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Suicide Ideation in Relation to Personality and Negative Cognition

V.V. Upmanyu, Seema Sangwan and Amit Kumar Dwivedi

Abstract

The current study examined the role of depression, hopelessness and psychoticism in suicide ideation among male and female adolescents. 500 adolescents (250 males and 250 females) in the age range of 15 to 18 years were administered Beck's scale for suicide ideation, Beck's depression inventory, Beck's hopelessness scale and Eysenck's personality questionnaire. The application of 2x2x2 analysis of variance revealed important information about gender differences in the two categories of suicide ideation, namely suicide desire and suicide preparation. The study revealed that the important therapeutic goal should be to counteract cognitive distortion so as to 'widen the blinder' and encourage a patient to develop a less confused and more adequate perception of crises.

Key Words:- Suicide ideation, negative cognition.

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 prevailing taboos and attitudes toward this behavioral phenomenon. Historically, society 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 behavior' was non-existent (Lathe, Bhat, and D Souza, 1966, p. 26). Much has been written on this subject. Suicides are numerous in Shakespeare's plays and in the entire romantic theatre. 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 behavior as an epidemiological problem.

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 enigma that the reasons for so many adolescents and young adults choosing to take their own life are unclear.

It is important to note that much of the data on suicidal behavior is based on information obtained from developed western countries. All such data need to be
Suicide Ideation in Relation to Personality

evaluated within their specific cultural context as well as cross-culturally, because the number of suicide attempts in third world countries (Sadanandan, Unni, and 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 behavior. Research has previously confirmed that the intensity of suicide ideation is an important predictor of suicide attempts and eventual suicide (e.g. Beck, Brown, and Steer, 1989).

Among various factors associated with suicide or deliberate self harm, researchers in the recent past have shown that there is a crucial relationship of suicidal behavior with psychiatric illness and/or personality disorder (Crammer, 1984). Suicide is the most important consequence of psychiatric disorder and most major psychiatric disorders carry a high suicide risk. According to some investigators (Roy, 1989) psychiatric patients' risk of suicide is three to twelve times greater than that of the general population. Robbins (1986) and Barraclough et al (1974), analyzed several hundred cases of suicide and concluded that more than 90% of them had been suffering from mental illness at the time they killed themselves. Based upon Western International Research, there is general agreement that the most important factor associated with suicide is mental illness (Izometa, Henriksson, and Aro, 1992; King, 1994), followed by substance abuse and personality disorder (Mantunen, Aro, and Henriksson, 1994), with the dominant affect being depression and helplessness (Beck, Steer, and Newman, 1993, MacClod, William, and Linehan, 1992). Thus, various psychiatric disorders have been associated with attempted and complete suicide; depression and alcoholism are both associated with excess of suicide mortality.

When the incidence of suicide is examined, patients with depressive disorders are found to be at higher risk than patients in all other psychiatric diagnostic categories combined. The annual suicide rate for the depressive disorders has been estimated to be 3.5-4.5 times higher than that for all other psychiatric groups and 22-36 times higher than that for the general population (Kraft and Babigian, 1976; Pokorny, 1964; Timochie, Pugh and McLeodan, 1964). In fact, warns the World Health Organization (WHO), depression will become the biggest killer disease of women in the coming decade. For every suicide, there are 20 others who attempt it and 40 more who contemplate it. A world Mental Health report published last year found that unipolar depressive disorder (consistent, long-term sadness) was the largest malady affecting women between 15 and 44, disabling 18.6 percent globally. The toll is higher than for heart disease and of breast/cervical cancer.

