



RESEARCH PAPER

From Distress to Suicidal Ideations: A Qualitative Exploration based on Family Functioning of Young Adults

¹Sumia Kalsoom and ²Shazia Hasan

1. PhD Scholar, Department of Psychology, University of Central Punjab, Lahore, Pakistan

2. Professor, Department of Psychology, University of Central Punjab, Lahore, Pakistan

Corresponding Author: sumia.634@gamil.com

ABSTRACT

Objective of this study was to access family functioning of young adults with suicidal ideation based on Satir's Growth Model and to explore risk and protective factors through their lived experiences. Suicidal ideation is a complex phenomenon based on conviction that life has no purpose to the deliberate creation of a plan to end it. Young adulthood is a vulnerable period because of their changing identities and expectations at home. Suicidal ideation is correlated with family functioning. Purposive sampling was utilized and data was collected from eight young individuals through semi-structured interviews. Six main themes and sub-themes were generated. Results showed that this study can be significant in the field of family functioning and family can be served as a protective factor while dealing with suicidal ideations. Study recommends that future studies should examine family-level interactions and should incorporate family therapies that can help to improve young suicide prevention initiatives.

KEYWORDS Suicidal Ideation, Young Adults, Family Functioning, Satir's Growth Model

Introduction

Every year throughout the world, the World Health Organization estimates around 703,000 people commit suicide. With a worldwide incidence of 9 suicides per 100,000 people, suicide made up about 1.3% of all mortalities in 2019. Within the same year, suicide was the fourth leading cause of death among young people 15 to 29 years of age (WHO, 2021). Suicidal ideation (SI) is a complicated phenomenon based on the ideas that life has no purpose and the formation of detailed plans to end one's life (Jobes et al., 2024). Suicidal ideation covers a broad range of ideas, obsessions, and intentions connected to death or suicide. It is also often referred to as suicidal thoughts or suicidal ideas (Perveen et al., 2026). Men often report lower rates of suicidal thoughts and actions than do women (Torija et al., 2024). According to scoping review of Shekhani et al. in Pakistan, suicidal tendencies were more prevalent among people under 30. Young adulthood is a very vulnerable time for suicide risk as people negotiate identity development while dealing with special cultural and family expectations (Oakey-Frost et al., 2021).

Understanding how family experiences affect a person's psychological well-being depends on family functioning – that is, the patterns of relationships, interactions, and dynamics inside a family system. A family environment with little emotional support can greatly raise the risk of suicidal thoughts since feelings of loneliness and despair could get worse when family members don't talk to each other effectively or at all (Arik et al., 2024). Poor communication can make people feel alone and without the emotional tools they need to deal with their problems, therefore impeding their ability to properly express emotions or settle disputes. Young people could feel invisible – like their needs and feelings don't matter – when their caregivers are emotionally withdrawn and neglect

to show warmth and affection. As a means of escaping extreme suffering and a seen lack of solutions to their difficulties (Choe et al., 2023), this feeling of isolation might exacerbate emotional anguish and lead the individual towards suicidal ideation. Poor social and emotional support can raise the risk of suicidal ideas and negatively impact people's quality of life. Chronic stress, anxiety, and a lack of coping tools together can aggravate major mental health issues (Motillon-Toudic et al., 2022).

Earlier research show that an essential predictor of suicidal conduct is family functioning (Alvarez et al., 2022; Peng et al., 2023). Studies also reveal that family functioning can directly and indirectly affect suicidal conduct via mediating variables like hopelessness, depressive symptoms, acceptance, and feelings of despair (Yang et al., 2022; Peng et al., 2023). Parental conflict or traumatic separation sometimes defines a dysfunctional family since it affects feelings of safety and unconditional love. Young people may feel alone and helpless in such settings as they lack the emotional support required to negotiate life's obstacles (Resendes et al., 2024). Long-term exposure to an unhealthy family atmosphere can result in anxiety, sadness, and low self-esteem – all of which have a negative effect on the general well-being of the members (Reymundo et al., 2025).

