



Structural model of suicidal thoughts based on parenting styles with the mediating role of self-esteem and social support

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ABSTRACT

Background and Aim: Suicide, which means harming oneself with the purpose of killing oneself, is a major health problem and one of the main causes of death worldwide. The purpose of this research was to present a causal model of suicidal thoughts based on parenting styles (permissive, authoritarian, authoritative) and the mediating role of social support and self-esteem. **Methods:** The design of the current research was descriptive and correlational and based on the structural equation modeling method. The statistical population of the research was all high school students of Ilam city, 390 people (182 girls and 208 boys) were selected by multi-stage random sampling method. Data related to research variables were collected using Beck's (1961), Phillips' (1986) social support, Rosenberg's (1965) and Baumrind's parenting styles (1973) questionnaires. Pearson correlation and structural equation method were used through SPSS-27 and AMOS-26 software. **Results:** The results and findings of the research showed that authoritarian parenting style has a direct positive effect on suicidal thoughts and a direct negative effect on self-esteem and social support. Also, authoritarian parenting style has a direct negative effect on suicidal thoughts and a direct positive effect on self-esteem and social support. On the other hand, permissive parenting style has a direct negative effect on self-esteem, but this style did not have a significant direct effect on social support and suicidal thoughts. Also, permissive parenting style did not have an indirect and significant effect on suicidal thoughts with the mediating role of social support. Other results showed that permissive, authoritarian, and authoritarian parenting styles have an indirect and significant effect on suicidal behavior with the mediating role of self-esteem, and finally, the fit indices of the final model supported the good fit with the collected data. **Conclusion:** Increasing public awareness and empowering families and schools, especially psychological therapeutic interventions for parenting skills and increasing the level of knowledge and efficiency of the school counseling system can be effective in reducing social harm, especially the painful phenomenon of suicide and the formation of suicidal thoughts and ideas before that.



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Introduction

Suicide, which means harming oneself with the purpose of killing oneself, is a major health problem and one of the main causes of death worldwide. The standard annual global suicide rate is 11.4% per 100,000 people (World Health Organization, 2019). Suicide includes a series of successive stages including suicidal thoughts, suicide plans and suicide attempts (Mo et al., 2022). Attempting suicide includes implementing a method or a plan to end life, which can lead to complete suicide or failure (Bardelli et al., 2019). In addition to deaths caused by suicide, thoughts and ideation of suicide also attract attention (Dong et al., 2019). Suicidal thoughts are defined as self-reported thoughts about suicide, ranging from a vague desire to die to a complete suicide plan (Anderson, 2000, cited by Moradi et al., 2021). In fact, suicide pathways are complex and suicide is the final product of the interaction of biological, clinical, psychological, social, cultural and self-care factors. Although knowledge of suicide risk factors has increased significantly in recent decades, our ability to predict suicide is no better now than it was 50 years ago. Therefore, there are many reasons why the field of suicide research has not increased its predictive ability. The fact that suicide risk factors are often evaluated separately and statically rather than dynamically. In addition, until recently, there were few comprehensive theoretical frameworks that attempted to understand the emergence of suicidal ideation and the transition from suicidal thoughts to suicide attempts or death by suicide (Franklin, 2017). On the other hand, the proposed theories about suicide, including the theory of Edwin Schneiderman, Durkheim, Baumeister, Abramson, have been useful in guiding suicide research and preventive efforts in this regard. However, they still failed to distinguish between suicidal thoughts and suicidal behavior. This distinction is especially important when we see that there are many people who have suicidal ideation and thoughts, but never commit suicide. For this reason, many studies that have been conducted in the field of suicide have tried to identify the risk factors of suicide, while the parameters related to suicidal thoughts and the changeability of these thoughts have been largely neglected. (Klonsky & May, 2015).