Over the last 15 years research has also suggested that hopelessness is the key mediating variable between suicidal ideation and depression (Cole, 1988; Wetz, Margules, Davis, and Karam, 1986; Beck, Kovacs, and Weissman, 1975), but not all findings are consistent with this interpretation (Strodel, Chiles, and Linehan, 1992). Beck, Steer, Kovacs & Garrison (1985) reported that a Beck Hopelessness Scale (Beck, Weissman, Lester, and Trexler, 1974) cut-off score of 9 or above was successful in predicting 90.9% of the eventual suicide (suiciders) in a sample of 165 hospitalized suicide ideators, who were followed from 5 to 10 years. Beck (1976) also described a preliminary study with 1989 out patients evaluated between 1978 and 1984 in which a hopelessness score of 9 or above on Beck Hopelessness Scale identified 15(93.8%) of the...
The author concluded that hopelessness is predictive of actual suicide both on psychiatric outpatients and in hospitalized suicidal ideators. The diagnostic inference which attributes suicidal behavior to underlying depression and hopelessness may be misleading because it might stem from uncomfortable rage, frustration, distortion in perception, loss of contact with reality and the like. Young, Fogg, Scheffimer, and Facett (1994) found that in patients with affective disorders, the degree of hopelessness appeared to be an important factor predicting eventual suicide, although its significance may depend on the history of drug and alcohol abuse. Thus, the role of hopelessness may vary between mental disorders. However, no previous study has investigated the role of hopelessness in relation to psychoticism, the most important element militating against the individual's survival. The combination of depression, hopelessness and psychoticism seems to play an important role in suicidal behavior.

Moreover treating suicidal behavior as depression for example, with psychotherapy and antidepressant medication might prove hazardous if treatment does not deal with the psychotic aspect of such behavior, the most significant element militating against the individual's survival. Thus any investigation of suicidal ideation cannot afford to neglect the psychotic aspect of behavior (Cf. Upmanyu and Upmanyu, 2008).

The literature suffers from an important omission in the sense that the role of depression and hopelessness in suicide ideation has been examined without bringing "psychoticism" into the purview of the study. The role of psychoticism cannot be ignored in any study of suicide ideation.

Further the heterogenous nature of suicidal intent is an important but insufficiently explored issue. Studies investigating suicidal ideation have often used the global score on the Beck scale for suicidal ideation (SSI) to assess suicide ideation. Some studies have used single global rating scale scores. Both overall ratings of ideation and a single score on the suicide for suicide ideation treat ideation as a homogenous construct and neither of them distinguished between types of ideation, e.g., between "general inclination" and "focused inclination" involving plans for self harm. In this context Mendonca and Holden (1996) isolated two dimensions, "suicidal desire" and "suicide preparation". Because these two dimension of suicidal ideation represent two different levels of seriousness of suicidal ideation, the use of global measure of suicide ideation seems to be important methodological flaw. It would be important to clarify their relationships to relevant risk factors.

Keeping in view the above mentioned conclusions the aim of the present study is 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 suicidal risk. In real life, however, clinician has to deal with the concurrent effect of more than one acute symptom in suicidal person's presenting state.
Suicide Ideation in Relation to Personality

Method

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 in treatment for any diagnosed psychiatric disorder

For this purpose information was obtained from their 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, and Erbaugh, 1961).
C. Beck Hopelessness Scale (Beck, Weissman, Lester, and Trexler, 1974).
D. Eysenck Personality Questionnaire (Eysenck and Eysenck, 1975).

Data Collection: The tests were administered in a uniform sequence as follow:
1. Suicide Ideation Scale
2. Beck Depression Inventory
3. Beck Hopelessness Scale
4. Eysenck Personality Questionnaire

All the questionnaires were presented one after the other with standard instructions for each questionnaire. The tests were administered to subjects in group of 15-20 subjects. The general testing conditions were satisfactory. Sincere efforts were made to establish rapport with the subjects in order to elicit reliable and authentic information. All of them were assured that the information given by them would be kept confidential and would be used for research purpose only.

Necessary instructions were given to the subjects; doubts were removed before permitting them to take the test. After each session, incomplete forms were located immediately, so that the particular participant could complete the left out question(s).

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.

Thus, as a result of scoring different test 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) One measure of personality referring to psychoticism.

