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SOCIAL SUPPORT AS A PROTECTIVE FACTOR FOR SUICIDAL IDEATION

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Abstract

Suicidal ideation, often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. Social support is a phenomenon that involves interactions of people so that when a person offers social interaction, it has an important role in his health .While perceived social support has received considerable research as a protective factor for suicide ideation, little attention has been given to the mechanisms that mediate its effects. The purpose of the present study was to analyze and explain the relationship between suicidal ideation and social support. The data was collected from 30 individuals who were aged above 16 and had been clinically diagnosed with suicidal ideation/suicidal tendencies and who had tried to attempt suicide at least once, with no gender specification in consideration. For the purpose of data collection, The Suicidal behaviors questionnaire- revised (SBQ-R) and Multidimensional scale of perceived social support (MSPSS) were used. All the statistical analysis will be

conducted through IBM SPSS software version 20. For this study an alternative hypothesis was utilized and it was assumed that there will be a significant relationship between suicidal ideation and social support. A negative significant relationship between suicidal ideation and social supports shows the effect of support of family and friends on levels of an individual's suicidal ideations.

Keywords: suicidal ideations, social support, family and friends, suicide, clinically diagnosed

INTRODUCTION

Each suicide is a personal tragedy that prematurely takes the life of an individual and has a continuing ripple effect, affecting the lives of families, friends and communities. Every year, more than 1,00,000 people commit suicide in our country. There are various causes of suicides like professional/career problems, sense of isolation, abuse, violence, family problems, mental disorders, addiction to alcohol, financial loss, chronic pain etc.

The World Health Organization defines suicide act as "the injury with varying degrees of lethal intent and that suicide may be defined as a suicidal act with fatal outcome." Deliberate self-harm is a major issue in health care all over the world. Many factors including biological, socio-cultural, and personality traits can modify this complex behavior. Suicide is a significant problem in India also with a reported rate of 10.8 per 100,000 populations. However it may be considerable under estimate due to underreporting and false reporting of many of the cases of suicides in India. Certain thought provoking studies on suicide have been reported from India. However, some of the important psychosocial variables such as life events or stressors, social support, coping strategies, and quality of life have not yet been assessed in relation to deliberate self-harm in India.

A total of 1,53,052 suicides were reported in the country during 2020 showing an increase of 10.0% in comparison to 2019 and the rate of suicides has increased by 8.7% during 2020 over 2019.

Majority of suicides were reported in Maharashtra (19,909) followed by 16,883 suicides in Tamil Nadu, 14,578 suicides in Madhya Pradesh, 13,103 suicides in West Bengal and 12,259 suicides in Karnataka accounting for

13.0%, 11.0%, 9.5%, 8.6% and 8.0% of total suicides respectively. These 5 States together accounted for 50.1% of the total suicides reported in the country. The remaining 49.9% suicides were reported in the remaining 23 States and 8 UTs. Uttar Pradesh, the most populous State (16.9% share of country population) has reported comparatively lower percentage share of suicidal deaths, accounting for only 3.1% of the total suicides reported in the country.

Many theorists have sought to explain suicide. For example, Shneidman (1985, 1993) explained suicide as a response to overwhelming pain (i.e., psychological), Durkheim (1897/1951) emphasized the role of social isolation, Baumeister (1990) described suicide as an escape from an aversive state of mind, and Beck and Abramson (Abramson et al., 2000; Beck, 1967) highlighted the role of hopelessness. These theories have been tremendously useful in guiding suicide research and prevention efforts. At the same time, these theories share a particular feature that may be limiting progress in understanding suicide: They fail to differentiate explanations for suicidal thoughts and suicidal behavior. This distinction is especially important when one considers that most people who develop suicidal ideation never go on to make a suicide attempt (Klonsky & May, 2014; Nock et al., 2008).

Thomas Joiner (2005) introduced his Interpersonal Theory of Suicide. Joiner introduced a framework by which (a) Suicidal ideation and (b) The progression from ideation to attempts were treated as separate processes that come with separate sets of explanations and risk factors.