Suicidal thoughts usually appear at the beginning of suicidal behavior. These thoughts range from wishing never to be born and wishing to die to specific thoughts of suicide, such as detailed planning regarding the time, place, and manner of committing suicide. Therefore, the investigation of suicidal thoughts is considered as one of the important fields and variables of the formation of suicidal behavior, actions and actions (Seyakhane Nooshabadi et al, 2021; Mohammadian et al., 2018). Among these, suicidal thoughts include: verbal and non-verbal statements, indicate clinical urgency in psychiatry, and people with suicidal ideation have a higher risk of committing suicide than people without suicidal ideation (Choi et al., 2017). Research also shows that suicidal thoughts, as a high-risk factor for suicide, have a significant predictive effect (Theisman et al., 2018; Mars et al., 2019; Mo et al., 2022). On the other hand, research shows that the prevalence of suicidal behavior and suicidal ideation has been increasing in different societies during recent decades (Sajadporou et al., 2020). The reports of the World Health Organization in the last 15 years have also shown a 60% increase in suicidal ideation (World Health Organization, 2019). Suicidal behavior is seen among all age groups. However, in the youth group, because adolescence is one of the most critical periods of growth (Ahadi & Jamhari, 2021) and in addition, this stage of life is associated with rapid changes, such as changes in family structure, leaving the family, and increasing access to educational facilities. (Ma et al., 2016). For this reason, in many countries, teenagers and young people account for the highest rate of suicide, and in fact, suicide is the fourth leading cause of death among 15-29-year-olds in the world. Also, the results of the comparison of 49 developing countries reported an average overall prevalence of suicidal thoughts of 19.8%. Almost a third of teenagers who have suicidal thoughts plan to commit suicide in their teenage years. About 60% of people who have such a plan commit suicide, mostly one year after the thought of suicide starts in their mind (Mikaili & Samadifar, 2019). Research shows that a series of factors work hand in hand to form suicidal thoughts in a person, which are usually referred to as risk factors. Factors and risk factors that if not predicted and identified and not treated, the

person will try to plan suicide in the next stage (Doost Mohammadi & Rezaian, 2019).

One of the significant issues in this field is the introduction of parenting style in the family as one of the underlying factors of suicidal thoughts. In this regard, research conducted by (Donath et al., 2014). It showed that suicidal thoughts are associated with perceived authoritarian parents, and adolescents whose parents have high control and low affection have twice the risk of suicidal thoughts and three times the risk of intentional self-harm. It is also known that parental hostility is associated with suicidal behaviors (Barghi & Mirzaei, 2017). Research results confirm the importance of parenting styles and children's behaviors in their current and future lives (Tiller et al., 2004; Hwemende, 2006; Huver et al., 2007).

Social support, which is another variable of this research, is a multidimensional concept that is defined in different ways. For example, it can be defined as a resource provided by others, as a means to cope with stress, or an exchange of resources. Movahedi et al. (2012), Nemati (2017), Islamian et al. (2018), Greenberg et al. (2000), Schwarzer and Schultz (2004) and Walsh and Eggert (2007) showed a significant and negative relationship between social support and suicidal thoughts.

Another related and effective variable in predicting suicidal thoughts is self-esteem. Self-esteem means a person's judgment of his worth, and a person's view of himself is one of the important and fundamental factors in the growth and prosperity of humans, which has been the focus of many psychologists and educational researchers in recent decades. The findings of Mashaikh and Mohseni Salahi (2021), Mikayili et al. (2019) and Maleki (2018) show that there is a negative and significant relationship between self-esteem and suicidal thoughts in teenagers. In this way, increasing the self-esteem of teenagers reduces suicidal thoughts in them. Also, researches have determined that ineffective and negative self-schemas cause more bias in information processing and lead to more negative opinions about themselves. (Wagner et al., 2015; Rice et al., 2019).

In general, since limited researches are available in the form of models and structural equations in the field of suicidal thoughts, and on the other hand, useful researches have generally discussed the simple relationships of variables. Therefore, it seems that we need research that

can structurally explain the direct and indirect effect of independent and mediating variables in the formation of suicidal thoughts in a more precise framework and in the form of a causal and conceptual model. Salehi and Hatami (2016), Aftab et al. (2019), Ghalebani et al. (2021), Laqaei et al. (2021), Miguel and Blanco (2020), Shaoling et al. (2020) and Harlina et al. (2021) have discussed aspects of suicidal ideation and influencing variables in the framework of structural equation method. The most important factor in preventing suicidal behavior is knowing about suicidal thoughts (Moradi et al., 2022). Also, Ilam province is considered one of the three high-risk provinces in the area of increasing prevalence of suicide in the age group of 15-25 years (Amirinejad et al., 2019). Therefore, based on what was said, the final and fundamental question is whether the presented causal model has sufficient and appropriate fit or not?

