NVEO
Natural Volatiles &
Essential Oils

An Unopened Note: A Survey On Perception Of Suicidal Behaviour

*Tanya Aneja **Samiksha Jain

*Student of BA+MA, clinical psychology, Amity university, Noida; tanyaaneja28@gmail.com

** Research Scholar, AIPS, Amity university Noida; samiksha260296@gmail.com

ABSTRACT

The American Psychological Association recognizes suicide as the action which involves taking our own life. Perception is defined as the opinion, ideation or belief that is held by a lot of people. This study aims at finding the perception of urban adults (age: 19 years to 63 years) towards suicidal behavior. A final survey of 14 items was conducted on a sample of 517 participants. Along with that, in the qualitative phase, four items were thematically evaluated. The findings revealed that the participants have a positive perception towards people with suicidal behaviors and believe that visiting a psychologist is not something to be ashamed of. The findings also revealed that the isolation, negative thought pattern and psychological disorders contribute to the suicidal ideation. Meanwhile, expectations, relationships and fear of failure are the most common causes of suicide.

Key Words - Suicide, Perception, Suicidal ideation, isolation, self harm tendencies.

INTRODUCTION

Perception is any opinion, ideation or belief that is held by a lot of people. It is generally based on how people view the environment around them. It refers to the general idea that a person who is based on various senses, most importantly, the sense of sight. It is the ability of an individual to understand, notice and observe things in a meaningful way which are not common to others. One person may perceive a particular object or situation in one way while someone else might have a complete opposite perception of the same. Perception is the experience that one has about the environment around him or her using the senses. It includes both, recognition of stimulus and how an individual reacts to the same. (Cherry, K and Gans. S. ; 2020)

Gestalt gave a number of principles about perception. The first principle is about the figure-ground relationship. Gestalt, 1832 gave the model of "necker cube". The more an individual looks at this cube, the more does it seem that the side of the cube is changing. The only problem that which faced in regards to this cube was that There are various debate about the depth cues, Which confuses the observation about whether the plane or the edge is in the front or the back. \(Gestalt, 1920)
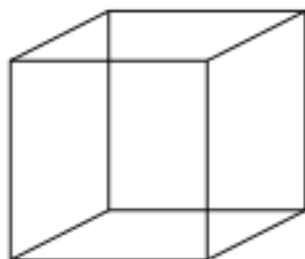

Figure 1 - Necker Cube

Next, he gave the concept of figure ground relationships. It refers to the possibility of an individual to observe a particular Item as figure or even as a background. He states that people prefer to differentiate between figure and background instead of considering it as a whole. (Gestalt, 1920)

Figure 2 - Figure ground relations

Gestalt Also gave the principle of grouping. According to him, grouping is the tendency of an individual to Arrange a set of stimuli based on various characteristics – proximity, similarity, closure, continuity and common reason. Proximity refers to the closeness between two stimuli. Similarities refers to the features of various stimulus which are same. Closure refers to the fact that even if the lines are broken or dotted, a human mind would fill in the blank and consider it as a whole. Continuity means that we are very much likely to observe the figure as being made up by line rather than distinct points. Lastly, common region refers to the fact that we would often see various images as groups if they lie in a common region or background. (Gestalt 1920)

The ability of an individual to be able to view the world in three dimension is called depth perception. It is an ability which is of great use to a human because if this ability would be absent, we would have a very difficult time judging the distance between two objects specially when being approached by one. Play this perception, a number of cues work simultaneously. These are, monoculars cues, i.e. When we use just one eye and binocular cues, i.e. when we use both of our eyes. (Ciccarelli S and Noland J , 2017)

The monocular cues are also known as "pictorial depth cues" as this cue is used by artist in order to get an illusion of depth in paintings and other artworks. Some of the examples of such cues are - linear perspective. The property of lines which seem to be coming towards each other actually make them appear as if they are moving away from the viewer. Next is the relative size. The objects which are smaller appear to be farther away from the fever as compared to objects which are bigger. In the overlap cue, if one object seems to be blocking the other object, the viewer perceives that the hidden object is kept behind the overlapping object. In the aerial or atmospheric perspective, the objects which are blur, or appear to be merging with each other, will seem to be farther as compare to objects which are very clear and bold. Motion parallax states that when the observer is in motion, closer objects seem to move past the vehicle faster, however the distant objects move slowly. Accommodation is another monocular cue which uses the effect present inside the eye of an individual. The human lens can be stretched and is held in its position by multiple muscles. The brain can use information that is presented by the eye with the help of this muscle. Thus, accommodation is also known as "muscular cue". (Ciccarelli S and Noland J , 2017)

Binocular cues, require the use of both the eyes. It functions in two ways. The first is convergence, which refers to the phenomenon in which both the eyes rotate in the circuit in order to focus on a single stimulus.