Individuals' mental health is severely harmed by ongoing family disputes, including verbal, physical, or emotional abuse (Sun et al., 2024). The effects of family functioning are multifaceted and include psychological and mental health, indicating that when a family functions well, its members' mental health is satisfied (Lu et al., 2017). Families with low functioning are chaotic, dysfunctional, and may have high levels of conflict and low levels of trust. Wide ranging experiences are also restricted by dysfunctional families (Sumari et al., 2021). Family-level characteristics like high conflict, low cohesiveness, and unsatisfactory parent-child relationships are consistently associated with suicidality (Aiken et al., 2017; Zhang et al., 2017).

Literature Review

In addition to being a fundamental social unit, families are crucial for a person's healthy development (Peng et al., 2023). The Family System Theory states that inadequate family functions—that is, low cohesion, low flexibility, and low communication—cannot satisfy people's basic interpersonal and psychological needs. They also cannot give people the feeling of family affection, efficient communication, and family engagement, which will result in a negative sense of belonging and make people feel like becoming a burden to their family members (Arevalo, 2019). However, Alvarez et al. noted that while parental care and a sense of security were found to be protective factors for suicide, disorganized family structures, such as parental abandonment, lack of affection and control relationships, and insecure attachment, were substantial risk factors for suicidal behavior (Alvarez et al., 2022).

High levels of family conflict and a lack of parental supervision have been linked to an increased risk of suicide death, highlighting the connection between family function and suicide risk (DeVille et al., 2020; Grande et al., 2021). In order to improve the sense of belonging and remove the sense of burden, good family functions such as high cohesiveness, high adaptability, and high level of communication can satisfy people's basic interpersonal and emotional needs, give them a sense of belonging, warmth and active participation, and make them feel the significance of life (Marco et al., 2021). Consequently, worse family functioning makes it more difficult to satisfy people's basic interpersonal needs, which will impact people's suicidal thoughts by preventing them

from feeling like they belong to their family and making them feel burdensome. Individual depression brought on by dysfunctional families can lead to suicidal ideation, which increases the likelihood of supporting, affirming, and accepting suicide as a possibility (Peng et al., 2023).

Theoretical Framework and the Concept of Family Functioning

The main objective of the Satir growth model is to assist clients in realizing their maximum potential by fostering harmonious and congruent communication and elevated self-esteem. The Satir Growth Model uses five fundamental elements for assessing family functioning.

- **Role of the symptom in the system:** According to Satir (1972), the symptom of the person plays a part in the family system.
- **Family dynamics:** Problematic family relationships are noted by Satir et al. (1991) include power struggles, parental conflicts, lack of validation and lack of intimacy.
- **Family roles:** In order to determine how the problem functions inside the family system, Satir (1972, 1988) evaluated each person's engagement.
- **Family life chronology:** It is a chronology comprising the significant occasions in a person's or family's existence (Satir, 1983; Satir et al., 1991): events that are significant in history.
- **Survival triad:** The quality of the relationships between the kid, mother, and father, often known as the survival triad (Satir, 1988), is another area that needs to be evaluated.