Method

The current research design is descriptive and correlation type and based on structural equation modeling method. In this research, the direct and indirect effects of the variables on the dependent variable have been investigated. The statistical population of the research includes all male and female high school students of the first and second and third grades of Eilam city, numbering 10,500 people. According to the statistical population of the research and the research design, multi-stage random sampling method was used to select the sample size. According to the number of items and questions of the predictor variable questionnaire (parenting styles), a sample size of 400 people was selected with 30 questions, of which 390 people (182 girls and 208 boys) completed answer sheets were collected from the subjects. After collecting the data, the data was analyzed with the help of SPSS and AMOS software. Structural equation method was used to check hypotheses and model verification.

Materials

1. Beck Suicidal Thoughts Questionnaire. The Beck Suicidal Ideation Scale, created in 1961 by Aaron Beck, is a 19-question self-assessment tool. This questionnaire has been prepared in order to reveal and measure the intensity of attitudes, behaviors and planning to commit suicide. Based on factor analysis with psychiatric patients, it was revealed that Beck's suicidal ideation scale is a combination of three

factors, the desire to die (5 questions), the readiness to commit suicide (7 questions) and the desire to actually commit suicide (4 questions). 2 questions are related to the deterrents for suicide or suicide concealment that are not calculated in any of the above three factors. The Beck scale is set based on 3 points from 0 to 2, including options A (0), B (1) and C (2). The overall score of the person is calculated based on the sum of scores, which ranges from 0 to 38. The validity and reliability of Beck's suicidal ideation scale has been confirmed in various studies. Cronbach's alpha (internal consistency) and concurrent reliability of this scale were between 0.89, 0.96 and 0.83, respectively (Beck & Steer, 1991). This scale has been validated in Iran by Anisi et al. (2005). To determine the reliability of this scale, coefficients of 0.87 to 0.97 were obtained using Cronbach's alpha method and 0.54 reliability of the test was obtained using the test-retest method. In the research on 100 male subjects with an age range of 19 to 28 years, the validity and reliability of this scale were evaluated, the results showed that the Beck scale had a correlation of 0.76 with the depression scale of the Goldberg test. Also, the validity of the scale using Cronbach's alpha method was equal to 0.95 and 0.75 using the two-half method.

2. Baumrind parenting styles questionnaire.

Baumrind's 30-question parenting styles questionnaire, the initial form of this questionnaire has 30 items, which was designed and built by Diana Baumrind (1973). This questionnaire was translated by Hosseinpour (2002). This questionnaire measures parenting styles of parents in three factors: permissive, authoritarian and authoritative. In Baumrind's parenting questionnaire, each question can be answered on a five-point scale from zero (completely agree) to four (completely disagree), and by summing the scores of each 10 questions specific to one of the parenting styles, 3 separate scores are obtained. In front of each statement, there are 5 columns (completely agree, somewhat agree, somewhat disagree, disagree, completely disagree) respectively from 0 to 4, which is obtained by summing the score of the questions related to each style and dividing it by the number of questions. Baumrind's parenting questionnaire has been examined in many researches and its reliability and validity have been obtained. In 1991, Bori

reported the reliability of the said questionnaire using the test-retest method among the group of mothers as 0.81 for the permissive style, 0.86 for the authoritarian style, and 0.78 for the authoritative style. And among fathers, he reported 0.77 for permissive style, 0.85 for autocratic style and 0.88 for authoritative style. In general, the results obtained from external and internal studies affect the validity of the parenting questionnaire. This questionnaire has already been used by Esfandiari (1995) and Binum (2000). Esfandiari reported the retest reliability of this questionnaire as 0.69 for permissiveness, 0.77 for authoritarian and 0.73 for authoritative. The reliability of this questionnaire was reported as 0.81 for permissive, 0.85 for autocratic and 0.92 for authoritarian by the test-retest method. The reliability of this tool using the Cronbach's alpha method, in this study, was 0.69 for the permissive style, 0.73 for the authoritarian style, and 0.90 for the authoritative style. This test had good internal consistency (Nurarei, 2016).