If the object is close to the eyes of an individual, the convergence is very precise. However, the convergence increases with an increase in distance. The next concept is binocularly disparity. This states that the eyes do not see the world in an exact same way because they are a few inches apart from each other. Our brain uses both these images to form the final image for perception of the environment around us. (Ciccarelli S and Noland J , 2017)

According to the American psychiatric Association, suicide is the action which involves taking our own life. The most common cause of suicide is depression or other mental illnesses, consuming poisonous substances, hanging themselves to death or hurting themselves. The same has been found by Vijayakumar (2010). Along with that there is an urgent need to end the increase in racial and other discriminatory factors of an individual and translated older studies using various micro and macro-based researches, as found by Wray et al (2011). Death caused by self directed, injurious behaviour with any intent to die as a result of that behaviour is considered as suicide. The most common age group of suicidal patients is between 15 years to 30 years and 70+ year old people. The most commonly used methods of committing suicide it differs between countries and mainly depends upon what materials are available. However the most common suicidal methods include death by hanging, death by poisoning or death by cuts or self harm. (Kazdin, A.E; APA, 2000) According to Chen et al (2012), Asian countries have a total contribution of 60% to the World suicide rate. They found through research that suicidal trait of females in Asian countries is way higher than those in western countries. They also observed that suicide rate is higher in rural males as compare to others population. Lastly they identified some risk factors such as abuse of substances, psychological disorders, past records of attempted suicide or a traumatic life event.
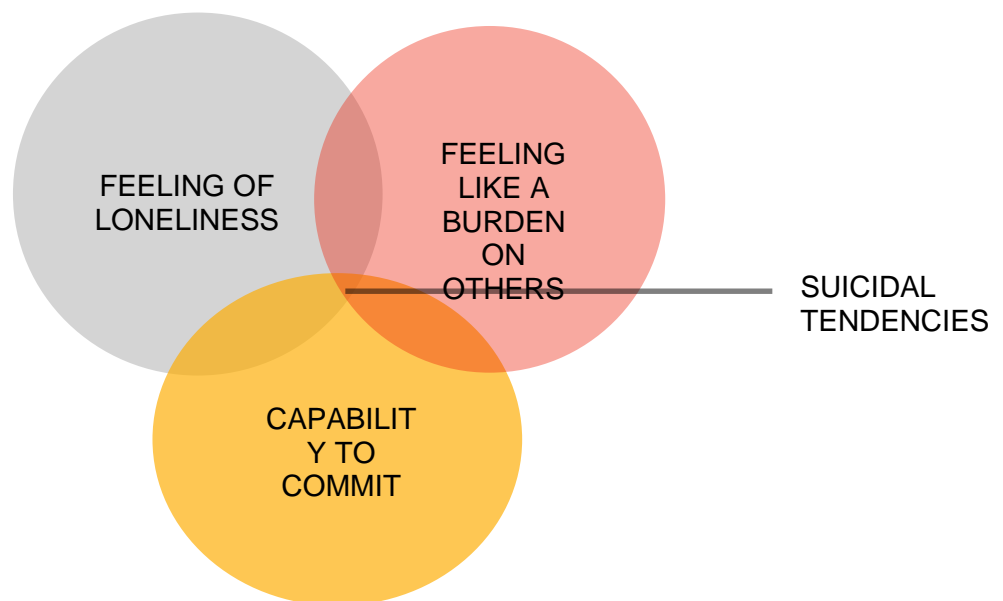