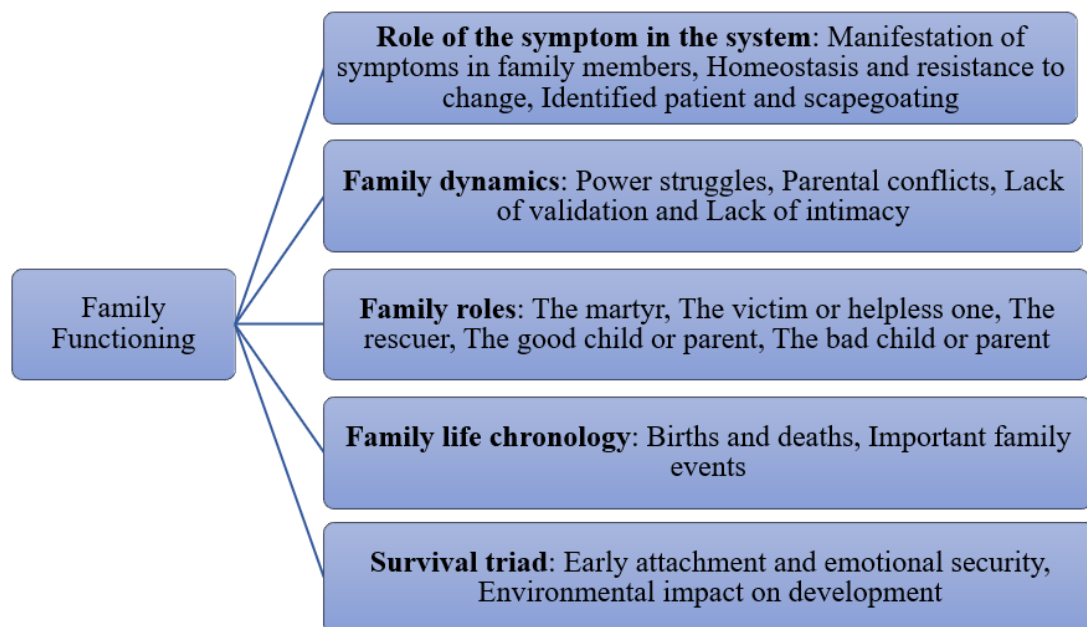


Figure 1: Framework Presenting Possible Family Functioning Aspects

The goal of this study is to assess the role of family functioning on young adults with suicidal ideation based on Satir's growth model. Most studies conducted in the field of family focuses on children and adolescents, but there aren't many studies in Pakistan that use Satir's model to study young adults with suicidal ideations. Thus, the purpose of the study is to emphasize the value of family in the lives of young adults with suicidal

ideations (Masood & Arshad, 2021). The goal of this study is to investigate the components and dynamics of family functioning of young adults with suicidal ideations by providing a conceptual framework based on Satir's Growth Model (Satir, 1972). The Satir's Growth Model takes a holistic approach by considering the family as a system and individuals within that system. This holistic perspective is valuable in understanding the complexity of an individual experiences and his/her relationships with the family. Researchers can examine many family functions that occur throughout a family's lifetime (Dai & Wang, 2015). So, the present study can examine family functioning including role of symptom in the system, family dynamics, family roles, family life chronology and survival triad based on Satir's Growth Model for young adults with suicidal ideations.

Material and Methods

Based on Satir's Growth Model, a qualitative approach was employed to examine the role of family functioning on young people experiencing suicidal ideation and to investigate protective and risk factors of suicidal ideation via the lived experiences of young adults. Using pre-existing theoretical frameworks as a guide, a deductive thematic analysis approach was employed for this goal. By using this method, the researchers were able to examine data within predetermined conceptual categories while keeping an open mind to context-specific discoveries that arose from participant narratives.

Participants

Eight young adults including both male and female age ranging from 18 to 26 years were recruited using purposive sampling technique. Participants who have suicidal ideations and were seeking inpatient and/or outpatient psychiatric treatment were included in the study. Furthermore, if participant's both parents were alive, and he/she belonged to nuclear family then he/she was also considered to be a part of study. Exclusion was based on chronic physical conditions and psychosis in young adults requiring inpatient hospitalization or frequent outpatient visits (more than two times a month). Demographic variables included gender, age, educational level of the participant, language, race/ethnicity, head of the family, family structure, no. of family members, and socio-economic status.

Ethical Approval

From December 2024 to June 2025, this study was carried out in the outpatient psychiatry department of Benazir Bhutto Hospital in Rawalpindi, affiliated teaching hospital of Rawalpindi Medical University (RMU). The Institutional Research and Ethics Forum of Rawalpindi Medical University (RMU), Rawalpindi, Pakistan, accepted this study under the Ethical Approval certificate number 1042/IRFE/RMU/2024. The Institutional Research and Ethics Forum endorsed all ethical considerations, and participants' autonomy, consent, confidentiality, and privacy were respected.

Procedure

Participants meeting the inclusion criteria were briefly informed about the aims of the research. Permission was taken from the participants to conduct interviews. Each interview lasted for 40-60 minutes. The interviews were carefully transcribed. Open-ended questions were asked from the participants that reflected family functioning dimensions according to Pakistani perspective and different contributors of dysfunctional and healthy family functioning. Probing questions related to family functioning were also asked for more clarity. The verbatim of the participants was

recorded carefully. A verbatim transcription of interviews was done for this purpose. All interviews were transcribed in Urdu and then translated to English.