Analysis: This data were analyzed to obtain the following information:
Frequency distribution, mean, median, standard deviation, skewness and kurtosis, for different variables.
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.
The following 8 groups were formed:

<table>
<thead>
<tr>
<th>Group 1</th>
<th>High Hopelessness</th>
<th>High Psychoticism</th>
<th>High Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 2</td>
<td>High Hopelessness</td>
<td>High Psychoticism</td>
<td>Low Depression</td>
</tr>
<tr>
<td>Group 3</td>
<td>High Hopelessness</td>
<td>Low Psychoticism</td>
<td>High Depression</td>
</tr>
<tr>
<td>Group 4</td>
<td>High Hopelessness</td>
<td>Low Psychoticism</td>
<td>Low Depression</td>
</tr>
<tr>
<td>Group 5</td>
<td>Low Hopelessness</td>
<td>High Psychoticism</td>
<td>High Depression</td>
</tr>
<tr>
<td>Group 6</td>
<td>Low Hopelessness</td>
<td>High Psychoticism</td>
<td>Low Depression</td>
</tr>
<tr>
<td>Group 7</td>
<td>Low Hopelessness</td>
<td>Low Psychoticism</td>
<td>High Depression</td>
</tr>
<tr>
<td>Group 8</td>
<td>Low Hopelessness</td>
<td>Low Psychoticism</td>
<td>Low Depression</td>
</tr>
</tbody>
</table>

Suicide ideation (desire and preparation) was used as a dependent measure to ascertain the effect of hopelessness, depression and psychoticism.

Results
The aim of present investigation was to study the role of depression, hopelessness and psychoticism in different dimensions of suicide ideation i.e. "suicide desire" and "suicide preparation". Data for the purpose were collected from different schools of Haryana and Chandigarh. Raw data consisted of the scores of 500 adolescents (250 male adolescents and 250 female adolescents) on different measures of suicide ideation, hopelessness, depression and psychoticism. Different dimensions of suicide ideation were used as dependent measures to ascertain the effect of hopelessness, depression and psychoticism.

In order to evaluate the effects of three variables (hopelessness, depression and psychoticism) separately on suicide desire and suicide preparation, 2x2x2 factorial design with two levels of depression (high vs low), two level of psychoticism (high vs low) and two levels of hopelessness (high vs low) was employed. This factorial design also satisfied the assumption for the application of analysis of variance (ANOVA). Therefore, to study the main effects and the interactional effects of the variables, analysis of variance was employed as a statistical measure. The dependent or criterion measure was index of different dimensions of suicide ideation, as derived from suicide ideation scale by Beck. A summary of 3 way analysis of variance results is presented in Tables 1 to 4.
Suicide Ideation in Relation to Personality

Table-1 Analysis of variance results for measure of suicide desire among males as a function of hopelessness, depression and psychoticism.

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopelessness (A)</td>
<td>0.989</td>
<td>1</td>
<td>0.989</td>
<td>1.66</td>
<td>NS</td>
</tr>
<tr>
<td>Depression (B)</td>
<td>5.577</td>
<td>1</td>
<td>5.577</td>
<td>9.36</td>
<td>.001</td>
</tr>
<tr>
<td>Psychoticism (C)</td>
<td>2.933</td>
<td>1</td>
<td>2.933</td>
<td>4.92</td>
<td>.05</td>
</tr>
<tr>
<td>AXB</td>
<td>1.174</td>
<td>1</td>
<td>1.174</td>
<td>0.300</td>
<td>NS</td>
</tr>
<tr>
<td>AXC</td>
<td>0.284</td>
<td>1</td>
<td>0.284</td>
<td>0.478</td>
<td>NS</td>
</tr>
<tr>
<td>BXC</td>
<td>0.214</td>
<td>1</td>
<td>0.214</td>
<td>0.360</td>
<td>NS</td>
</tr>
<tr>
<td>AXBXC</td>
<td>0.495</td>
<td>1</td>
<td>0.495</td>
<td>8.32</td>
<td>.01</td>
</tr>
<tr>
<td>With in</td>
<td>353.7</td>
<td>242</td>
<td>1.478</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table-2 Analysis of variance results for measures of suicide desire among females as a function of hopelessness, depression and psychoticism.