Fig 3 : Causes of suicidal tendencies

No one has been fully able to understand the causes of suicide, however, a lot of people agree to the fact that a complex interaction of many factors lead to suicidal behaviour. Even though, many risk factors have so far been recognised, none of them give a reason behind why people commit suicide. Most people who struggle with thoughts of suicide and show suicidal behaviour do not go for therapies or receive any treatment of this thing. A lot of other researchers suggest that different cognitive and behaviour therapies

are capable of reducing the risk of suicide however, there is hardly any evidence stating that suicide can be 100% prevented. (O'Connor R.C. ; 2014)
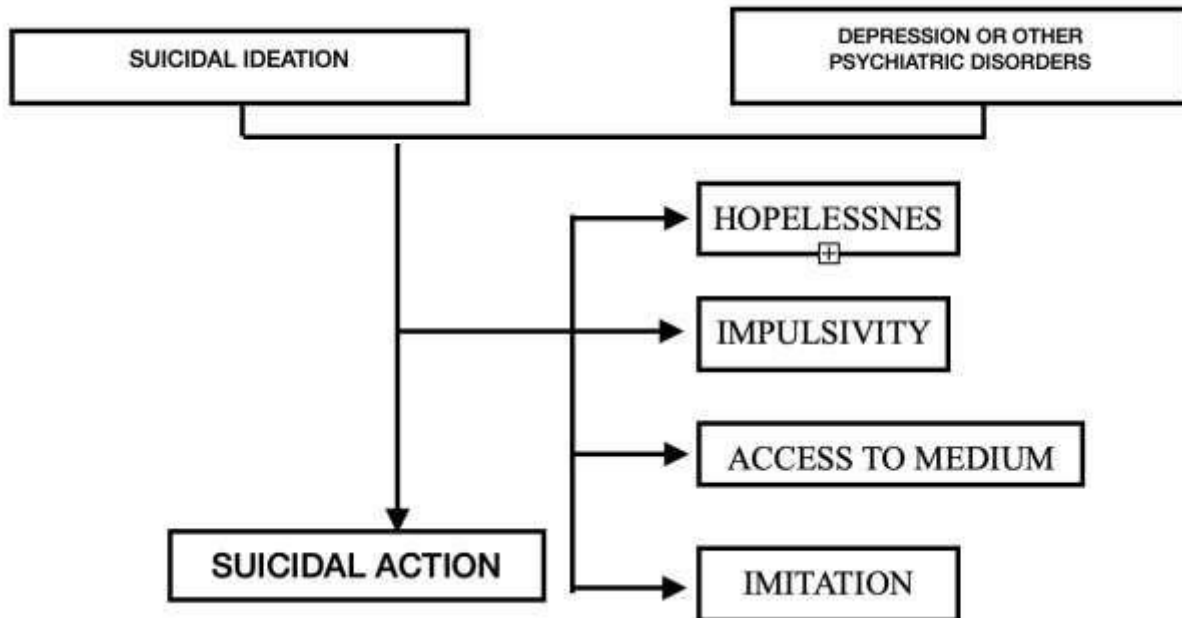

Fig 4 : Suicidal ideation to suicidal action

J.Thomas, 2007 tried to explain the cause behind suicidal behaviour and identify the people who are at risk of committing suicide. This is a tri - component theory, of which, all three components together lead to the feeling of suicide and the action of dying. According to this theory, there has to be a presence of both, lack of belongingness and the feeling of being burdened to others in order to produce the will to commit suicide. Even though the suicidal ideation is necessary for a person to commit suicide, it is not the sole cause or the leading factor in committing suicide. Instead, there must be the ability to commit suicide. By this ability, Thomas meant that the person must have the resources and the courage to perform this action. There are a lot of factors which put an individual at risk of committing suicide. (J.Thomas, 2007)

Belongingness refers to the feeling of being acknowledged and accepted by those around us. It is considered to be the most important need of an individual and contributes majorly to the psychological health of an individual. The feeling of being around people who accept us and acknowledge us for who we are decreases the risk of suicidal behaviour. On the contrary. A person who prefers to stay alone is more likely to die by suicide. (J.Thomas, 2007)

Burdensomeness is a belief that an individual is like a weight on others or on society. It makes the person feel that they are not welcome and people are only dealing with him or her out of obligation or responsibility. It is important to note that this feeling is perceived by the individual and may or may not be true. (J.Thomas, 2007)