3. Rosenberg self-esteem questionnaire.

Rosenberg's self-esteem scale is one of the most widely used self-esteem scales that measures life satisfaction and feeling good about oneself. The popularity of this scale is largely due to the uncomplicated language and brevity as well as the relatively long history of its use. Its Iranian version has been translated and authenticated by Alizadeh (2003). The scoring method of Rosenberg's 10-question questionnaire (1965; cited by Denault, 2011) is based on a five-point Likert scale, with options ranging from 1 to 1 completely disagree. Score 1 indicates the lowest level of self-esteem and score 5 reflects the highest level of self-esteem, while five questions out of ten questions of this scale are designed positively and the other five questions are designed negatively, so the scoring of some questions is reversed. That is, in the first 5 questions, a score of one is given to the option that is in favor, and a score of zero is given to the option that is against, and in the last 5 questions, a score of zero is given to the option that is in favor and a score of one is given to the option that is against. A score higher than zero indicates high self-esteem and a score less than zero indicates low self-esteem. A score of +10 indicates very high self-esteem and a score of -10 indicates very low self-esteem. Therefore, the higher the score, the higher the level of self-

esteem and vice versa. In Iran, the statistical features of the Persian version of the Rosenberg Self-Esteem Questionnaire were investigated in two samples of Iranian students and the validity and reliability of this scale were measured. Mohammadi (2005) reported the reliability of this scale on a sample of Shiraz University students with Cronbach's alpha and Tansif methods, 0.69 and 0.68, respectively. He reported the retest coefficients of this scale with an interval of 0.77, two weeks, 0.73 and three weeks equal to 0.78. Rajabi and Bahloul (2007) reported the internal consistency of this scale to be 0.84 on a sample of students.

4. Phillips social support questionnaire. This questionnaire was created by Vaux et al. in 1986 based on Cobb's definition of social support. According to Cobb's definition, social support refers to the amount of love, assistance and attention from family members, friends and other people. This questionnaire has 23 items. Ebrahimi Qawam (1992) in his dissertation research, which was conducted under the guidance of Delavar, changed the scoring system of this questionnaire to zero and one, and the reason for this was the use of Cronbach's alpha (Hemti-Rad & Sepah Mansour, 2008). This questionnaire has three sub-components: family support (1-8), friends' support (9-15) and others' support (16-23), which covers the 5-point Likert response range from completely disagree to completely agree. Strongly Disagree=1, Disagree=2, Somewhat=3, Agree=4, Strongly Agree=5. Score 1 indicates the lowest level of perceived social support and score 5 indicates the highest level of perceived social support, and the highest score will be 115 and the lowest score will be 23. The scoring of questions 3, 10, 13, 21 and 22 is reversed. This test was conducted on 111 students and 211 female students in Ebrahimi Qavam's study (2011). The reliability of the test in the student sample was 1.91 in the whole scale, in the student sample it was 1.71, and in the retest in the students after six weeks, it was 1.81. The internal reliability coefficients of this test in a group of 311 students of Allameh Tabataba'i University were calculated as 1.66. In the research of Khabaz et al. (2012), the alpha coefficient calculated for this questionnaire was 1.74 (Khabaz et al., 2012). Castro et al. (2014) in a study among 681

Chilean students determined Cronbach's alpha of this scale at 0.98 reliability and internal consistency coefficients of this scale at 0.89.

