Suicide ideation, threatened suicide, attempted suicide and completed suicide are tragic and painful events both for the individuals who engage in the behaviour as well as for their significant others. Repetition of attempted suicide is not uncommon, and the risk for completed suicide is elevated among suicide attempters. In accordance with the general postulate that “the best predictor of future behaviour is past behaviour” it has been found that a suicide attempt is one of the most powerful risk factors for completed suicide (Park, 2013; Retterstol & Mehlum, 2001; Leon, Friedman, Sweeney, Brown, & Mann, 1990; Van Egmond & Diekstra, 1990; Barraclough, 1987).

The concept “suicidality” refers to thoughts and plans of suicide, suicide attempts and completed suicide, and thus comprises a wide range of phenomena. A concept synonymous to “suicidality” is “suicidal behaviour” (which thus not only refers to acts but also to thoughts). “Suicidal ideation” refers to suicidality without action, i.e. all types of suicidal thoughts and plans. A “suicide attempt” not only refers to an unsuccessful suicide but also comprises deliberate acts of lower lethality and intention. Several definitions have been proposed over the years to define a suicide attempt. Definitions have been broadened over the years to include acts of lesser lethality and intent but at the same time to distinguish a suicide attempt from other forms of more habitual self-destructive behaviours such as drinking or deliberate, repeated self-mutilation (e.g. superficial cutting, cigarette burning) with no intent or risk of dying involved (Skogman, 2006).

Not only are there a variety of types of suicidal behaviour, individuals who engage in suicidal behaviours represent a diverse and heterogeneous group. Suicidal individuals are represented across the life cycle, various psychological/psychiatric diagnoses (e.g., mood disorders, drug and alcohol problems, personality disorders and schizophrenia), demographic groups (Westefeld et al., 2000) and physical health concerns (Maltberger, 2001). Risk factors for suicidality derived through previous research include, among others, illness, pain, loss, psychiatric illness, previous attempts, sexual orientation, and age (Westefeld et al., 2000; Freeman & Reinecke, 1993; Shneidman, 1992).
A majority of suicidal theory and empirical research has emphasized the role of cognition and the importance of intervening at the cognitive level. Some have even stated that suicidal behaviour is “primarily a state of mind” (Freeman & Reinecke, 1993; p. 3). Based upon these theories and empirical studies of risk factors, the conclusion has been made that there are cognitive differences between suicidal and nonsuicidal persons, even after controlling for depression or degree of pathology (Weishaar & Beck, 1990).

Some of these cognitive differences are hopelessness (Weishaar & Beck, 1990; Cole, 1989; Bonner & Rich, 1988; Ellis, 1986), problem-solving (Westefeld et al., 2000; MacLeod, Williams, & Linehan, 1992; Weishaar & Beck, 1990; Bonner & Rich, 1988; Linehan, Camper, Chiles, Strosahl, & Shearin, 1987; Ellis, 1986), dichotomous thinking (Shneidman, 1987; Neuringer & Lettieri, 1971), negative or dysfunctional automatic thoughts (Bonner & Rich, 1987), cognitive rigidity (Weishaar & Beck, 1990; Ellis, 1986) and construction of meaning (Rogers, 2001). Mraz & Runco (1994) found rigidity and inflexibility to be very important in predicting suicide ideation. Schotte and Clum (1987) also found rigidity and inflexibility to be related to suicide ideation. They implicated stress as well but, unlike Mraz and Runco (1994), felt that suicide ideation was more related to depression, hopelessness, and affect than to thinking tendencies. Rigidity and flexibility have been regarded as important variables in creative mental functioning (Guilford & Hoepfner, 1971; Torrance, 1963).

Those who are suicidal also may present with cognitive rigidity and dichotomous, or all-or-nothing, thinking (Weishaar, 2000; Shneidman, 1996; Bonner & Rich, 1988; Ellis, 1986; Neuringer & Lettieri, 1971). Dichotomous thinking has been conceptualized as a form of cognitive rigidity (Weishaar, 2000). These two constructs are involved in the problem-solving process, as rigid thoughts and dichotomous thinking impair abilities to form alternative solutions, and deficits in these two domains may account for the noted problem-solving difficulties in suicidal people (Ellis, 1986). As individuals become increasingly upset, they begin to move into more and more rigid dichotomous thinking and eventually view suicide as the only option to escape their subjective pain (Shneidman, 1987).