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopelessness (A)</td>
<td>2.731</td>
<td>1</td>
<td>2.731</td>
<td>4.726</td>
<td>.05</td>
</tr>
<tr>
<td>Depression (B)</td>
<td>13.783</td>
<td>1</td>
<td>13.783</td>
<td>23.851</td>
<td>.01</td>
</tr>
<tr>
<td>Psychoticism (C)</td>
<td>8.570</td>
<td>1</td>
<td>8.570</td>
<td>14.83</td>
<td>.01</td>
</tr>
<tr>
<td>AXB</td>
<td>1.155</td>
<td>1</td>
<td>1.155</td>
<td>0.26</td>
<td>NS</td>
</tr>
<tr>
<td>AXC</td>
<td>0.370</td>
<td>1</td>
<td>0.370</td>
<td>0.641</td>
<td>NS</td>
</tr>
<tr>
<td>BXC</td>
<td>0.416</td>
<td>1</td>
<td>0.416</td>
<td>0.720</td>
<td>NS</td>
</tr>
<tr>
<td>AXBXC</td>
<td>1.671</td>
<td>1</td>
<td>1.671</td>
<td>2.89</td>
<td>NS</td>
</tr>
<tr>
<td>With in</td>
<td>265.157</td>
<td>242</td>
<td>1.277</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table-3 Analysis of variance results for measure of suicide preparation among males as a function of hopelessness, depression and psychoticism.

<table>
<thead>
<tr>
<th>Source of variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopelessness (A)</td>
<td>3.967</td>
<td>1</td>
<td>3.967</td>
<td>9.532</td>
<td>.01</td>
</tr>
<tr>
<td>Depression (B)</td>
<td>4.630</td>
<td>1</td>
<td>4.630</td>
<td>11.124</td>
<td>.01</td>
</tr>
<tr>
<td>Psychoticism (C)</td>
<td>11.199</td>
<td>1</td>
<td>11.199</td>
<td>26.905</td>
<td>.01</td>
</tr>
<tr>
<td>AXB</td>
<td>0.364</td>
<td>1</td>
<td>0.364</td>
<td>0.0876</td>
<td>NS</td>
</tr>
<tr>
<td>AXC</td>
<td>2.998</td>
<td>1</td>
<td>2.998</td>
<td>7.202</td>
<td>.01</td>
</tr>
<tr>
<td>BXC</td>
<td>0.188</td>
<td>1</td>
<td>0.188</td>
<td>0.4531</td>
<td>NS</td>
</tr>
<tr>
<td>AXBXC</td>
<td>0.583</td>
<td>1</td>
<td>0.583</td>
<td>1.401</td>
<td>NS</td>
</tr>
<tr>
<td>With in</td>
<td>191.023</td>
<td>242</td>
<td>0.7962</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

An examination of Table 1 reveals that the main effect of hopelessness in relation to suicide desire among male participants has emerged to be non-significant \([F(1,242)=1.66, NS]\) where as the main effects of depression \([F(1, 242)=9.36, p < .01]\) and psychoticism \([F(1,242)=4.92, p<.05]\) have turned out to be significant from the viewpoint of suicide desire one dimension of suicide ideation. All three second order interaction effects and one third order interaction effect has turned out to be non-significant. In the context of significant F ratios for the main effects of depression and
psychoticism the mean scores on ‘suicide desire’ for males high and low on relevant variables (depression and psychoticism) were computed. An examination of mean suicide desire scores reveals that the male adolescents scoring high on depression and psychoticism have scored significantly higher on suicide desire in comparison to their counterparts lower on depression and psychoticism (depression: high vs. low = 6.4 vs. 3.2; psychoticism: high vs. low = 6.7 vs. 3.9). Further, the mean suicide desire scores of male adolescents on hopelessness did not differ significantly (6.23 vs. 4.20).