Implementation

First, the information related to the number of the research population was collected through education in Ilam city to the number of 10,200 people. Then, the present sample was selected by multi-stage random sampling method with the number of 400 students among male and female high school students of the first to third grades. Since the methodology of the structural equation model is similar to some aspects of multivariable regression, the principles of determining the sample size in the multivariable regression analysis were used to determine the sample size in the structural equation modeling of this research. Considering that in the structural equation modeling methodology, the sample size can be determined between 5 and 15 observations for each measured variable. Based on this and according to the number of items and questions of the predictor variable questionnaire (parenting styles), a sample size of 400 people was selected with 30 questions, and 390 samples of completed answer sheets were collected from the subjects. The next step included the implementation of research tools in the target sample and data collection. In order to implement the research tool and distribute the questionnaires, due to the coincidence of this stage with the epidemic of Covid-19 last year and the closure of schools, the software for the online distribution of questionnaires (first form) was used. At this stage, an attempt was made to ensure maximum completion of the questionnaires by the individual using the supervision of school administrators. In the last step, after collecting the data, the data was analyzed with the help of SPSS and AMOS software. Structural equation method was used to check hypotheses and model verification.

Results

The obtained demographic findings showed that among the sample members, 208 male respondents are equal to 53.3%, and 182 female respondents are equal to 46.7%. In terms of age, the highest frequency is related to the age group of 17 years with 39%, and the lowest frequency is related to the age group of 14 years with 0.8%.

Table 1. Descriptive data of scores of experimental and control groups

Variable	N	Min	Max	Mean	SD
Suicidal thoughts	390	0	37	5/72	3/82
Self-esteem	390	10	18	14/20	1/18
Social support	390	41	115	85/95	12/21
Permissive parenting style	390	0	30	8/68	5/20
Authoritarian parenting style	390	0	30	8/66	5/37
Assertive parenting style	390	8	30	21/86	4/76

Based on the contents of the above table, the average (standard deviation) of the entire sample (390 people) of suicidal thoughts is 5.72 (3.82); self-esteem is 14/20 (1/18); Social

support is 85/95 (12/21); Permissive parenting style is 8/68 (5/20); authoritarian parenting style 8/66 (5/37); assertive parenting style 21/86 (4/76).

Table 2. The results of checking the normality of the distribution of variables

Variable	Statistics	Sig.
Suicidal thoughts	0/254	0/123
Self-esteem	0/268	0/178
Social support	0/321	0/124
Permissive parenting style	0/119	0/356
Authoritarian parenting style	0/257	0/324
Assertive parenting style	0/425	0/214

Based on the above table, since the significance level of the data is greater than $P=.05$, as

a result, the research variables are normal.

Table 3. coefficients of correlations matrix

Variable	1	2	3	4	5	6
1. Suicidal thoughts	1	-.262**	-.447**	.023	.363**	-.466**
2. Self-esteem		1	.235*	-.193*	-.249**	.307**
3. Social support			1	-.057	-.312**	.344**
4. Permissive parenting style				1	.437**	.212*
5. Authoritarian parenting style					1	-.056
6. Assertive parenting style						1

The results of the above table show that most of the relationships between research variables are significant at the $p<0.001$ level.

Also, the data showed that permissive parenting style has no significant relationship with suicidal thoughts and social support.

Table 4. The fit of the proposed, modified and final models with the data based on the goodness of fit indices

Fit index	χ^2	df	$\frac{\chi^2}{df}$	GFI	AGFI	IFI	TLI	CFI	NFI	RMSEA
Suggested model	755/71	28	26/98	0/65	0/55	0/78	0/68	0/74	0/66	0/25
First adjusted model	545/74	15	36/38	0/81	0/73	0/88	0/77	0/84	0/86	0/13
Final model	232/42	14	16/60	0/90	0/88	0/94	0/87	0/91	0/89	0/06

As the above table shows, the proposed model did not have a good fit with the data, which

indicates the need for further improvement of the model. After removing the non-significant

paths, i.e., the path between permissive parenting style with social support and suicidal thoughts, although some indicators of this model, such as GFI, IFI, CFI, NFI, and the important RMSEA index, or squared estimation errors, were improved. A better fit can be

observed in the final model, that is, a model in which the errors of the permissive parenting style path with social support and suicidal thoughts were corrected according to the recommendation of the 26 AMOS software.