According to Thomas, the ability to commit suicide is considered to be acquired I'm not something that humans are born with. It is learnt through various light experiences. The fear of dying is one of the strongest instinct in the humans. According to this theory, this particular fear is reduced in cases where one is made to feel immense physical pain or experience life cases which are very provoking in nature. Such experiences make the person fearless and insensitive to pain. For any person to commit suicide, this ability, pain insensitivity and fearlessness are necessary along with suicidal ideation. (J.Thomas, 2017)
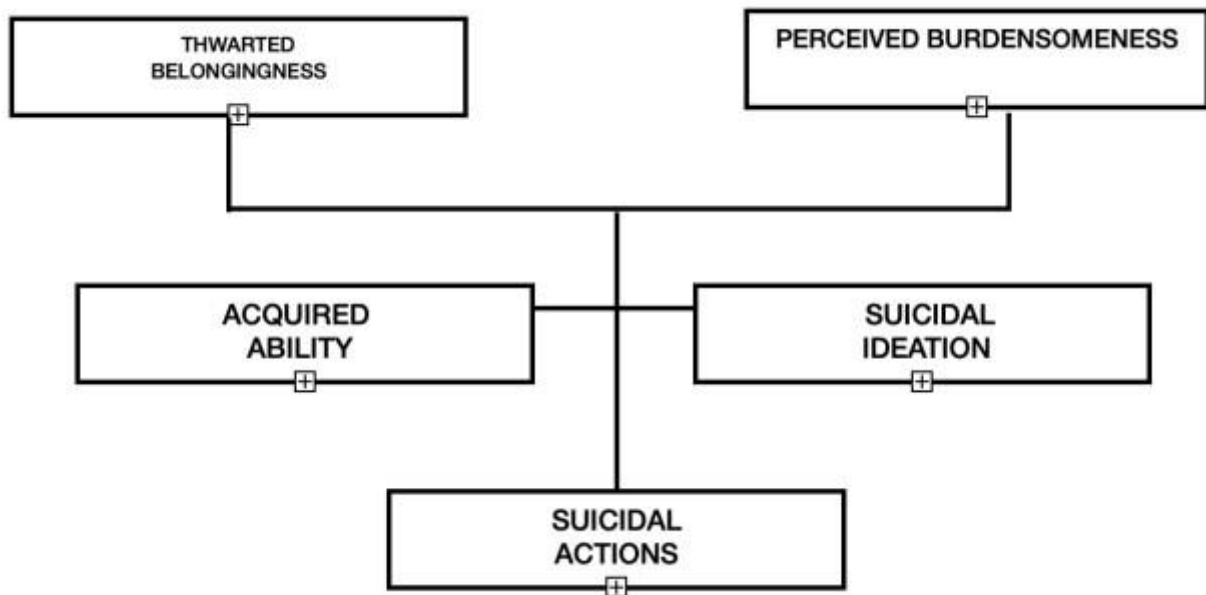
Fig. 5 : The interpersonal theory of suicide

