by an atmosphere of division and negative alliances among its members, which increases the deterioration of relationships and the feeling of security.

The event that represented the breaking point for the girl was being severely beaten by her father. This led her to attempt suicide by drinking “bleach”.

B– Sociological Analysis:

The case reflects an awful example of an imbalance in the family structure, in which the family transforms a space of protection into an environment of oppression and discrimination. Through structural functionalism, the family failed to achieve its duties related to providing psychological and educational reinforcement. Instead of being a means of containment and stability, it has become a continual source of threat. The case also shows the presence of discrimination and inequality between siblings, where treatment is based on social roles and gender. Hence, conflict theory can be used to understand this, as the father and older brother emerge as actors who have absolute power over the others, in the complete absence of any family or moral controls. Oppression is done under the guise of “obedience” and “upbringing” without deep awareness of its bad psychological influence on the individual.. The case also reveals what is called “negative family alliances,” These conflicts reproduce feelings of alienation and lead to destructive behaviours.

As for the suicide attempt, it is not merely a desperate act to end her psychological and physical pain, but it shows the highest degree of disconnection from the self and the family environment, which portrays the family’s failure to provide a sense of belonging and acceptance. The case highlights the effect of parental authority in producing a frail psyche in adolescents and shows how the absence of justice within the family can lead to suicide.

3.2.3 Case Three:

A–Case Description:

This case involves a 16-year-old adolescent boy who is in the third year of secondary school. He belongs to a family consisting of two parents and four siblings; the individual is the youngest child in a family that enjoys a comfortable standard of living. The subject received preferential treatment and his demands were

always met. The adolescent began to get involved with a category of undisciplined peers and acquired some negative behaviours. This affected his academic achievement and led to his failure.

The family began to notice behavioural changes in the subject, which led to one of his siblings intervening to monitor him. He caught him smoking, so he abused him and informed the family. Hence, the adolescent was subjected to a wave of sharp criticism and his freedom was restricted to tension.

As for the reason for the suicide, it goes back to the day when he became fed up with his brother's interference in his affairs, who intensified his surveillance. A quarrel broke out between them that ended with the subject being beaten. In return, all family members took a hostile stance towards him, which made him lock the bathroom door and cut his hand arteries with a razor blade.

B-Sociological Analysis:

The case reflects the great impact of family relationships and internal dynamics on the adolescent's behaviours and their psychological and social formation. He was subjected to an upbringing based on pampering and fulfilling all his demands, which made him exposed to the negative pressure of peers. This reflected negatively on his academic level and created tension within the family. What increased his state of psychological disconnection and tension was the interference in his privacy and the imposition of surveillance on him.

The case highlights how the absence of dialogue and understanding within the family can lead to an intensifying of the feeling of isolation and rejection which needs understanding and flexibility. The individual's attempt to harm himself expresses a deep crisis resulting from his feeling of family rejection and the lack of psychological security within the family environment. From a social view, the case reflects the importance of achieving a balance between care and freedom, surveillance and guidance in dealing, to avoid sliding towards dangerous behaviours.

The previous studied cases highlight the active role of the family in shaping the adolescent's psychological and social environment, where its role is obviously manifested in the emergence or exacerbation of suicidal behaviours. The absence of emotional support and stability within the family causes a major factor in getting adolescents into a feeling of despair leading to suicide.

3.3 Data Interpretation and Results:

3.3.1 Data Interpretation:

The findings of the study implies the family's responsibility which is a pivotal factor in pushing the adolescent towards thinking about suicide, as the fragility of social relationships and the breakdown of family ties emerge as the main causes of this behaviours. The study showed that the lack of sufficient awareness of the sensitivity of this stage and its requirements leads to an increase in crises that drive suicide, especially in the absence of dialogue and communication. The results of the study also shows that family discrimination between children on the basis of gender or educational level and success constitutes a severe family social pressure and psychological conflict for the adolescent, and thus their thinking about suicide.