The above discussion suggests that there are many gaps and limitations in the earlier studies, though their importance cannot be minimized. A perusal of earlier studies reveals that the majority of earlier researches have taken cognizance of one or
two variables in order to explain suicide ideation. It is imperative to emphasize that
suicide ideation cannot be explained only on the basis of one or two precipitating
factors. Numerous variables are essential to explain the variance in suicide ideation.

Thus, as in the present study, a number of psycho-social variables have been
included in order to identify the factors of suicide ideation to prepare a platform as a
guiding force for this piece of research. In the light of above assertion, the main
objective of the present study is to identify the best possible predictors of suicide
ideation.

OBJECTIVES
The present study was planned with the following objectives:
1. To ascertain the nature of distribution of scores on different variables included
   in the present study.
2. To examine the gender differences on different variables included in the
   present study.
3. To examine the relationships of suicide ideation with depression,
   hopelessness, anxiety, cognitive rigidity and affective dysregulation.
4. To examine the relationships of suicide ideation with perceived family
   environment.

HYPOTHESES
1. It was expected that the distribution of scores on different variables included
   in the present study would be normally distributed and follow a smooth curve.
2. It was expected that females, in comparison to males, would score higher on
depression, hopelessness, anxiety, cognitive rigidity and affective dysregulation.
3. It was expected that there would be no difference between males and females
   on different dimensions of perceived family functioning.
4. It was expected that there would be positive relationship of suicide ideation
   with depression, hopelessness, anxiety, cognitive rigidity, and affective
dysregulation.
5. It was expected that suicide ideation would be differentially related to
different dimensions of perceived family functioning.
SAMPLE

The sample for the present study comprised of 150 male and 150 female adolescents in the stage of mid-adolescence with age range of 15-17 years. For selecting sample, the list of Government schools was obtained from Chandigarh Education Department and schools were approached for data collection. To select research sample, purposive-incidental sampling technique was employed. The inclusion and exclusion criterion was considered before selecting the participants.

Inclusion Criterion:
1. The participants were selected from non-clinical population.
2. There was no evidence of any substance abuse or alcoholism.
3. The sample was selected from different Government schools of Chandigarh.
4. The sample was limited to mid-adolescence (15-17 years).
5. All the participants belonged to intact family i.e. participants are residing with their parents.

Exclusion Criterion:
Participants with current and post historic psychiatric inpatient service were excluded.

TESTS USED
2. The Hopelessness Scale (HS: Beck, Weissman, Lester, & Trexler, 1974)
3. IPAT Anxiety Scale Questionnaire (ASQ: Cattell & Scheier, 1963)
4. Torrance Test of Creative Thinking- Figural Form A (TTCT: Torrance, 1966)
5. Affective Dysregulation Inventory (DI-A: Mezzich, Tarter, Giancola, & Kirisci, 2001)
6. The Family Environment Scale (FES: Moos & Moos, 1994)
7. Beck’s Scale for Suicide Ideation (BSI: Beck, Kovaes, & Weissman, 1979)

PROCEDURE
After obtaining the list of schools from Chandigarh Education Department, schools were approached for the selection of the sample. After enquiry about inclusion and exclusion criteria about the participants, testing procedure was stated. The participants were selected randomly from the different Government schools of Chandigarh. Prospective participants were given a verbal description of the study.
Those interested in participation were given different questionnaires. The completion of the questionnaires was voluntary and participants gave informed consent to participate. All participants completed the questionnaire during the school working hours. The participants were assisted as needed.

The general testing conditions were satisfactory. Sincere efforts were made to establish rapport with the subjects in order to elicit reliable and authentic information. Subjects were told that the information was being collected purely for research purpose. They were also assured that the information to be collected would remain strictly confidential and would be presented only in a form in which no person could be identified.