O'Connor R.C. (2018) presented a model which had three different phases which together form the final and the common path to suicidal thoughts and suicidal behaviour. The first is the pre-motivational phase. This phase talks about the genetic or the cognitive vulnerability factors of an individual which differentiates him or her from others and increases the risk of suicide. If one is able to understand these along with the social and environmental factors of suicide risk of that individual, preventing this suicide will be very easy. Next is the motivational face. The presence of biological and and social vulnerability factors along with a psychological process leads to the formation of suicidal thoughts. The formation of these thoughts is the result of a process which starts with feeling defeated or humiliated. This is followed by the feeling of being trapped in the environment which field is inevitable. The last phase of this is the volitional phase. This phase states that the major cause for the transfer of an individual from suicidal ideation to a suicidal attempt is the capability to come with suicide. They state that volitional moderators can be the environmental conditions around the individual, the psychological state of the individual, the social support that an individual have or the physiological being of the individual. If an individual is able to access the means of committing suicide, the risk factor for suicide increases. (O'Connor R.C. (2018))
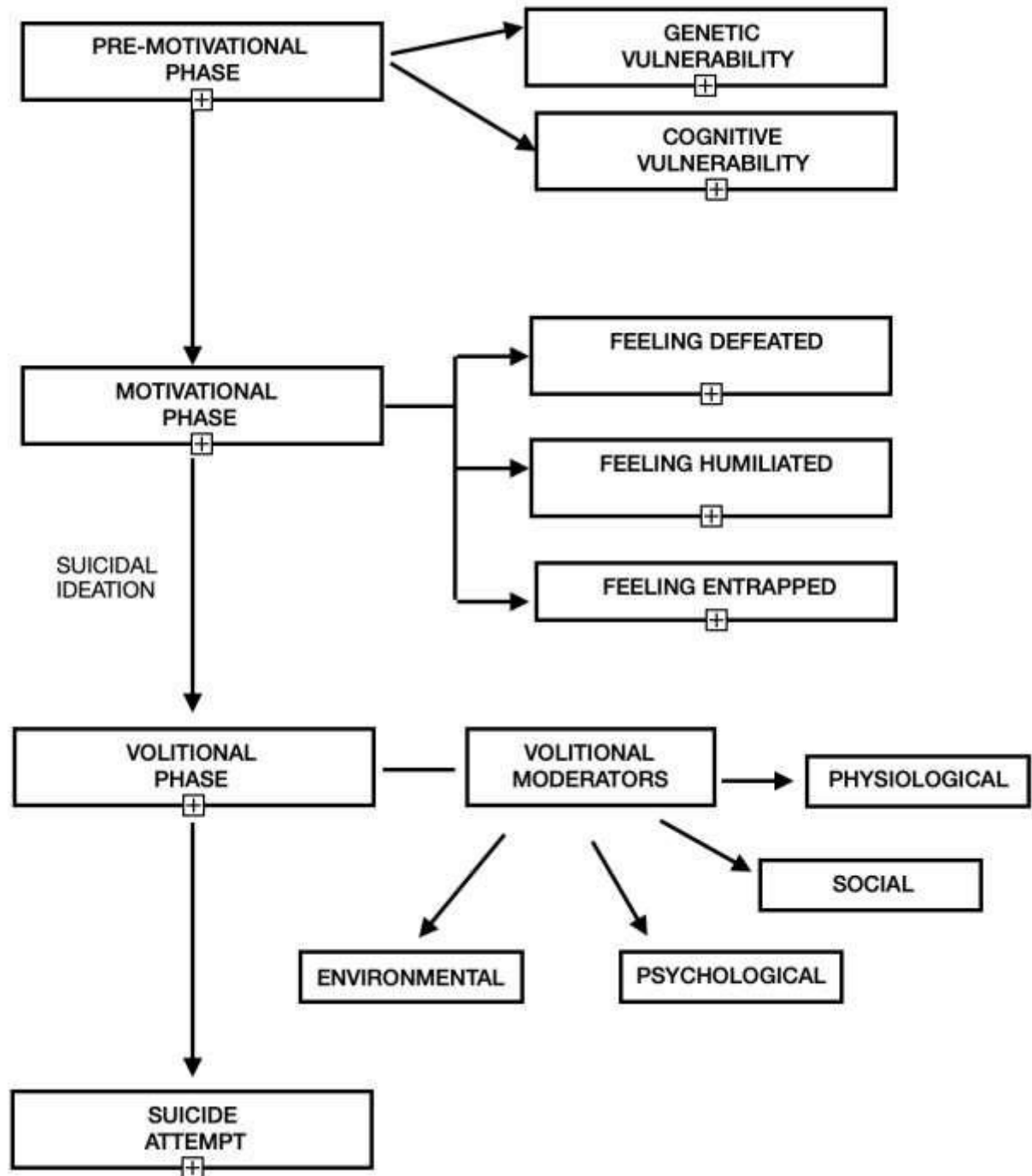
Fig 6 : Integrated motivational-volitional model

METHOD

Problem and Objective

- The current study evaluates the perception of Indian adults about suicidal behaviour.

An attempt has been made through the study to :

- understand the perception of Indian people, in regards to the suicidal behaviours. (items were created by thorough understanding of literature review)
- To explore the factors/reason of suicidal behaviours.

Hypothesis

The following hypotheses have been formed by thorough evaluations of existing research findings:

- Most of the people would suggest that communication is the best way to cope up with the problems that an individual is facing.