The results reveal that depression and psychoticism have emerged to be potent parameters of ‘suicide desire’ among both male and female adolescents, while hopelessness has turned out to be a significant parameter of ‘suicide desire’ only for female adolescents (Table 2). The effect of hopelessness on suicide desire among male adolescents has turned out to be non-significant. Thus, from the viewpoint of ‘suicide desire’ there is a differential role of hopelessness for male and female adolescents, whereas high depression and high psychoticism have turned out to be relevant for high suicide desire for both males and females adolescents.

A perusal of Table 3 reveals that for male adolescents the main effects for hopelessness \( F(1,242) = 11.51, p < .001 \) and depression \( F(1,242) = 10.30, p < .001 \) on suicide preparation have turned out to be significant, whereas the main effect for psychoticism \( F(1,242) = 2.42, \text{NS} \) from the viewpoint of suicide preparation has turned out to be non-significant. All three second order interactional effects have turned out to be non-significant.

Keeping in view these results, the mean scores on suicide preparation for male participants high and low on relevant variables (hopelessness and depression) were computed. The examination of mean suicide preparation scores reveal that the male adolescents scoring high on hopelessness and depression also scored high on suicide preparation (hopelessness: high versus low = 6.8 vs. 2.9; depression: high vs. low = 6.5 vs. 3.9). Further mean suicide preparation scores of male adolescents on psychoticism did not differ significantly (5.5 vs. 3.8).

An examination of Table 4 referring to female adolescents reveals that the main effect for hopelessness \( F(1,242) = 9.53, p < .01 \), depression \( F(1,242) = 11.12, p < .001 \), and psychoticism \( F(1,242) = 26.9, p < .001 \) have emerged to be significant from the view point of suicide preparation among female participants. Interestingly, for female adolescents, it can be seen that the main effect of hopelessness on suicide preparation was moderated by psychoticism since interactional effect of hopelessness and psychoticism \( F(1,242) = 7.202, p < .01 \) was also found to be significant. Female adolescents scoring high on hopelessness, depression and psychoticism have scored significantly higher on suicide preparation in comparison to their counterparts low on hopelessness, depression and psychoticism (hopelessness: high vs. low = 4.4 vs 2.3; psychoticism: high vs. low = 5.5 vs 2.3, and depression: high vs. low = 4.9 vs 2.2).

**Discussion**

Research in the area of suicidal behavior has clearly revealed that the intensity of suicidal ideation is an important predictor of suicide attempts and eventual suicide (Beck, Brown, and Steer, 1989). The purpose of the current study was to explore the effects of hopelessness, depression and psychoticism on two independent dimensions of suicide.
ideation, namely suicide desire and suicide preparation. The two dimensions of suicide ideation was taken in view of Mendonca and Holden’s (1996) assertion about the heterogeneous nature of suicidal intent.

The results of the current study are noteworthy in the sense that the findings have revealed important information about gender differences in the two categories of suicide ideation: suicide desire and suicide preparation. Depression as measured by Beck Depression Inventory has emerged as the most robust parameter of both suicide desire and suicide preparation regardless of sex. The symptoms constituting depression create pressure and adolescents do not feel comfortable in a state of depression. Experts feel that busy parents who nurture by remote control contribute to the state. In some families, fathers are absent over long periods chasing their money-oriented dreams, while mothers are straddling, often unsuccessfully, the gigantic gap between the modern and the conservative. These core symptoms of depression suggest that the association of depression with suicide desire and suicide preparation for both male and female adolescents is in the expected direction. Depression is particularly important in assessing the degree of suicidal intention.

The results are in accordance with the findings of earlier researchers. The risk for suicidal behavior and suicide is increased with almost every major psychiatric disorder (Hagnell and Rorsman, 1981). Evidence from psychological autopsy studies of adults (Hagnell, Lanke, and Rorsman, 1981) and adolescent suicide (Shaffer, Gould, Trautman, 1986; Shaffi, Carrigens, and Whittinghull, 1985) reveal that most people who commit suicide were suffering from major psychiatric illness at the time of their death. These studies reveal that over 90% adult suicide completers with a psychiatric disorder in these studies, 60-80% suffered from major affective illness.