**Ethical Consideration**

The ethical principles of research were considered during the present research work. No students were marginalized or disempowered through this research. The purpose of the research was explained to the participants and written consent was obtained from the participants. The research posed no risks to students as no manipulation of variables took place. Participants were informed that they could withdraw at any stage and the data obtained would be kept confidential, and used exclusively for research purpose. Only the researcher and the statistical consultation services of the university had access to the data. Tests and questionnaires were completed anonymously in order to disassociate names from responses. Data were checked for accuracy before reporting the findings.

**SCORING**

The tests were scored strictly in accordance with the procedure suggested by the authors of different tests and scoring was done by using separate keys for respective tests used in the present study.

Suicide Ideation Scale was scored for a measure of suicide ideation. Hopelessness Scale was scored for a measure of hopelessness about future perspective of life. Zung Depression Rating Scale was scored for a measure of depressive symptoms. Family Environment Scale was scored for a measure of current family environment and its functioning including subscales such as Cohesion, Expressiveness, Conflict, Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, Moral-Religious Emphasis,
Organization and Control. IPAT Anxiety Scale Questionnaire was scored for a measure of anxiety. Affect Dysregulation Inventory was scored for a measure of affective/emotional dysregulation. Flexibility Dimension of Torrance Test of Creative Thinking was scored for a measure of cognitive rigidity.

ANALYSES

Keeping in view the objectives and hypotheses of the present study, the data were analyzed as follow:

(a) Descriptive statistics were used for examining the normalcy of scores on different variables included in the present study.

(b) t-test of significance was used to examine gender differences on different variables.

(c) Multiple regression analyses were done to identify salient correlates and predictors of suicide ideation.

MAIN FINDINGS

The results from the present study contribute to our knowledge regarding the predictors of suicide ideation among adolescents. The main findings are as follows:

(a) The scores derived from different measures are more or less normally distributed.

(b) Females scored higher on affective dysregulation and cognitive rigidity than males.

(c) Depressive severity was positively associated with suicide ideation for both male and female adolescents.

(d) Moral-religious emphasis in the family environment was negatively associated with suicide ideation for both male and female adolescents.

(e) Organization in the family environment was negatively associated with suicide ideation for only male adolescents.

(f) Affective dysregulation was positively associated with suicide ideation for only female adolescents.
CONCLUSION

Suicidal thoughts and behaviour during adolescence present unique challenges to both researchers and clinicians. The transition between early adolescence and late adolescence is typically characterized by high levels of stress associated with adjusting to a new social environment and increased academic demands.

This study has identified several potential targets for suicide prevention initiatives directed at adolescents. Many of the predictors of suicide ideation identified here, especially depression is a positive correlate, whereas organization and moral-religious emphasis as part of family environment have emerged as negative correlates for male adolescents. Further, depression and affective dysregulation correlated positively and moral-religious emphasis correlated negatively with suicide ideation for female adolescents. This trend represents possible areas for intervention. Additional research is needed to determine whether these risk factors can be effectively modified to reduce suicide ideation. The present findings draw attention to the complex interrelationships of depression, affective dysregulation and two dimensions of family environment (organization, moral-religious emphasis) with suicide ideation, and highlight a number of possible intervention targets for the earliest stage of suicidal behaviour i.e. suicide ideation.

If replicated, these findings of the present investigation may point to promising new strategies for suicide prevention. Rather than focusing primarily on mid-adolescence, campus suicide prevention initiatives could include programs aimed at enhancing student’s self-confidence, increasing student’s awareness about the possible signs of suicide ideations, and educating parents about effective ways of supporting students who might be at risk for suicidal behaviour. Prior research indicates that college students are largely unaware of campus services (if any) for suicide prevention and are interested in both didactic information about suicide and individual treatment.
Suicidal ideation is the most common of all suicidal behavior, but only a minority of ideators ever engages in overt self-harm. If ideation is to prove useful in the assessment of suicide intent and risk, factors creating continuity between suicidal ideation and action need to be carefully examined. The relationship between ideation and intent may resolve this dilemma, as intent is assessed by examining thoughts of self-harm in the distressed person, yet there is debate as to whether ideation must involve intent (McAuliffe, 2002). Applying ideation as a risk factor is complicated by the failure to agree upon its definition within the nomenclature of suicidology (Leenaars et al., 1997; Shneidman, 1995). Suicide ideators are an important group because most suicides and parasuicides have engaged in suicidal thoughts prior to their acts (Shneidman, 1996). Identification of those ideators most likely to attempt or commit suicide is therefore a clinical priority (Bagley, 1975).