- There would be a supportive reaction towards the people who are visiting a psychologist for suicidal ideology.

- self-Isolation and self-harm tendencies will be the most common symptoms of suicide, in people's perception.

- In people's perception, family pressure and studies will be the most common causes of suicide.

Data Analysis

The data was collected through qualitative and quantitative phase.

- Phase 1 (quantitative phase)

Different research papers about suicidal behaviour and suicidal tendencies were studied based on which, a total of 26 items were created. Then, a pilot study was conducted on those 26 items on a sample of 51 adults ageing 19-63 years. The participant had to rate their feelings or opinion on 5 point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). There was no negative item. Then, the items were analysed using Exploratory factor analysis (EFA) and the item numbers were reduced from 26 to 14 items. The final data was collected on those 14 items in the form of a survey of 517 participants.

- Phase 2 (qualitative phase)

Taking the hypothesis into consideration, four research questions were created:

1.   If someone is having trouble coping up with some problems in their life, what would you do?

2.   If your friend tells you that they are visiting a psychologist or a psychiatrist to treat their suicidal ideation, how would you react?

3.   In your opinion, what are the most common behaviours shown by someone who is having suicidal thoughts?

4.   In your opinion, what are the most common causes of suicide?

The data was collected from 151 participants ageing from 19 years to 63 years and the responses were transcribed and analysed using thematic analysis.

RESULT AND DISCUSSION

The pilot study was conducted on 51 participants and the final data collection was done on 517 participants for quantitative phase and 151 participants for qualitative phase. The analysis was done through the SPSS

software to find the KMO Bartett value, which came to be 0.58. The component matrix of the same sample revealed 9 factors, as shown in table 1.

Table 1 - Component Matrix

COMPONENT MATRIX									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Q1	0.374	-0.420	-0.86	-0.512	0.032	-0.020	0.190	0.229	0.032
Q2	0.581	-0.480	-0.115	-0.154	0.099	-0.075	-0.041	0.110	-0.200
Q3	0.495	-0.113	0.361	-0.367	0.287	-0.049	-0.025	-0.123	-0.203
Q4	0.380	0.515	-0.050	0.023	0.417	0.328	-0.166	-0.171	-0.124
Q5	0.479	0.439	-0.388	-0.058	0.091	0.256	0.027	0.212	0.126
Q6	0.030	-0.116	0.364	-0.078	0.016	0.670	0.334	0.386	0.065
Q7	0.127	0.612	0.425	-0.104	-0.113	-0.232	0.210	-0.279	0.036
Q8	0.192	-0.055	0.349	0.567	0.234	-0.115	0.169	0.195	-0.391
Q9	0.208	0.412	0.153	-0.334	0.518	-0.250	0.072	0.007	0.341
Q10	0.548	0.216	-0.498	0.142	-0.12	-0.218	0.166	-0.225	-0.127
Q11	0.352	0.341	-0.418	-0.241	-0.040	0.030	0.047	0.314	0.197
Q12	0.302	0.353	0.190	0.093	-0.562	0.184	0.052	-0.116	0.209
Q13	0.586	0.162	0.163	-0.279	-0.228	0.219	0.287	0.233	0.123
Q14	0.453	-0.004	0.047	-0.236	-0.506	-0.021	-0.459	0.113	0.163
Q15	0.423	0.237	-0.144	0.384	-0.184	0.291	0.109	-0.113	-0.080
Q16	0.086	0.366	0.537	0.152	-0.266	-0.407	0.071	0.217	0.017
Q17	-0.019	0.337	0.639	-0.235	0.278	0.106	-0.168	0.120	0.052
Q18	0.156	-0.566	0.385	0.204	-0.053	0.017	-0.122	0.255	0.186