Data Analysis

After all interviews, data were using NVivo software. When the saturation point of data was achieved and no new themes emerged from follow-up interviews, data collection came to an end. NVivo software was used to create codes based on the narratives that were accessible. After doing a thematic analysis, themes and connections were found. Braun and Clark's six phases of thematic analysis were used to analyze the data (2024). Braun and Clarke's six-phase thematic analysis is based on familiarization with data, generating initial codes, searching for themes, reviewing themes and defining and naming themes.

Results and Discussion

Interviews were conducted with eight participants in total. Table 1 displays the attributes of the research participants.

Table 1
Participant Characteristics (n=8)

Variable	Categories	Frequency	Percentage
Gender	Female	4	50
	Male	4	50
Education	Intermediate	2	25
	Graduation	6	75
Family Structure	Nuclear	8	100
	Joint	0	0
No. of Family Members	7	3	37.5
	8	5	62.5
Socio-Economic Status	Middle Class	4	50
	Upper Middle Class	4	50
Suicidal Ideation	Low	3	37.5
	High	5	62.5

NVIVO-14 software was used to do a thematic analysis of the results. The following themes were discovered during the process.

Theme 1: Family Distress and Emotional Disconnection

Suicidal thoughts are independently influenced by the parental unjustified rejection and lack of emotional warmth (Liu et al., 2025). Suicidal thoughts are more pronounced in those who are more distressed about the state of their family and interactions with others (Gill et al., 2023).

"I feel as though I'm yelling into space. When I tell others that I'm having difficulties, they either dismiss it or claim that I'm exaggerating. They tell me that other individuals have it worse when I try to communicate how hurt I am. I then cut off my conversation. I gave up trying. Does it even matter if no one understands how much I'm hurting and no one believes me?"

"All I want is to feel connected to someone. Not superficially, but in a way that spares me from having to act fake. I want people to see me for who I truly am and not turn away. However, once I try to be more open, people either leave or become uncomfortable. I maintain my distance, but the loneliness just becomes worse. And eventually, I begin to think that perhaps I was supposed to be by myself."

Theme 2: Dysfunctional Family Dynamics and Psychological Distress

Respondents who have an extensive understanding of familial disputes are more likely to intend suicide than those who have a weak knowledge. A few relevant international studies support this finding (Nino et al., 2020). A meta-analysis found that young people who encounter conflict in their families are more likely to have depressive symptoms. Similarly, high levels of conflict and poor communication within a family are linked to elevated stress and depressive symptoms in individuals, which may lead to suicidal thoughts (Huang et al., 2022).

"Whatever I do, they always judge it inadequate. Though I try to be the person they want me to be, they appear to only see my flaws. Though they don't inquire how I feel or pay attention, they believe they know. Every time I try to open up, it ends up in yet another lecture or debate. I have started to question whether I am just a problem they wish they didn't have."

"It looks like a never-ending battle. Every decision I make starts debate as if I have no influence over my own life. They want to control everything, including who I spend my free time with and even how I use it. I feel caught, as if I will always have to struggle to be myself. It's exhausting, and sometimes I wonder why I'm even fighting."

"Like the glue, I have come to see that chaos is what keeps my family together. If I try to convey how I'm feeling, it seems like I'm breaking some unspoken rule; everyone is supposed to get through it without confessing it. If I ask for assistance or suggest treatment, I am dismissed or informed, we don't need that. I generally keep my agony inside since it might compromise their stability. To stop everything from falling apart, I feel as though I have to stay mute."

Theme 3: Burdened Family Roles and Identity Conflicts

Empirical study conducted by Chu et al., 2017, shows a strong correlation between suicidal ideation and perceived burdensomeness. Feeling like a burden to others may cause a state of more self-burdensomeness that might lead to suicidal ideation (Teismann et al., 2023).

"I have always taken care of my brothers, kept good grades, and avoided troubles. It appears like it makes no difference, nevertheless, how much I do. If I make even a tiny error, I feel useless as my parents want me to be perfect. I seem to be a load for my family."

"I am the one in my family who 'couldn't manage things'. My family members completely avoid me or they walk carefully around me. They claim that they are concerned about me but they never give attention to me. I've been feeling like I'm just a burden to everyone around me. It seems as if my presence only makes things harder for my family, and I can't shake the thought that things might be better without me. Perhaps they would feel relief at last."

