CHAPTER V
SUMMARY

The health of the young is of great importance for the future of societies. In this context, the suicide rate is a sensitive measure of psychological and social state. As a consequence, suicide has always been a topic of considerable interest in different geographical areas of the world because an examination of the suicide rate, worldwide, of young adults may reveal something of their well-being. Suicide remains such an anigma that the reasons for so many adolescents and young adults choosing to take their own life are unclear.

The first act of suicide probably occurred before the beginning of written records. In order to explore the history of suicide with any understanding, one must have some conception of the prevailing taboos and attitudes toward this behavioural phenomenon. Historically, society's attitudes toward suicide and the suicidal act reveal a wide range between a rational one of acceptance, an irrational one of superstition and a hostile one of punishment.

Thus, in the historical perspective it can be seen that probably there has been no human society or period in recorded history in which the phenomenon of 'suicidal behaviour' was non-existent (Latha, Bhat, & D'Souza, 1996, p. 26). Much has been written on this subject. Suicides are numerous in Shakespeare's plays and in the entire romantic theater. Suicide has a place in ethics, history, literature and art. Physicians, jurists and theologians are concerned about it. It continues to provoke curiosity, to awaken sentiments of pity and terror and to offer rich,
paradoxical material for discussion. Many facets exist which arouse deeper human interest and which the sciences of man have more reasons to examine. Though suicide is ancient, undoubtedly as ancient as humanity, its study did not advance much before the middle of the nineteenth century, when the psychopathology of the individual became an active field of research. Research on suicide attempts in the recent past has revealed that the phenomenon has now assumed the proportions of a major health problem. The burden on the medical services of caring for suicide attempters is of growing concern to medical and mental health professionals. There is substantial evidence of the disturbing nature and extent of suicidal behaviour as an epidemiological problem.

It is important to note that much of the data on suicidal behaviour is based on information obtained from developed western countries. All such data need to be evaluated within their specific cultural context as well as cross-culturally, because the number of suicide attempts in third world countries (Sadanandan, Unni, & Mani, 1996) is also increasing at an alarming rate. As a consequence this study is in the direction of examining suicide ideation, an important component of suicide behaviour. Research has previously confirmed that the intensity of suicide ideation is an important predictor of suicide attempts and eventual suicide (e.g., Beck, Brown, & Steer, 1989).

Keeping in view the above mentioned conclusions the aim of the present study was to examine the relation of different types of suicide ideation with depression, hopelessness and psychoticism. The three key variables were included in the current
study because previous research on predisposing symptoms of suicide intent has largely investigated the independent variation of individual key symptoms with suicide risk. In real life, however, a clinician has to deal with the concurrent effect of more than one acute symptom in a suicidal person’s presenting state.

HYPOTHESES

The following hypotheses were formulated:

1. It was hypothesized that adolescents high on depressive tendencies would score markedly more on general suicidal desire than adolescents low on depressive tendencies.

2. It was expected that the differences between high and low depressive on serious suicidal ideation (i.e. suicide desire and suicide preparation), though significant, would be less intense.

3. It was expected that the adolescents high on hopelessness would score markedly more on general suicidal desire than adolescents scoring low on hopelessness.

4. It was expected that the difference between high and low scorers on hopelessness and serious suicidal ideation, therefore, suicide desire and preparation though, significant, would be less intense.

5. It was hypothesized that adolescents scoring high on psychoticism would score high on general suicide desire as well as serious suicidal ideation (suicide desire and suicide preparation) than adolescents scoring low on psychoticism.

6. It was hypothesized that the highest level of general suicide desire and serious suicidal ideas (suicide desire and suicide
preparation) would occurred in adolescents who had high scores on depression, hopelessness and psychoticism.

Participants
The sample comprised of 500 adolescents (250 males and 250 females). The age of the participants ranged from 14 to 18 years. Participants were randomly chosen from different schools of Chandigarh and Haryana. Participants who were the part of research also satisfied the following conditions:
1. They were living with their parents.
2. There was no evidence of drug addiction or alcoholism.
3. They were not currently in treatment for any diagnosed psychiatric disorder.

For this purpose information was obtained from there teachers, classmates and parents.

Instruments used:
Following instruments were used to detect the intent of suicide ideation, hopelessness, depression and psychoticism among participants.

A. The Scale for Suicide Ideation
   (Beck, Kovacs, Weissman,1979).

B. Beck Depression Inventory
   (Beck, Ward, Mendelson, Mock, & Erbough, 1961).

C. Beck Hopelessness scale
   (Beck, Weissman, Lester, & Trexler, 1974).

D. Eysenck personality questionnaire
   (Eysenck & Eysenck, 1975).
Scoring of the tests

The tests were scored strictly in accordance with the procedure suggested by the authors. Hand scoring was done by using separate keys for respective tests in the study. Suicide Ideation Scale, Beck Depression Inventory, Beck Hopelessness Scale were used as a measure of suicidal thoughts, depressive tendencies and hopelessness desires. The Eysenck Personality Questionnaire was scored for measures pertaining to psychoticism, neuroticism, extraversion, and social desirability.

Thus, as a result of scoring different tests 8 types of scores were available for each subject.

a) Two measures of suicidal ideation, namely suicide desire and suicide preparation.

b) One measure each of depression and hopelessness and,

c) Four measures of personality referring to psychoticism, neuroticism, extraversion and social desirability.

Analysis

The data were analysed to obtain the following information:

1. Frequency distribution, mean, median, standard deviation, skewness, kurtosis for different variables.

2. 2x2x2 analysis of variance was employed to examine the effect of hopelessness, depression and psychoticism on two different dimensions of suicide ideation.

In the first instance, participants were classified into 8 groups on the basis of high vs. low scores on hopelessness, depression and psychoticism. This was done by using median as the cut off point.
CONCLUSION

It is clear that all the major symptoms included in the current study were found to be associated with suicide desire and suicide preparation. Depression however, showed the strongest effect on two dimensions of suicide ideation of both male and female adolescents. The results highlight the role of all the three theoretically key symptoms, namely depression, hopelessness and psychoticism in suicidal risk. These findings raise the possibility of other symptoms besides depression that may have a significant influence on suicidal intent.

Thus, an important therapeutic goal should be to counteract this type of cognitive distortion so as to 'widen the blinders' and encourage a patient to develop a less confused and more rational perception of the crisis. This goal could potentially be achieved using a combination of cognitive therapy and pharmacotherapy. The results of this study imply that the clinician should be alert to symptoms of cognitive distortion as well as to affective symptoms associated with suicidal intent comprising of suicide desire and suicide preparation.