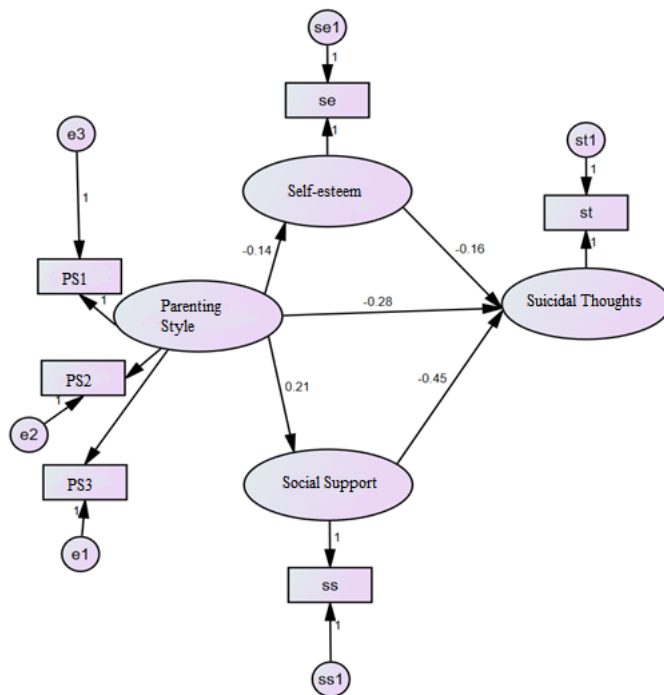


Figure 1. Final model

Table 5. Structural model: paths and their standardized coefficients in the final model		
Path	β	Sig
Autocratic parenting style → suicidal thoughts	-0/297	0/001
Dominant parenting style → suicidal thoughts	-0/319	0/001
Permissive parenting style → suicidal thoughts	+0/023	0/454
Permissive parenting style → self-esteem	0/-193	0/002
Autocratic parenting style → self-esteem	-0/123	0/009
Authoritative parenting style → self-esteem	0/261	0/001
Autocratic parenting style → social support	-0/263	0/001
Authoritative parenting style → social support	0/297	0/001
Permissive parenting style → social support	0/057	0/359
Self-esteem → suicidal thoughts	0/-162	0/001
Social support → suicidal thoughts	0/-447	0/001

The above table shows the paths and their standard coefficients in the final model based on the output of AMOS26 software. Findings: The path coefficient of permissive parenting style to suicidal thoughts is positive and non-significant ($\beta=0.023+$, $p=0.454$); The path coefficient of autocratic parenting style to suicidal thoughts is positive and significant ($\beta = +0.297$, $p = 0.001$);

The path coefficient of authoritarian parenting style to negative and significant suicidal thoughts ($\beta = -0.319$, $p = 0.001$); The path coefficient of permissive parenting style to social support is positive and non-significant ($\beta=+0.057$, $p=0.359$); The path coefficient of authoritarian parenting style to negative and significant social support ($\beta = -0.263$, $p =$

0.001); The path coefficient of authoritarian parenting style to social support is positive and significant ($\beta = 0.297+$, $p = 0.001$); The path coefficient of permissive parenting style to self-esteem is negative and significant ($\beta = -0.193$, $p = 0.001$); The path coefficient of authoritarian parenting style to self-esteem is negative and significant ($\beta = 0.123$, $p = 0.001$); The path coefficient of authoritarian parenting style to

self-esteem is positive and significant ($\beta = 0.261+$, $p = 0.001$); The path coefficient of permissive parenting style to self-esteem was positive and significant ($\beta = 0.144+$, $p = 0.005$). In the following, the results of the test of the hypotheses related to the indirect paths and the mediating effects related to it are presented through the bootstrap method.