"I somehow ended up being 'the issue' in my family. I tend to overreact or be "too sensitive" when I'm having difficulties. When I attempted to discuss my issues, they accused me of being dramatic or attention-seeking. But if something goes wrong, like when my parents argue or my brother loses their temper, it's always me who's blamed, as if I'm the source of all the tension. I've come to the conclusion that I might be the issue. Maybe they would be alright at last if I weren't present."

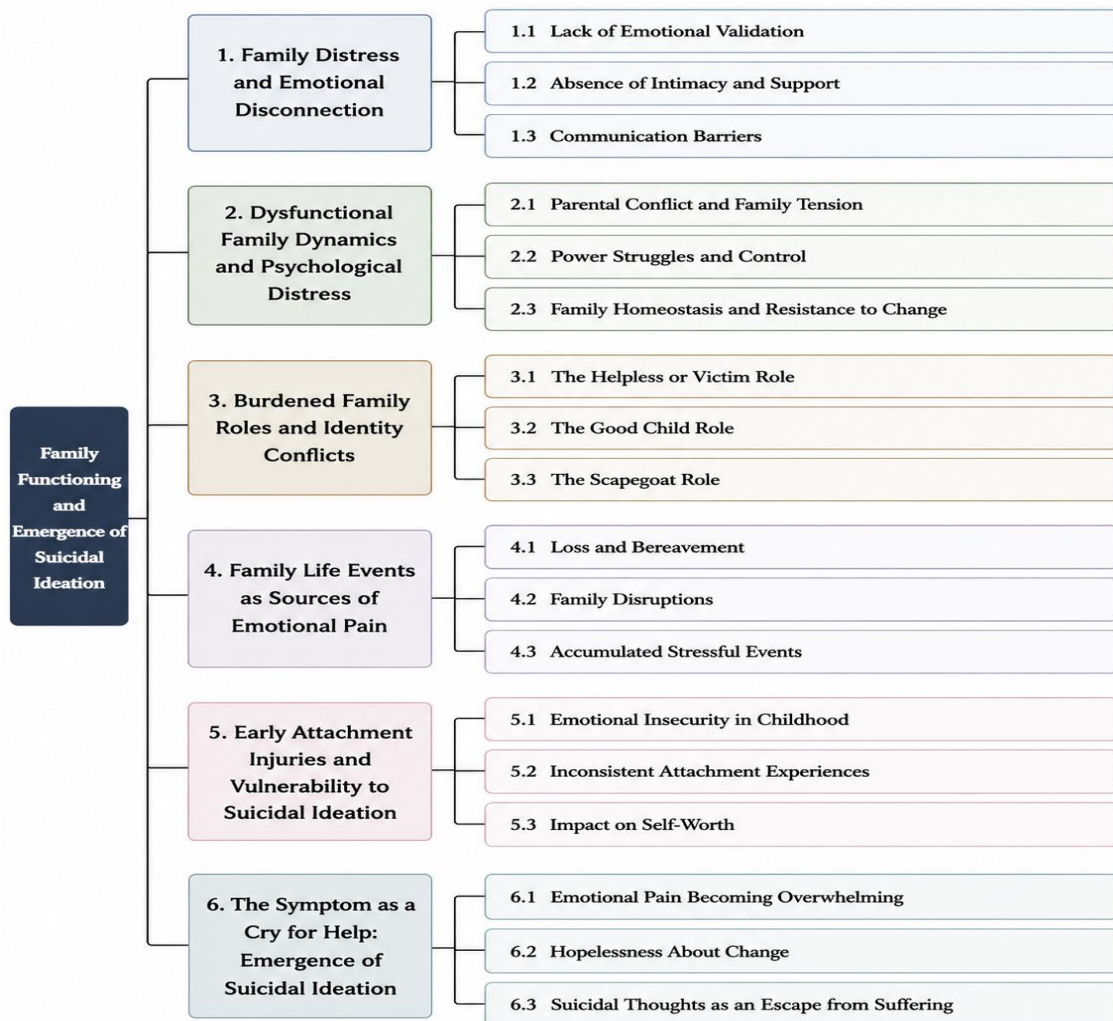


Figure 2: Mind Map of Young Adults' Suicidal Ideations based on their Family Functioning

Theme 4: Family Life Events as Sources of Emotional Pain

As a psychosocial stressor, unfavorable living circumstances have a direct and indirect impact on suicidal thinking and behavioral patterns (Liu et al., 2025).