Suicidal ideation

Suicidal ideation is commonly linked to depression and other mood disorders, but it also appears to be linked to a variety of other mental disorders, life events, and familial events, all of which could elevate the risk of suicidal ideation. Because of the risk of suicide acts and the persistent issues connected with suicidal thoughts, mental health researchers believe that healthcare systems should provide therapy for those with suicidal ideation, regardless of diagnosis. Suicidal ideation is of two types- passive and active suicidal ideation. When you have passive suicidal ideation, you wish you were dead or that you could die but don't actively plan to hurt yourself

or try to commit suicide. Suicidal ideation that is actively pursued includes both the desire to die and the intention to commit suicide. It includes following symptoms:

- Severe sadness or moodiness- mood swings, sudden wrath, and persistent sadness.
- Hopelessness- feeling very gloomy about the future and having little faith that the situation will change.
- Sleep problems
- Sudden calmness- The sudden onset of calmness following a period of despair or irritability may indicate that the person has decided to take their own life.
- Withdrawal- Depression, one of the main causes of suicide, can also manifest as a preference for solitude over interacting with friends or participating in social activities. This includes the decline of enjoyment or interest in pursuits the individual once delighted in.
- Changes in personality or appearance- A shift in attitude or conduct, such as speaking or moving with extraordinary speed or slowness, can indicate someone is thinking about taking their own life. Additionally, the individual may abruptly stop caring about how they appear.
- Dangerous or self-harmful behavior- Potentially risky actions like driving carelessly, having inappropriate sex, or abusing drugs or alcohol more frequently could be signs that someone no longer values their life.
- Recent trauma or life crisis- An attempted suicide could be caused by a serious life crisis. Crises might include losing a loved one or a pet, ending a relationship, receiving a critical sickness diagnosis, losing a job, or experiencing significant financial difficulties.
- Making preparations- A person who is thinking about suicide will frequently start to organise their personal affairs. This could entail paying visits to friends and family members, donating personal items, creating a will, and decluttering their space. Before committing suicide, some people will compose a message. Some people will purchase a gun or another weapon, such as poison.
- Threatening or talking about suicide- Between 50% and 75% of people who are contemplating suicide will signal a friend or family member. It might not be a direct danger. It would be better if I wasn't here, because they might talk a lot about death, but not everyone who is contemplating suicide will say it, and not everyone who threatens suicide will actually do it. Every suicide threat must be treated seriously.

Suicidal ideation can be treated with a variety of methods. An intrusive thought occurs when a person who has never had a history of suicidal ideation develops a sudden and strong desire to undertake an act that would inevitably result in their own death. The high place phenomenon, often known as the call of the void, is a well-known example of this. In Brian Biggs' book 'Dear Julia', the desire to jump is referred to as "mountain fever."

The World Health Organization defines mental health as a state of well-being, in which the individual knows their capabilities and uses them effectively and productively that will be useful for their respective communities. Considering that health is a concept influenced by a set of complex factors, i.e. biological, psychological, social, cultural, economic and spiritual, it should be acknowledged that health and mental illness do not simply have biological or psychological aspects, but also have concurrent social dimensions and nature. Social factors, which can play an important role in creating, maintaining, and promoting health, have been a major role in incidence, prevalence and persistence of the disease. In this respect, it is very important to pay attention to social factors influencing mental health, and perceived social support is one of those factors. Social support represents the amount of support that a person perceives and reports receiving it. Social support is a phenomenon that involves interactions of people so that when a person offers social interaction, it has an important role in his health. Social support is commonly conceptualized as the social resources on which an individual can rely when dealing with life problems and stressors (Thoits, 1995). Cullen et al (1999) expanded on this notion by defining social support as a process of transmitting human, cultural, material, and social capital, whether between people or between larger social units (communities, states), and their constituents.

Social Support

Social support alone is not important, but what is important is the belief in the existence of social support. Social support provides physical and psychological advantages for people faced with stressful physical and psychosocial events, and is considered as a factor reducing the psychological distress when faced with stressful events. Numerous studies have been performed on the effect of social support on health, quality of life, and especially mental health over the recent decades. However, each study has been performed on a different population, and has used different instruments, sampling methods and statistical populations, which have resulted in different results.