Table 6. Bootstrap test results for the indirect paths of the research model

Variables	Input (data)	Boot	Bia	SE
Permissive parenting style → social support → suicidal thoughts	1823/0	1925/0	0001/0	0157/0
Autocratic parenting style → social support → suicidal thoughts	1883/0	1995/0	0001/0	0247/0
Authoritative parenting style → social support → suicidal thoughts	1883/0	1995/0	0001/0	0221/0
Permissive parenting style → self-esteem → suicidal thoughts	1412/0	1422/0	0009/0	0250/0
Autocratic parenting style → self-esteem → suicidal thoughts	1398/0	1322/0	0008/0	0241/0
Dominant parenting style → self-esteem → suicidal thoughts	1051/0-	1031/0-	0001/0	0175/0

According to the obtained results, permissive parenting style has no indirect and significant effect on suicidal thoughts with the mediating role of social support. It can also be seen that permissive, authoritarian, and authoritarian parenting styles have an indirect and significant effect on suicidal behavior with the mediating role of self-esteem.

Conclusion

The purpose of this research was to provide a causal model of suicidal thoughts among high school students in Ilam and to determine the direct and indirect effect of parenting styles (permissive, authoritarian, and authoritarian) with a mediating role: self-esteem and social support. As observed, the obtained data supported the optimal fit of the model with the collected data.

The findings of the present research are consistent with the following research: Nouri et al. (1400); Shamsi et al. (2019); Jamali (2014); Azami et al. (2015); Bidgley et al. (2012); Akbarinejad et al. (2008); Garthy et al. (2011); Meisters and Morris (2004); Mancini et al. (2000); Kitamura et al. (2000); Afsharo colleagues (2018); Narimani, Yousefi and Kazemi (2013); Rezaei Kargrou Qureshi

(2014); Cole and Rome (1996); Gersten et al. (1981); Tejali, Javidi, Mehyar and Mirjafari (2018); Abdulahi and Dawoodi (2018); Kokhaei and Holy River (2015); Abbasi, Asgari, Mehrabi (2014); Haji Yazdi and Alagband (2012); Fengjing et al., (2020); Kleiman et al. (2014) and Azadi (2017) and Rutter et al., (2004); Yaqoubi et al. (2009); Feldman et al. (1998); King et al. (1995); Greenberg et al., (2000); Clobton et al., (1992); Mirdrikund, Edavi, Amirian, Khodayi (2015); Bukhari and Afzal (2016) Salimi and Shabani (2012); Alimoradi, et al. (2012); and the researches of Friedlander et al. (2017); Defala et al. (2016); Roger et al. (2016), Kogby (2015); Gloza (2013); Safari and Zolkifli (2010); Mikaili et al. (2019); Maleki et al. (2019); Beshraporou colleagues (2017); Pour Hossein et al., (2014); Fateh et al. (2019); Asgarian et al. (2021); Rahmani et al. (2019); Khairkhah et al. (2012); Masoud Nia (2009); Kohi et al. (2018); Leo et al. (2019) Goldberg et al. (2019); Kim et al. (2019); Madrigal Deleon et al. (2019); March et al. (2019); Abdullah (2018) Soko et al. (2008); Pourhossein et al. (2014) Namdari (2015); Vasal and Guderzi (2015); Princetin et al.

(2000); Bentley et al. (2016); Scardra et al. (2020).

Family life plays an essential role in maintaining the mental, social and physical health of children and parents. Considering that parents are the main and primary elements of every family, the type of their relationship and upbringing is effective in shaping the personality of children. On the other hand, children react to their parents' actions. The nature of these actions and reactions is manifested in the children's personality over time. One of the basic characteristics of the formed personality is self-esteem. The type of treatment and parenting of parents is a factor that can influence the formation of children's self-esteem and bring their self-esteem to a minimum or maximum and cause children to know themselves correctly or incorrectly (Aghayari et al., 2014). High self-esteem in students is like a capital and a vital value for them (Melki et al., 2016) and it is one of the main factors for the flourishing of talent and creativity in them. (Sari, Black and Selik, 2018). The study of Debiri et al. (2012) in a structural equation modeling research has determined the direct effect of parenting styles on self-esteem. It can be concluded that parents who use permissive and authoritarian models will have children with communication problems with peers, passive or aggressive behaviors, lower self-concept and self-esteem. This condition can show itself in reducing the quality of education, job and interpersonal relationships. On the other hand, parents who use warm and accepting styles such as authoritative style, while raising children with high self-esteem level, face fewer social problems in their children. It can also be explained that adopting the type and method of education and interaction with children can be effective in the formation of social support and also the type of interaction with the environment by children and students in the school and community environment. Since social support is defined as the degree of affection, companionship and attention of family members, friends and other members of society, the role of parents and teachers is considered as the core of the formation of social support in teenagers. In fact, family members are the primary source of providing emotional and instrumental support to people, especially outside the work environment, and they can play an important role in controlling the

