



Suicide ideation as correlates of depression and hopelessness in working women

Sonam Begum^{1*}, Puran Chandra², CP Khokhar³

^{1,2} Research Scholar, Department of Psychology, G.K.V., Haridwar, Uttarakhand, India

³ Professor, Department of Psychology, G.K.V., Haridwar, Uttarakhand, India

Abstract

The current study was designed to examine the role of depression and hopelessness in suicide ideation. Suicidal ideation is an irrational autogenic desire to die. The rationale behind suicide, which is defined as intentional taking of one's own life, can be as simple or as complex as life itself. Depression is a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view and physical wellbeing. Hopelessness is used of a feeling of futility and passive abandonment of oneself to fate. Despairing refers to the loss of hope in regard to a particular situation. 100 Unmarried working women and 100 Married working women in the age range of 35-45 years completed Beck's Suicide Ideation Scale, Beck's Depression Inventory and Beck's Hopelessness Scale. The measures of suicide ideation, depression and hopelessness were correlated. The study reveals that suicide ideation correlated with depression ($r = .49, p < .01$). The correlation between suicide ideation and depression remained significant for unmarried working women even when the role of hopelessness was partial led out. The correlation between suicide ideation and hopelessness ($r = .54, p < .01$) remained significant even after partialling-out the role of depression. Hopelessness as measured by Beck's Hopelessness Scale has emerged as a salient variable. The correlations, however, differed for Unmarried and Married working women.

Keywords: suicide ideation, hopelessness, depression

Introduction

Suicidal behavior is complex. It is an irrational desire to die. Suicide effects are tragic and felt long after the individual has taken his own life. A person who dies by suicide leaves behind a tangled confusion of family members and friend who try to make sense of a senseless and a purposeless act. It is usually second or third cause of death among teenagers, and remains one of the top ten leading causes of death well into middle age. The rationale behind suicide, which is defined as intentional taking of one's own life, can be as simple or as complex as life itself. The primary motivation to suicide is depression which is characterized by mood disturbance, feelings of sadness, despair and discouragement, resulting from personal loss and tragedy.

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 behavior" (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. Suicide Ideation refers to the thoughts about taking one's own life with some degree of intent (Johnson, 2006) [15]. 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. Suicidal ideation is a common medical term for thoughts about suicide, which may be as detailed as a formulated plan, without the suicidal act itself. Suicidal Ideation have incorporated different thoughts as attitudes to suicidal behavior, for

example, considering the suicidal act as a potential coping option, and contemplated plans and preparations for self-harm. Suicide is the third leading cause of death among 15-to-24 year olds (Anderson & Smith, 2005) [1] and the second leading cause of death among college students (Schwartz, 2006) [23]. Worldwide, suicide is among the top five causes of mortality in the 15- to 19- year age group. In many countries it ranks first or second as a cause of death among both boys and girls in this age group. In the last three decades (1975 to 2005), the suicide rate increased by 43%.

Suicide can be understood from many different perspectives, from religious, philosophical, and sociological to psychological and biological. Historically, the meaning of suicide has reflected the religious tradition of given culture (Stevenson, 1988) [25]. Depression and suicidality are deeply entangled. Suicidality is a diagnostic symptom for major depression, and depression is the most common mental disorder leading to suicide, although substance abuse and schizophrenia are also major contributors (WHO, 2001) [28]. Women who have experienced both sexual and physical assaults are at greater risk for depression (Bergen 1999). A successful theory of depression must explain suicidality, and the bargaining model, building on the work of, Watson and Andrews (2002) [26], Brown (1986) [9], Giddens (1964) [12] does. According to the exits literature, married women are less prone to suicide than single, divorced and widowed women. Never married, divorced or widowed women conduct most suicides (64.4%) in the US.

International studies show that depression and anxiety symptoms are more prevalent among women (Almeida et.al.,

2004, Andrade et.al., 2006, and Desjarlains et.al., 1999). Women, and people with low education and economically impaired have greater risk of presenting depression (Patel, 2001). According to World Health Organization, depression is currently one of the world's most under treated disease, and is the leading cause of disability among women (Murray, and Lopez, 1996). In an earlier article by Rothblum (1983), lack of paid employment was considered as causing factor for depression among females. On contrary, in general assumptions, working women may be prone to depression because they bear the double burden of housework and a job outside the home. Because they have to work in two environments, one is the office environment and the other is home environment. Both are vastly different from one to another. Stress arising from working conditions may be manifested in suicidal ideation and chronic disorders such as depression, insomnia and hypertension. Hopelessness is one of the major components of Beck's negative cognitive trait i.e. negative cognitions about future. When confronted with a negative event, individuals with a negative thinking process are vulnerable to depression, because they will infer that negative consequences will follow from this negative event and that occurrence of that event means that the individuals themselves are worthless or flawed (McGinn, 2000). The expression of hopelessness in conjunction with a mental disorder such as depression represents a very dangerous warning sign and always needs to be taken very seriously. It is a feeling that conditions will never improve, that there is no solution to a problem, and, for many, a feeling that dying by suicide would be better than living. Most people who feel hopeless have depression, and untreated depression is the number one cause for suicide.