"My dearest friend, my older sister, passed away, and I felt as though I had also lost a piece of myself. I was always told to "stay strong," but what exactly does that entail when the individual whom you most admired is no longer with you? I began to wonder if I would even be able to survive without her."

"I suppose there have been significant family occasions, but I don't feel very involved in them. I basically go through the motions when it comes to birthdays, holidays, and weddings, while everyone else seems to be pleased. Even if I'm not physically there, it feels like I am."

Theme 5: Early Attachments and Vulnerability to Suicidal Ideation

Poor parent-child attachment is one of the main causes of many negative emotions, such as anxiety and sadness. Furthermore, studies have shown a negative correlation between those negative feelings and suicide ideation (Cerutti et al., 2018). Unhappy childhood experiences are often linked to stress. Previous research has shown

that childhood trauma increases suicidal thoughts (Fan et al., 2023). Research has demonstrated a strong correlation between youth suicide ideation and parental connection, one of the most significant family characteristics (Chang et al., 2020).

"I often reflect on how insecure I never felt as a child. Emotionally, I felt like I was constantly looking for something that wasn't there, even if my parents were physically present. I was admonished to stop exaggerating or that I was being overly sensitive if I started crying or getting angry."

"As an adult, I no longer genuinely think anyone will support me when I'm feeling overwhelmed. It's as if I want to connect but I don't trust it. And it's tiring to feel that alone for so long. I occasionally question whether it's still worthwhile to try."

Theme 6: Emergence of Suicidal Ideation

Negative outcomes, including depressive symptoms including suicidality, can arise from emotions of low self-esteem, self-criticism, and hopelessness (Brott & Veilleux, 2024). Research has indicated a correlation between increased sentiments of hopelessness and an increase in suicide thoughts (Klonsky et al., 2016).

"It looked like the only way out of all I was carrying was to commit suicide. I began to believe that no one would have had to deal with me if I disappeared."

"I just wanted the suffering to end; I wasn't aiming to die. I had no idea that things might improve in the future."

Conclusion

The study concludes that young adults' mental well-being and risk of developing suicidal ideation are significantly influenced by family functioning. The results show that bad family experiences—such as poor communication, lack of emotional support, regular disputes, neglect, and controlling or critical parental behavior—help one to feel alone, helpless, and emotionally upset. These unsolved emotional issues can worsen over time into suicidal ideation. The research shows that the quality of family contacts and relationships usually determines the path from suffering to suicidal thinking. On the other hand, encouraging, empathetic, and emotionally responsive home settings might serve as protective elements to help young people negotiate difficulties and lower the risk of suicide thoughts. Therefore, parts of suicide prevention and mental health promotion among young adults are strengthening family bonds and encouraging honest communication within families.

Implications

Regardless of cultural differences, this study will highlight the importance of family functioning as one possible approach to prevent young adults against suicidal ideations. Professionals including psychologists, psychiatrists and family and/or marital therapists will be able to pay attention to internal and external factors as well as protective factors to prevent suicidal behavior in young adults, as well as pay attention to the risk factors that have been explained by Satir's Growth Model. This study will help to understand suicidal ideations differently by looking into inner world of young adults and their family dynamics. Seeing suicidal ideation through new lenses according to Satir's Growth Model will allow the focus of treatment to be based on both individual and family dimensions.

Recommendations

This study recommends greater awareness of mental health problems and suicide prevention inside families and society at large. While handling young adults' suicidal thoughts, interventions should address both individual functioning and family dynamics. Furthermore, this study suggests for more research on different groups and for the investigation of family-centered therapies' efficacy in lowering suicide thoughts among young people. Future research could include rigorous quantitative studies that systematically investigate these risk factors and assess the efficacy of specific family-level intervention measures. Adding evidence-based treatments into comprehensive suicide prevention initiatives for young people could also help them to be more widely accessible and successful, therefore strengthening mental health support networks.

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