stressful process of education and work (Hashemian, 2012). Based on this, it can be concluded that the parenting style of parents, especially adopting a positive and assertive approach, is a multi-dimensional variable, which indicates an increase in the family's understanding of cohesion and stability at home and the low level of conflict among family members. This provides the conditions for positive and constructive interaction of teenagers with peers and social environment. Since the family is considered the first source of care and protection for people and the first nucleus of communication and interaction of the child is established in the family and by the parents. Therefore, the way parents relate to their children and their upbringing can be the basis for the formation of other social interactions and the acceptance or non-acceptance of support and collective identities. Undoubtedly, the role of family and school in the formation and stabilization of more adaptive parenting methods can provide more positive and facilitative results for this sensitive and endangered group to get out of the current stressful situation. The damages caused to the family center and privacy, as well as the many ups and downs and challenges of the country's education system in recent years caused by various economic, cultural and social interventionists have made the conditions more difficult for high-risk and high-risk groups, especially young people. Increasing public awareness and empowering families and schools, especially psychological therapeutic interventions for parenting skills and increasing the level of knowledge and efficiency of the school counseling system can be effective in reducing social harm, especially the painful phenomenon of suicide and the formation of suicidal thoughts and ideas before that. Especially in Ilam province, which is considered one of the main centers of suicide risk in the country. The fact is that preventing, confronting and curbing suicide in Ilam requires a comprehensive, practical and comprehensive program, so that while carefully examining the causes and contexts and economic, cultural and social interveners of the formation of suicidal thoughts and ideas, especially among the youth and teenagers prevent.

The current research has been associated with limitations that need to be taken into account in the interpretation and generalization of the

results. These limitations are: 1- Although the data of this research are consistent with the tested structural model, but their application in cause and effect relationships should be done with caution. 2- Due to conducting the research in Ilam city, the generalization of the results to other societies should be done with caution and according to cultural and regional considerations. 3- Since the studied sample included high school students of Ilam city, therefore, the generalization of the results to general samples and samples with different demographic characteristics such as age, education and similar issues is limited. 4- It should be noted that suicide and suicidal thoughts have wide risk and etiology factors in the biological, social and psychological fields. The present research only examined a small part of the psychological variables. Therefore, important variables in the field of suicide should not be reduced to the variables discussed in the current research. Based on the total results obtained and in order to solve the limitations of the current research, suggestions are made for researchers who are interested in working in this field: 1- It is suggested that if it is possible to conduct longitudinal studies, the researchers will provide stronger evidence about the paths leading to suicidal thoughts and the difference between these paths in those who think about suicide by conducting longitudinal studies in this field. 2- It is suggested that the role of other variables, including parents' mental health, parents' personality traits, be investigated as predictive variables in separate models. 3- The use of other evaluation methods in parallel with self-report questionnaires can increase the accuracy of the results.

Finally, the present study provides the following guidelines for future clinical interventions in the field of prevention and treatment of suicide and suicidal thoughts. 1- Paying attention to two basic variables, i.e., self-esteem and social support in psychological interventions and psychometric monitoring in schools as two important factors whose low levels call and predict suicidal thoughts. 2- Conducting effective trainings with the aim of improving the role of social support and self-esteem in students, especially for parents through education, welfare, academic and academic centers, etc. 3- Specialized training of school counselors, focusing on the diagnosis and

treatment of suicidal behavior. thoughts and action) using the latest scientific methods and methods.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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