Social support can be described as verbal and nonverbal communication between recipients and providers that lessen confusion about the circumstance, oneself, the other, or the connection and serves to improve a person's impression of their own control over their experience (Albrecht and Adelman, 1987)

A system of social support categories that includes five different types of social support: informational, emotional, esteem-building, social network-building, and tangible assistance. 8 Informational supports are used to describe messages that offer knowledge or facts, such as suggestions or criticism of behavior. Care, worry, empathy, and sympathy are a few terms that are associated with providing emotional support. The signals that help to boost one's skills, abilities, and inherent value are known as "esteem support." Social network support is described as the communications that contribute to a person feeling more a part of a particular group with comparable goals or circumstances. Last but not least, tangible help is defined as physically giving beneficiaries the things and services they require (Cutrona and Suhr, 1992).

It was seen that social support in emerging adulthood protects against later depression, anxiety, and suicidal ideation and suicide attempts after adjusting for a range of confounders, including prior mental health problems and family characteristics (Scardera S, Perret LC, Ouellet-Morin I, et al.) Higher perceived social support was associated with fewer symptoms of depression and anxiety. Higher perceived social support was associated with a lower risk for suicide-related outcomes for suicidal ideation and for suicide attempts).

In another study by Rigby, K., & Slee, P. (1999) It was perceived that Suicidal ideation severity is higher on students who are far from home and living alone; students with weak social/familiar support networks (less involvement on social activities and intimate relationships). These results allow us to conclude that a frail social support network positively associates with ideation and suicidal risk.

Hagnell and Rorsman found more objective losses and humiliating experience in the week before death among suicide victims than people dying from natural causes and more changes in living condition, work problems, and objects losses in the final year. Maladjustment with significant family members and domestic strife has been cited as the most important causes of attempted suicide in many Indian studies.

Social support is an important protective factor against suicide. Social support is provided by networks comprising family, relatives, friends, neighbors, and coworkers, especially when the interaction is positive. The personal networks may provide social support that helps to maintain emotional well-being and buffer the effect of adverse life events, or it can have a direct, independent effect on mental health irrespective of presence or absence of stressful life events.(Paykel ES et al.)

In a study by Adam Bryant Miller, Christianne Esposito-Smythers, Richard N. Leichtweis, results from the linear regression analysis revealed that perceptions of lower school support independently predicted greater severity of SI, accounting for parent and close friend support. Further, the relationship between lower perceived school support and SI was the strongest among those who perceived lower versus higher parental support

In a study by Kleiman, E. M., & Liu, R. T. (2013) the results showed that lower age and female gender predicted greater likelihood of a lifetime suicide attempt.

The majority of people who have suicidal thoughts do not go on to attempt suicide, but they are considered a risk factor. In 2008–09, an estimated 8.3 million adults in the United States aged 18 and up, or 3.7 percent of the adult population, reported having suicidal thoughts in the previous year, while an estimated 2.2 million reported making suicide plans. In 2019, 12 million adults in the United States considered suicide, 3.5 million planned a suicide attempt, 1.4 million tried suicide, and over 47,500 people died by suicide. Teenagers are also prone to suicidal thoughts. Suicide ideation is commonly linked to depression and other mood disorders, but it also appears to be linked to a variety of other mental disorders, life events, and familial events, all of which could elevate the risk of suicidal ideation. Because of the risk of suicide acts and the persistent issues connected with suicidal thoughts, mental health researchers believe that healthcare systems should provide therapy for those with suicidal ideation, regardless of diagnosis. Suicidal ideation can be treated with a variety of methods. An intrusive thought occurs when a person who has never had a history of suicidal ideation develops a sudden and strong desire to undertake an act that would inevitably result in their own death. The high place phenomenon, often known as the call of the void, is a well-known example of this. In Brian Biggs' book Dear Julia, the desire to jump is referred to as "mountain fever."