Q19	-0.065	0.535	0.056	-0.154	-0.153	-0.267	-0.264	0.389	-0.289
Q22	0.692	-0.169	0.061	0.022	0.099	-0.242	-0.180	-0.033	0.127
Q21	0.522	0.320	0.195	0.356	0.057	0.126	-0.137	0.191	-0.192
Q22	0.503	-0.016	0.330	0.285	0.007	-0.333	0.347	0.358	0.122
Q23	0.725	-0.442	0.152	-0.087	-0.015	-0.119	-0.176	-0.226	0.083
Q24	0.375	0.070	-0.255	0.381	0.286	0.092	-0.556	0.013	0.230
Q25	0.320	-0.239	0.411	0.444	0.076	0.014	0.144	-0.173	0.408
Q26	0.640	-0.273	0.086	-0.128	0.173	0.090	-0.197	-0.052	-0.337

Based on table 1, reliability of each factor was calculated. The items falling in the first factor had the highest reliability (0.8)

Table 2 - Reliability statistice

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.800	.814	14

Then, a final survey of those 14 items was constructed and was conducted on 517 participants.

Table 3 - Final survey items

S.NO	Items
1	I believe that different people deal with the same situation in different ways
2	I feel that some people express their emotions better than others.
3	In my opinion, there are times when everyone gets a thought of giving up.
4	I think that Self harm is a sign of weakness
5	When I hear about a suicide case, my immediate thought is "oh, he should have spoken to someone about it"

6	I believe suicide is a selfish act and the people who commit suicide do not care about what their loved ones would do.
7	Suicidal People prepare themselves before committing suicide.
8	I believe that A person with suicidal tendencies will be nervous and anxious for a few days before attempting suicide
9	If people talk about their problems, majority suicidal cases can be prevented
10	Psychological disorders contribute to suicidal behaviour.
11	A reduction in sleeping hours can be considered as a symptom of suicidal tendencies
12	Suicide is an impulsive action
13	A person who has suicidal tendencies would feel hopeless and helpless.
14	Do you think that if people were more considerate towards each other's feelings, suicide rate would decrease

Phase 2 - Qualitative Phase

Table 4 - Themes and sub themes extracted from question 1
If someone is having trouble coping up with some problems in their life, what would you do?

Perception	Communication	Support The Individual	Seek professional help
Self analysis: perception (experiential learning)	Non-verbal communication, Verbal Communication	Looking for a possible solution, Providing a supportive environment, Prioritise the needed person	Seeking professional help, Vent out their emotions, Mental strength

In order to help an individual cope up with various problems, one should change the perception about situations and self analysis through experiential learning. This includes being more optimistic and choosing to be more positive about different life situations. There must be a pattern of both, verbal and non-verbal communication including talking about the issues, being there for the person, prioritizing the individual in need and making them feel that it will all be fine. The individual must feel supported and prioritized and we

can also help them find a possible solution. lastly, if the situation is too serious, professional help can be suggested in order to give them a safe space to vent out their emotions.

Table 5 - Themes and sub themes extracted from question 2

If your friend tells you that they are visiting a psychologist or a psychiatrist to treat their suicidal ideation, how would you react?

Highlight The Therapeutic Relationship	Give reactions (positive, neutral or negative)	Find alternatives for the person	Remain positive
Importance of Therapeutic relationships, Process of healing	Appreciate them, Support them, Encourage them, Be shocked about it, Be neutral about it	Process of healing, Distract them, Check-in on them	Power of positivity

When hearing about a closed one visiting a psychologist or a psychiatrist for having suicidal ideation, the following are the possible reactions of the individual. Firstly, they might highlight the therapeutic relationship focusing on maintaining transparency with the therapist and the process of healing. People might appreciate them, show their support or might even be shocked about it. However, majority people would prefer to stay neutral about it and help them by distracting them, checking up on them and believing in the power of positivity.

Table 6 - Themes and sub themes extracted from question 3

In your opinion, what are the most common behaviours shown by someone who is having suicidal thoughts?

Negative behavioural patterns	Negative thought processes	Psychological disorders	Indirect hints and references
Isolation, Change in behavioural pattern, Major life changes	Faking their emotions, Loss of interest, Hopelessness, Helplessness	Depression, anxiety, stress, trauma	Indirect references, Self harm tendencies

The most common behaviors shown by individuals with suicidal ideation are isolation, sudden change in behavioral patterns, faking their emotions, psychological disorders like depression, anxiety, stress and trauma. They might even give hints and references like talking about suicide, talking about death, showing self harm tendencies etc.

Table 7 - Themes and sub themes extracted from question 4

In your opinion, what are the most common causes of suicide?