There is a high association with hopelessness in long-term suicide risk. Not specific to depression, hopelessness can accompany demoralization with a number of other syndromes: schizophrenia, anxiety disorder, and chronic conditions, including medical condition According to Beck's formulation, hopelessness is a core characteristic of depression and serves as the link between depression and suicide. Furthermore, hopelessness associated with other psychiatric disorders also predisposes the patient to suicidal behavior. The central role of hopelessness in the development of suicidal ideation has been supported by empirical research (Dyer and Kreitman, 1984; Nekanda-Trepka, Bishop, Blackburn, 1983; Bedrosian and Beck, 1979; Minkoff, Bergman, Beck *et al.*, 1973) [11, 22, 3, 4 8, 20, 21]. Wetzal *et al.* (1980) [27] reviewed studies addressing the relationships among depression, hopelessness, and suicidal ideation and concluded that the preponderant evidence supported the linkage of hopelessness and suicide intent.

The current study expands the existing literature by incorporating various improvements and refinements in the methodology. The relationship suicide ideation with depression and hopelessness has been examined separately for Unmarried and Married working women.

Objectives

1. To examine the relationship of suicide ideation with depression.
2. To examine the relationship of suicide ideation with hopelessness.

3. To examine the relationship of suicidal ideation with depression after partialling out the influence of hopelessness.
4. To examine the association between suicidal ideation with hopelessness after partialling out the influence of depression.

Hypotheses

1. Suicide ideation would be positively correlated with depression.
2. Suicide ideation would be positively correlated with hopelessness.
3. Suicide ideation would correlate positively with depression after partialling out the influence of hopelessness.
4. Suicidal ideation would correlate positively with hopelessness after partialling out the influence of depression.

Methodology

Sample

The sample consists of 100 unmarried women and 100 married women in the age range of 35-45 years working in Public and Private sectors in U.P and Delhi. The sample was selected by the technique of random sampling. The final samples selected consisted of middle class and upper middleclass women as per their education, family background and their job status.

Tools

Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979) [3]: Beck's Scale for Suicide Ideation includes 21 items designed to evaluate the presence and severity of suicidal thoughts. The first 19 items measure the severity of suicidal wishes, attitudes, and plans. Patients rate each item on a scale of 0 to 2. The SSI has been found useful in quantifying the degree of suicidal ideation a person is experiencing and can serve as a key warning sign in identifying suicide risk. The SSI has demonstrated strong internal consistency with a coefficient alpha of .93 among psychiatric outpatients (Beck & Steer, 1988) [2, 5]. Among psychiatric inpatients, the SSI has demonstrated coefficient alphas of .89 (Beck *et al.*, 1979) [3, 4, 8] and .96 (Beck *et al.*, 1988) [2, 5]. Studies on the psychometric properties of the SSI have shown evidence of inter-rater reliability (Beck *et al.*, 1979) [3, 4, 8], convergent validity (Holden & DeLisle, 2005) [13], concurrent, and construct validity (Beck *et al.*, 1988) [2, 5].

Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) [6]: The Beck Depression Inventory (BDI) is a self-administered scale comprising of 21 items assessing cognitive, emotional, and physical symptoms of depression (Beck, Rush, Shaw *et al.*, 1979) [4]. In each item the respondent selects one of four statements that best describe how he/she has been feeling over the past few days. Each statement receives a score of 0 to 3, with 3 indicating the highest level of severity for each item. The scale score is computed as the sum of the 21 items. Scores range from 0 to 63, with zero indicating no depressive symptoms and 63 indicating the highest level of depressive symptoms possible. The BDI demonstrated high internal consistency (Cronbach's $\alpha=.882$) in a study by Arria *et al.* (2009).

The Beck Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974) [7]. Hopelessness Scale is a 20-item self-report measure assesses the feelings about the future, future expectations, loss of motivation and overall hopelessness in which participants are asked to read a statement and responds true or false based on how they currently feel. In scoring the measure, each item receives a 0 or 1. Nine items are keyed false and 11 items are keyed true, so that the total hopelessness score is a sum of the scores on the individual items. The BHS score indicates severity of pessimism about the future, ranging from 0 to 20. Among psychiatric patients, the BHS has yielded a reliability coefficient of .93 (Beck, Weissman, Lester, & Trexler, 1974) [7], and more recent data has supported comparable findings (Dyce, 1996; Young, Halper, Clark, Scheftner, & Fawcett, 1992) [10, 30].