The magnitude of SI variability was investigated using ecological instantaneous assessment methods. Samples of individuals who attempted suicide over the past year and inpatients who committed suicide recorded hourly suicidal ideation over a four-week period. Analysis of these data revealed dramatic variations in SI intensity among all participants. All participants had SI in which the intensity varied up and down by one standard deviation most days. Many had standard deviation fluctuations several hours apart on the same day. This knowledge is important to all healthcare professionals, and there is a need to monitor fluctuations and not rule out the possibility of a sudden increase in suicidal urges, even if the current level is low and one is currently in control of them is emphasized. In addition, SI is considered to be a better predictor of lifetime risk of suicide than imminent risk. Therefore, the assessment should include a description of the characteristics and impact of the previous SI as well as the current SI.

Most people control SI and report SI without attempting suicide. Psychiatric Association Practice Guidelines for Adult Psychiatric Assessment (2016, p. 19) show that SI is a symptom of another primary psychiatric diagnosis, 90 of those who die from suicide.

NEW GENERATION THEORIES OF SUICIDE

In the field of suicide, three theories (the interpersonal theory of suicide—IPTS, the integrated motivational–volitional—IMV—model, and the three-step theory—3ST) have emerged within the ideation-to-action framework.

INTERPERSONAL THEORY OF SUICIDE

Thomas Joiner (2005) introduced his Interpersonal Theory of Suicide. Joiner introduced a framework by which (a) Suicidal ideation and (b) The progression from ideation to attempts were treated as separate processes that come with separate sets of explanations and risk factors. Joiner proposed a specific application of the framework: Perceptions of low belongingness and high burdensomeness combine to bring about desire for suicide, whereas high capability for suicide facilitates potentially lethal suicide attempts.

INTEGRATED MOTIVATIONAL VOLITIONAL MODEL

Integrated Motivational-volitional (IMV) model of suicidal behaviour given by O'Connor, (2011) and it was refined in 2018 (O'Connor & Kirtley, 2018). It propose that defeat and entrapment drive the emergence of suicidal ideation and that a group of factors, entitled volitional moderators (VMs), govern the transition from suicidal ideation to suicidal behavior. According to the IMV model, VMs include access to the means of suicide, exposure to suicidal behavior, capability for suicide (fearlessness about death and increased physical pain tolerance), planning, impulsivity, mental imagery and past suicidal behavior.

THE THREE- STEP THEORY

The theory hypothesizes that suicide ideation results from the combination of pain (usually psychological pain) and hopelessness. Second, among those experiencing pain and hopelessness, connectedness is a key protective factor against escalating ideation. Third, the theory views the progression from ideation to attempts as facilitated by dispositional, acquired, and practical contributors to the capacity to attempt suicide. (Klonsky and May, 2015)

THEORIES ON SOCIAL SUPPORT

DIRECT (OR MAIN) EFFECT MODEL

A theoretical model of social support that suggests that social support enhances health and well -being irrespective of stress exposure. (Cohen, 2004; Thoits, 2011)

STRESS BUFFERING MODEL

A theoretical model of social support that proposes that social support protects or buffers individuals from the harmful effect of stress on health and well – being , and that the beneficial effects of social support can only occur when individuals are exposed to stress.

METHODOLOGY

Purpose:

To analyze and explain the relationship between suicidal ideation and social support.

Hypothesis:

There will be a significant relationship between suicidal ideation and social support.

Sampling:

The sample characteristics-

The sample consisted of 30 participants who were clinically diagnosed with suicidal ideations and suicidal tendencies and they were seeking help for that. Purposive Sampling technique was used.

- Gender - no gender specification
- The participants were above the age of 16.
- Inclusion Criteria- Participants who are clinically diagnosed with suicidal ideation and suicidal tendencies and they had/were seeking help for the same , Participants of clinical population who have attempted suicidal at least once.
- Exclusion criteria- Participants who are not clinically diagnosed with suicidal ideation and suicidal tendencies. Participants of normal population who have had suicidal ideation and suicidal tendencies who didn't have any significant impairment from that.