Further, it is clear that all the major parameters included in the current study were found to be associated with suicide desire and suicide preparation. Depression, however, showed strongest effect on two dimensions of suicide ideation for both male and female adolescents. The results highlight the role of all three theoretically key psychiatric disorders, 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.

This implies that a sense of cognitive distortion, consisting of feeling of loss of control over one's thoughts, is an important correlate of a more intense level of suicidal intent. Such cognitive distortions may be described as consisting of “tunneling” of perceptions in suicidal person’s reflections on the options available.

The relevance of cognitive distortion as a core in suicidal patient is also corroborated by other research on the links between hopelessness, cognitive set and suicidal behavior (Holden, Mendonca, and Serin 1989). This cognitive set was found by Holden and Fekken (1989) to be primarily a sense of one’s own capability, containing an important cluster of items related to a lack of focused and realistic thinking. This cluster consisted of items involving difficulty in concentrating, an inability to keep one’s mind on one thing, a preference for daydreaming, feelings of evil, feelings of sleeplessness and laziness, and inability to work without encouragement, and memory lapses. Thus, it can be stressed that the cognitive distortion described by key variables included in the current
study is a state related to current risk rather than a trait variable such as a problem-solving rigidity or perfectionism, all of which have been implicated in the long term risk of suicide.

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 crisis. This goal could potentially be achieved by using a combination of cognitive therapy and pharmacotherapy. The results of this study imply that the clinician should be alert to symptoms associated with suicidal intent comprising suicide ideation, plans, and other symptoms. This suggests that the assessment of suicide risk should not be limited to an individual's history of attempted suicide, but should include a broader context.

References
Suicide Ideation in Relation to Personality


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it is not, and of overlooking a common feature of depression, that of irritability (Kessler & Wang, 2009).

A number of studies have reported increased likelihood of aggression in samples reporting depression. Weiss and Catron (1994) examined 350 public school children (M ages=10.5) using a self-report measure of depression (The Children's Depression Inventory: Kovacs & Beck, 1977) and anxiety, and of self, peer and teacher reports of aggression. The authors found a significant relationship between depression and aggression ($r=.35$) which they construed as a "more broadband relation between externalizing and internalizing". In fact, they found a significant positive correlation between externalizing (consisting of hyperactivity/attentional problems and aggression) and internalizing (depression and anxiety) of .46. Comparisons of confirmatory factor analysis models suggested that rather than a specific link between aggression and depression, persons with comorbid depression and aggression may have broadband associations of externalizing and internalizing problems of which aggression and depression are subsets. Both internalizing and externalizing contain other sub factors besides depression and aggression. For example both withdrawn and aggressive boys had fewer peer contacts and self and teacher reported anxiety and externalizing children had attentional problems. They cited other studies as indicating that aggression may cause peer rejection which in turn would cause internalizing problems. They also concluded that the broadband set of relationships found did not support the theory that depression directly causes aggression (because depression was not related to hyperactivity), but was more consistent with the theory that the consequences of aggression cause depression. They did not explore the role of anxiety as a common aspect of both depression and aggression, although in their factor analysis, anxiety had a significant correlation to both internalizing (.91) and externalizing (.41).

Taft et al. (2009) examined the relationship of depression using the Beck Depression Inventory (BDI: Beck, Steer, & Carbin, 1988) to both general aggression (i.e., aggression to another other than a relationship partner) and spousal aggression in a war veterans group. The authors found significant correlations of both PTSD and BDI scores to both forms of aggression. The BDI measures of depression were for the two-week period prior to assessment, while the aggression measures were for the year preceding the assessment. The authors acknowledged that the cross-sectional design used limited causal conclusions about the role of depression and PTSD on aggression.