Procedure

After clarifying the instructions of the concerned tests Beck's Suicide Ideation Scale, Beck Depression Inventory and Hopelessness scale were administered on selected sample in groups and tests were given one by one. The correlation values were calculated for suicide ideation with depression and hopelessness and with these correlation values, the partial correlations were calculated for Unmarried and Married working women respectively.

Analysis

Keeping in view the various hypotheses, the association

between different variables was examined by computing correlations, separately for Unmarried and Married working women.

Results and discussion

The current study was primarily concerned with examining the relationship of suicide ideation with depression and hopelessness. This was done by computing Pearson's product-moment correlation separately for Unmarried and Married working women. The correlations are shown in Table 1. Keeping in view, hypotheses 3 and 4, partial correlation between variables of interest were also computed. The partial correlations are shown in Table 2 and 3.

An examination of Table 1 reveals that for Unmarried working women, the correlations of suicide ideation with depression and hopelessness were .55 and .66 respectively. For Married working women, the correlations of suicide ideation with depression and hopelessness were .49 and .56 respectively. All these correlations were found to be significant at .001 level of significance, suggesting there by that suicide ideation is associated markedly with depression and hopelessness. The same trend operates even after partial correlations were computed which shows that Unmarried working women are higher on relevance of suicide ideation when we partialled out the role of depression it is signifies the tendency to be hopeless in future for Unmarried working women as comparison of Married working women.

Table 1: Correlation of Suicide Ideation with Depression and Hopelessness for unmarried and married women

	Unmarried	Suicide Ideation	Depression	Hopelessness
Married				
Suicide Ideation		-	.55	.66
Depression	.49		-	.49
Hopelessness	.56		.40	-

Note: Correlations above the diagonal values indicating correlations for Unmarried working women and correlations below the diagonal values indicating correlations for Married working women.

Table 2: Partial Correlation for Suicide Ideation and Depression

Partial Correlation	Unmarried working women	Married working women
R12.3	.35	.34

Table 3: Partial Correlation for Suicide Ideation and hopelessness

Partial Correlation	Unmarried working women	Married working women
R13.2	.54	.31

The obtained results are in concordance with the earlier studies which have also found the role of depression and hopelessness in suicide ideation. Hopelessness is one of the major components of Beck's negative cognitive triad i.e. negative cognitions about future. When confronted with a negative event, individuals with a negative thinking process are vulnerable to depression, because they will infer that negative consequences will follow from this negative event and that occurrence of that event means that the individuals themselves are worthless or flawed (McGinn, 2000). The expression of hopelessness in conjunction with a mental

disorder such as depression represents a very dangerous warning sign and always needs to be taken very seriously.

Since hopelessness is positively related to suicidal ideation, it is important to cultivate the sense of hope in women. Khokhar, & Chatterjee, (2010) [16] also found that women who have high level of stress, depression and personality disorders hence leading to a high level of suicidal ideation.

The results also support the differential activation model of suicidality (Lau *et al.*, 2004; Williams *et al.*, 2008) [18, 29]. The model assumes that during a depressive episode an association is formed between sad moods and suicidal and hopelessness cognitions, so that in the future, a mild mood fluctuation acts as a prime to re-activate such cognitions, increasing the risk of relapse. The unique association of the past symptoms of guilt and suicidality with current Hopelessness and Suicidal reactivity was replicated (Williams *et al.*, 2008) [29]. This trend indicates there is a strong relationship of suicide ideation with depression and hopelessness. The results of the present study suggest that targeting hopelessness may be as important in adolescence women as in adults to reduce suicidal ideation and prevent suicidal attempts. Stress arising from working conditions may be manifested in suicidal ideation and chronic

disorders such as depression, insomnia and hypertension. India being a democratic country with traditional society, women are expected to stay at home and do house work but on the other hand, women in India, have been contributing a lot in work force. So the health of women is being questioned, whether unmarried or married working women.