Variable-

Independent Variable: Suicidal Ideation

Dependent Variable: Social Support

Measures:

The Suicide Behaviors Questionnaire-Revised (SBQ-R),(Osman A., Bagge CL., Borris FX. et al., 1999) is a psychological self-report questionnaire designed to identify risk factors for suicide in adolescents and adults. The four-item questionnaire asks about four constructs within the suicidal behavior domain: lifetime ideation and attempt, recent frequency of ideation, suicide threats, and self-assessed likelihood of future suicidal behavior. The four items are rated on Likert scales of varying lengths, resulting in total scores between 3 and 18. One of the greatest strengths of the SBQ-R is that, unlike some other tools commonly used for suicidality assessment, it asks about future anticipation of suicidal thoughts or behaviors as well as past and present ones and includes a question about lifetime suicidal ideation, plans to commit suicide, and actual attempts.

The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988) is a 12-item questionnaire to identify an individual's perceived level of social support with family, friends, and significant others. Each item is scored on a scale from 1 to 7.

Design:

The study follows EX-Post Facto research design.

Procedure:

The questionnaire was administered to the clinical sample in the form of Google form and the data was collected. The scores were tabulated in the form of a data sheet and the manual of the scales was used to calculate the score. Each participant was asked for their consent before the questionnaires were given. They were de-briefed about the topic and were given instructions regarding how they are supposed to provide their responses. A token of thanks was given after the data was collected from each participant. Data was collected from the clinic of Dr.Pooja Kulshreshtha (Clinical Psychologist) and through support groups.

Scoring:

The manuals of the scales were used for scoring. SPSS software was used for the purpose of statistical analysis.

Ethical consideration

Confidentiality:

The data will be used for research purposes only by the researchers and data will not be leaked for any other means. The data will be kept safe with the researcher and supervisor .

Debriefing:

The process of debriefing holds an important ethical role in informing participants as to why any deception occurred and what the true intentions of the study were, allowing participants to withdraw their participation if they desire once they are fully informed.

Informed Consent:

Its intent is that human participants can enter research freely (voluntarily) with full information about what it means for them to take part, and that they give consent before they enter the research.

Analysis of Data

Results**:**

Table 1
Showing pearson correlation

		Total mspss	total sbq
Total mspss	pearson correlation	1	.-458
	Significant (two tailed)		.011
	N	.30	30
Total sbq	pearson correlation	-458	1
	Significant (two tailed)	.011	
	N	30	.30

Table 2
Showing one way ANOVA

		Sum of Squares	df	mean square	F	Sig.
Total mspss	between groups within groups total	153.089 5336.111 5489.200	1 28 29	153.089 190.575	.803	.378
total sbq	between groups within groups total	11.756 584.111 595 867	1 28 29	11.756 20.861	.564	.459

Table 3
Showing ANOVA based on social support

		Sum of Squares	df	mean square	F	Sig.
Total Sbq	between groups within groups total	155.655 440.212 595.867	2 27 29	77.827 16.304	4.773	.017

Discussion:

In this study it was hypothesized that there will be a negative corelation between suicidal ideation and social support. The correlation was significant at 0.05 level. The value of correlation came to be -0.458, which indicates that there is a negative correlation between suicidal ideation and social support. It implies that if social support will be reduced, it will lead to higher suicidal ideations. The value of ANOVA was calculated as 4.773 which indicates that statistically significant difference is there between the groups which shows that on the basis of social support, there are changes in suicidal ideation.A study done in Japan (Endo et al, 2014) reports a strong relationship between the severity of suicidal ideation and perceived social support in randomly selected

adults where it shows reduced level of social support resulting elevation in suicidal ideations and increased social support reduces suicidal ideations.A similar study was conducted on older adults (Rowe et al, 2006) in United States of America, where it was concluded that future longitudinal studies investigating risk and protective factors for suicide ideation and conduct should pay close attention to the notion of sense of social support as lower social interaction patterns and lower perceived social support were related to higher level of suicidal ideation.

Implications and Conclusion:

In this study it was hypothesized that there will be a negative correlation between suicidal ideation and social support.

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