Varies Person to Person	Relationships	Environmental	Psychological
Individual differences, life struggles, expectations, self confidence	Family, Love, loneliness, feeling of rejection, job	Unsupportive environment, not being understood, feeling stuck	Depression, trauma, existential crisis

According to the responses, the most common causes of suicide would include family, love, loneliness, feeling rejected, not feeling supported, feeling stuck in a situation, psychological disorders like depression, trauma, existential crisis etc. Participants also believed that the cause of suicidal behaviour vary from individual to individual depending upon their struggles, expectations and self -concept. The findings of the present study concludes the similar findings of the existing literature work.

CONCLUSION

This study aimed at evaluating the perception of people towards suicidal behaviour. The thematic analysis of all four qualitative items revealed that when someone hears about their friend facing any difficulty, their first reaction is to communicate and help them. Majority people showed a positive reaction towards their friend who're visiting a therapist for suicidal ideation, however, some were shocked about it. In the opinion of the population targeted, isolation, faking their emotions and self-harm tendencies have come to be the most common behaviours shown by people who have suicidal ideation. Lastly, according to the sample, the causes of suicide vary from individual to individual, however, family, love, finance and fear of rejection are the most common causes. This supports the author's opinions that self-Isolation and self-harm tendencies will be the most common symptoms of suicide, in people's perception and that in people's perception, family pressure and studies will be the most common causes of suicide.

LIMITATIONS OF THE STUDY

This study does not evaluate how the perception of people changes with an increase in age. Furthermore, it does not evaluate the gender difference in perception of suicidal behaviour. Only the urban population has been taken into consideration. Lastly, this study lacks the involvement of participants who have lost their family members to suicide.

SUGGESTIONS FOR FUTURE RESEARCHES

The future researchers can evaluate the change of perception with an increase in age. In addition to that, the gender differences leading to a difference in perception can also be evaluated. A similar study can be conducted taking a sample from the rural areas. Furthermore, a study can be conducted on people who have lost their near and dear ones to suicide.

REFERENCES

1. Anguiano, L., Mayer, D. K., Piven, M. L., & Rosenstein, D. (2012). A literature review of suicide in cancer patients. *Cancer nursing*, *35*(4), E14-E26.
2. Bachmann, S. (2018). Epidemiology of suicide and the psychiatric perspective. *International journal of environmental research and public health*, *15*(7), 1425.
3. Harris, L. T., & Fiske, S. T. (2015). Dehumanized perception. *Zeitschrift für Psychologie*.

4. Klonsky, E. D., & May, A. M. (2014). Differentiating suicide attempters from suicide ideators: A critical frontier for suicidology research. *Suicide and Life-Threatening Behavior*, *44*(1), 1-5.
5. Leenaars, A. A. (2010). Edwin S. Shneidman on suicide. *Suicidology online*, *1*(1), 5-18.
6. Dr. Naveen Nandal, Dr. Aarushi Kataria, Dr. Meenakshi Dhingra. (2020). Measuring Innovation: Challenges and Best Practices. International Journal of Advanced Science and Technology, 29(5s), 1275 - 1285.
7. Oquendo, M. A., Sullivan, G. M., Sudol, K., Baca-Garcia, E., Stanley, B. H., Sublette, M. E., & Mann, J. J. (2014). Toward a biosignature for suicide. *American Journal of Psychiatry*, *171*(12), 1259-1277.
8. Radhakrishnan, R., & Andrade, C. (2012). Suicide: an Indian perspective. *Indian journal of psychiatry*, *54*(4), 304.
9. Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature reviews Disease primers*, *5*(1), 1-22.
10. Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner Jr, T. E. (2010). The interpersonal theory of suicide.*Psychological review*, *117*(2), 575.
11. Värnik, P. (2012). Suicide in the world. *International journal of environmental research and public health*, *9*(3), 760-771.
12. Vijayakumar, L. (2015). Suicide in women. *Indian journal of psychiatry*, *57*(Suppl 2), S233.
13. Wu, K. C. C., Chen, Y. Y., & Yip, P. S. (2012). Suicide methods in Asia: implications in suicide prevention. *International journal of environmental research and public health*, *9*(4), 1135-1158.