Accordingly, the study confirms that the roots of the adolescent's psychological crisis are highly connected to deep social and family crises that necessitates the need to enrich family awareness and develop integrated psychological and social support mechanisms. Consequently, we reach the following conclusions:

-The deterioration of social bonds within the family is one of the strong factors that push the adolescent to seriously think about suicide, as the weakness in family ties leads to a feeling of isolation and loss for the adolescent.

-Adolescence is a critical period, and the lack of awareness of the risks of this stage makes some families unprepared to face challenges.

-The absence of dialogue within the family is a prominent element that weakens the cohesion of social relationships, which leads to the imposition of pressures on the adolescent, which may lead to suicide in some cases. Masculine societal pressures practiced by some families on the girl may create factors leading to suicide.

-The absence of family care, due to the lack of a feeling of security and stability in family relationships, increases the severity of the psychological crises that the adolescent suffers from, which increases the fragility of their psychological state. Some parents aligned to harsh methods in dealing with the adolescent.

-The existence of alliances or divisions within the family pushes the adolescent to psychological withdrawal and to avoid seeking support from the family and exposes them to depression, which may develop into suicide. The causes that lead the adolescent to suicide go back to reasons that have nothing to do with the adolescent stage to absorb the changes associated with the child's growth into adulthood.

3.3.2 Results in Light of Hypotheses:

First Hypothesis: The study shows the fulfilment of the first hypothesis. The weak quality of family upbringing constitutes a direct element in the emergence of suicidal tendencies in adolescents. An adolescent who does not give sufficient emotional support and lives in an environment where communication and understanding are absent is more vulnerable to the accumulation of feelings of loneliness and refusal, and this leaves a psychological void that turns into fertile ground for thoughts that push them to suicide.

Second Hypothesis: The results give the fulfilment of the second hypothesis, as strong family relationships based on appreciation significantly reduce the danger of suicide in adolescents. When an adolescent finds a safe domain within their family to express their problems and receives a conscious response, they acquire a strong ability to face psychological pressures and are given a sense of their self-worth, which alleviates the severity of crises that may push them towards suicide.

Third Hypothesis: The study shows that the tension in relationships and the general social tension on the family contribute to creating a psychologically unstable environment for the adolescent. When these pressures burden the parents and limit their ability to provide support and care, the adolescent feels that they are abandoned in a turbulent reality and find themselves facing a dead end where they see no other option but suicide as a solution.

Fourth Hypothesis: The study shows that the tension in relationships and the general social tension on the family contribute to creating a psychologically unstable environment for the adolescent. When these pressures burden the parents and limit their ability to provide support and care, the adolescent feels that they are abandoned in a turbulent reality and find themselves facing a dead end where they see no other option but suicide as a solution.

Conclusion:

The adolescent stage is a vital period represented by precise psychological and social transformations that may lead to suicide. However, this stage can be overcome securely if the adolescent is accompanied with a family and social environment based on cognitive and emotional support. Building a healthy relationship between the adolescent and their parents, based on dialogue and effective listening, is one of the basic pillars

for preventing any psychological disorders, as family upbringing contributes to reinforcing the adolescent's psychological and behavioural balance.

Hence, one of the important societal roles today is to work on continuous awareness of the seriousness of the phenomenon of suicide in this category, mainly in light of the concealment that some parents may practice due to the sensitivity of the phenomenon and the feeling of guilt and social stigma it arouses. Based on this, we reach the following recommendations:

- Open the topic of suicide with children in a manner appropriate for their age and understanding, which allows for the disclosure of their perceptions about it.
- Enhance family dialogue with adolescents to establish trust and make the family the first reference when facing difficulties.
- Obligate educational institutions to provide psychological and educational specialists and to adopt dialogue to ensure an objective follow-up of children's behaviours and their results.
- Systematically use media to raise awareness of the dangers of suicide, while directing special messages to parents to raise the level of alertness and caution in dealing with their children.
- Integrate school psychological guidance programs that concern developing coping skills, stress management, and enhancing self-esteem in adolescents.
- Organize training courses for educators on how to monitor early indicators of psychological disorders and suicide attempts.

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