The results of present study revealed that suicide ideation may be significantly predicted on the basis of moral-religious emphasis and organization in the family environment along with depression in the case of male adolescents. For female adolescents, moral-religious emphasis in the family environment and affective dysregulation along with depression may be considered as potential predictors for suicide ideation. On the basis of interpretations and discussion of the results, some implications can be mentioned here to proven the practicality of research findings. Suicide ideation is a best possible predictor itself for the further attempt and committing suicide among youth. There is considerable debate in suicide research as to whether suicide prevention efforts should focus on low-risk common factors such as ideation or alternatively on high risk factors such as parasuicide or psychiatric illness (Goldney, 1998; Gunnell & Frankel, 1994).

Results on gender differences revealed that female adolescents are experiencing affective dysregulation and lack of moral-religious emphasis in the family making them more suicidal and depression also contributed positively. Externalizing juveniles have difficulties with attentional processes that relate to dealing with negative emotions. Children who internalize have difficulty shifting their attention away from cues or triggers in the environment that cause distress. The ability to shift attention is involved not only in social interactions but in academic contexts as well (Eisenberg, Cumberland, Guthrie, Murphy, & Shepard, 2005). This implies that for management of suicide ideation our society has to make potential changes in
emotion regulation programmes in schools and enhancing moral-religious values and beliefs in family environment at home and outside home. There are several considerations in regard to interventions and teaching approaches. First, a universal intervention designed for all students with the goal of teaching them about emotions and their regulation could not only serve as a prevention tool for typically developing children, but would also be helpful for students who are already exhibiting difficulties with emotion regulation. Second, more focused and targeted interventions may be needed for students with identified difficulties. Third, the intervention must be matched with specific needs. For some children, control of behavior or training inhibition must be added to emotion regulation strategies. For others, the appropriate ways to express emotion must be taught.

At the family level, all the family members must communicate to each other daily about day to day activities to children as it provides automatic ventilation to stress inducing affective dysregulation. Parents must be psycho-educated about emotion management strategies so that they can provide appropriate guidance at the crucial age of mid-adolescence. Moral and religious values and rituals must be transferred to adolescents in a harmonious and educating manner. Organization in the family must be applied appropriately not with force but with approachable reasons to all the family members. They must be respected and supported appropriately to grow their potential and purpose in their lives. Right guidance and knowledge from early childhood can help the adolescents to take right decision for their lives. It is obvious in present study that high moral and religious values are come to exist as potential protective factor for suicide ideation.

For further research and prospective researchers, the conclusions drawn from the present study provide a significant landmark to formulate hypotheses and framework to explore more in the field of suicide ideation and similar phenomenon among adolescents in the region of Chandigarh. The concept of affective dysregulation is less researched area in suicide ideation related studies. The contribution of affective dysregulation in relation to suicide ideation among young population must be taken seriously. As a researcher responsible for social change, the changing relationships of parents with their children must be taken under scientific research topic to explore more potential predictors of suicide ideation among adolescents. The similar study may be conducted on larger sample to make more assertive generalization related to suicide ideation among adolescents. As the present
study investigated the predictors of suicide ideation on both genders in Chandigarh only, other regions like Himachal Pradesh, Punjab, Haryana and other states can be studied on similar independent variables. Other variables such as stress, coping strategies, deliberate self-harm behaviour, substance use disorders, bipolar disorders, and traumatic experiences like sexual abuse, child abuse, financial or social stigmas etc can be studies. Further, rural and urban population can be compared on such variables. At school level residential and non-residential students can be studied. More comprehensive research can be done to explore the incidence, prevalence and potential predictors of suicide ideation among adolescents. Indeed, it may help to take efficient steps to add more literature in the suicide related researches and to provide a guideline to frame more applicable suicide prevention programmes.