References

1. Anderson R, Smith B. Deaths: leading cause for 2002. National Vital Statistics Report: from the Centre for Disease Control and Prevention, National Centre for Health Statistics, National Vital Statistic System. 2005; 53:1-89.
2. Beck A, Steer R. Manual for the Beck Hopelessness Scale. San Antonio, Tex, Psychological Corporation, 1988.
3. Beck A, Kovacs M, Weissman A. Assessment of suicidal intention: The Scale for Suicide Ideation. Journal of Consulting and Clinical Psychology. 1979; 47:343-352.
4. Beck A, Rush A, Shaw B, Emery G. Cognitive therapy of depression. New York: Guilford, 1979.
5. Beck A, Steer R, Ranieri W. Scale for suicide ideation: Psychometric properties of a self-report version. Journal of Clinical Psychology. 1988; 44:499-505.
6. Beck A, Ward C, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. Archives of General Psychiatry. 1961; 4:561-71.
7. Beck A, Weissman A, Lester D, Trexler L. The measurement of pessimism: The Hopelessness Scale. Journal of Consulting and Clinical Psychology. 1974; 42:861-865.
8. Bedrosian R, Beck A. Cognitive aspects of suicidal behavior. Suicide and Life Threat Behavior. 1979; 2:87-96.
9. Brown M. Power, gender, and the social meaning of Aguaruna suicide. Man: New Series. 1986; 21:311-328.
10. Dyce J. Factor structure of the Beck Hopelessness Scale. Journal of Clinical Psychology. 1996; 52:555-558.
11. Dyer J, Kreitman N. Hopelessness, depression, and suicide intent in parasuicide. British Journal of Psychiatry. 1984; 144:127-133.
12. Giddens A. Suicide, attempted suicide, and the suicide threat. Man. 1964; 64:115-116.
13. Holden R, DeLisle M. Factor analysis of the Beck Scale for Suicide Ideation with female suicide attempters. Assessment. 2005; 12:231-238.
14. Ibadat K. Relationship of Suicidal Ideation with depression and hopelessness. Indian Journal of Psychological Science. 2011; V-2(2):126-133.
15. Johnson C. Familicide and family law: a study of filicide-suicide following separation. Family Court Review. 2006; 44:448-463.
16. Khokhar CP, Chatterjee M. Suicide in relation to role stress, work schedule and the personality of working women. Indian Journal of Psychological science. 2010; 01(1):57-68. ISSN: 0976-9218
17. Khokhar CP. Stress, Coping and Health. Shalabh Publishing House, 259/5 Shastri Nagar Meerut, 2007.
18. Lau M, Segal Z, Williams J. Teasdale's differential activation hypothesis: implications for mechanisms of depressive relapse and suicidal behaviour. Behaviour Research and Therapy. 2004; 42:1001-1017.
19. McGinn L. Cognitive behavioral therapy of depression: Theory, treatment and empirical status. American Journal of Psychotherapy. 2000; 54:254-260.
20. Minkoff K, Bergman E, Beck A, *et al.* Hopelessness, depression, and attempted suicide. American Journal of Psychiatry. 1973; 130:455-459.
21. Minkoff K, Bergman E, Beck A, *et al.* Hopelessness, depression, and attempted suicide. American Journal of Psychiatry. 1973; 130:455-459.
22. Nekanda-Trepka C, Bishop S, Blackburn M. Hopelessness and depression. British Journal of Clinical Psychiatry. 1983; 132:954-956.
23. Schwartz AJ. College student suicide in the United States: 1990-91 through 2003-04. Journal of American College Health. 2006; 54:327-337.
24. Shek D. Adolescent developmental issues in Hong Kong: Relevance to positive youth development programs in Hong Kong. In: Shek DTL, Ma HK, Merrick J, Eds. Positive youth development: Development of a pioneering program in a Chinese context. London: Freund Publishing House, 2007.
25. Stevenson J. Suicide, in the American Psychiatric Press text book of psychiatry. Edited by Talbot, J.A., Hales, R.E., Yudofsky, S.C. Washington, DC. American Psychiatric Press. 1988; pp. 1021-1035.
26. Watson P, Andrews P. Toward a revised evolutionary adaptation's analysis of depression: The social navigation hypothesis. Journal of Affective Disorder. 2002; 72:1-14.
27. Wetzel K, Margulies T, Davis R. Hopelessness, depression, and suicide intent. Journal of Clinical Psychiatry. 1980; 41:159-160.
28. WHO. Cf Hagen EH. The bargaining model of depression, Genetic and Cultural Evolution of Cooperation. Humboldt University, Germany: The MIT press, 2001-03.
29. Williams J, Van der Does A, Barnhofer T, Crane C, Segal Z. Cognitive reactivity, suicidal ideation and future fluency: preliminary investigation of a differential activation theory of hopelessness/suicidality. Cognitive Therapy and Research. 2008; 32:83-104.
30. Young M, Halper I, Clark D, Scheftner W. An item response theory evaluation of the Beck Hopelessness Scale. Cognitive Therapy and Research. 1992; 16:579-587