
PSYCHOLOGY BEHIND THE SUICIDAL BEHAVIOUR

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Abstract

The causes of suicidal behaviour are not fully understood; however, this behaviour clearly results from the complex interaction of many factors. Although many risk factors have been identified, they mostly do not account for why people try to end their lives. In this Review, we describe key recent developments in theoretical, clinical, and empirical psychological science about the emergence of suicidal thoughts and behaviours, and emphasize the central importance of psychological factors. Personality and individual differences, cognitive factors, social aspects, and negative life events are key contributors to suicidal behaviour. Most people struggling with suicidal thoughts and behaviours do not receive treatment. Some evidence suggests that different forms of cognitive and behavioural therapies can reduce the risk of suicide reattempt, but hardly any evidence about factors that protect against suicide is available. The development of innovative psychological and psychosocial treatments needs urgent attention.

Keywords: *Behaviour, Cognitive Factors Psychology, Suicidal, Social Aspects.*

I. INTRODUCTION

Suicide is the 14th main reason of loss of life worldwide, accountable for 1.5% of all mortality. despite the fact that psychological elements consisting of chance taking and choice making can affect the threat of different causes of dying (e.g., coronary heart disease and most cancers), suicide is perhaps the motive of loss of life maximum at once affected with the aid of mental factors, due to the fact someone makes a conscious decision to stop his or her very own lifestyles. therefore, information of suicide and incensement of strategies to expect and prevent its incidence are the obligation of psychologists, psychiatrists, and associated intellectual health experts [1]. In advance reports have provided general opinions of the problem of suicide.

On this overview, we assess and synthesis present recognize ledge about the psychology of suicidal behaviour, which includes mental theories of suicidal behaviour, risk and protective elements, psychological interventions, and key directions for mental studies into this vital topic [2]. The purpose of this evaluation is to provide a precis of a number of the most interesting and (in our view) vital findings about the psychology of suicidal behaviour. extensively, space constraints preclude us from getting to the entire breadth of psychological factors which can contribute to suicidal behaviour, and the total depth of what is known at gift (panel 1); this evaluate isn't always a final exhaustive document of existing know-how, but as a substitute an advent to the mental factors concerned in suicide [3]. Despite the fact that the forte has grown notably within the beyond few a long time, maximum mental scientific studies so far has focused on suicide ideation and suicide attempts instead of deaths by way of suicide.

II. DISCUSSION

Multifactorial causes and the role of psychiatric disorders. The causes of suicidal behaviour are not absolutely understood; but, this behaviour definitely effects from complex interaction of many different elements [4]. The danger of nonfatal suicidal behaviour is elevated in young humans, ladies (who've better costs of non-deadly suicidal behaviour than do men, even though guys are more likely to die through suicide), folks who are unmarried, and people who're socially deprived (e.g., low income and training, or unemployed). Even though a range of danger elements for suicidal behaviour has been identified, how or why those elements work together to boom the threat of this behaviour isn't clear. Perhaps the most widely studied danger issue for suicidal behaviour is the presence of a preceding psychiatric ailment. Findings from mental autopsy studies endorse that extra than 90% of folks who die by suicide have a psychiatric ailment earlier than their loss of life. On stability, however, most humans with a psychiatric ailment never end up suicidal (i.e. enjoy suicidal mind, make suicide attempts, or die by suicide) [5].

For instance, less than five% of human beings admitted to sanatorium for remedy of an affective ailment die through suicide;6 most of the people with a psychiatric ailment will no longer die by way of suicide, nor will they revel in suicidal behaviour. Therefore, although the presence and accumulation of psychiatric issues are hazard factors for suicidal behaviour, they have got little predictive power, and possibly extra importantly do not account for why people try to kill themselves. for this reason, greater specific markers of suicide risk want to be identified [6]. Psychological science is properly placed to strengthen the information of why a few humans attempt suicide however others do not. Information of the psychological processes that underpin each suicidal ideation and the decision to behave on suicidal mind is particularly important, because interventions should be targeted at addressing suicidal ideation while it first emerges, before it progresses to a suicide attempt.

In view of the clinical significance of being able to make predictions about the transitions to suicidal ideation and from suicidal ideation to try or dying, we consciousness on theories that accomplish that. Indeed, knowledge of this difference is of essential significance. Suicidal desire is a necessary even though now not sufficient purpose for a suicide attempt. However,

if someone with excessive suicidal preference acquires the functionality to attempt suicide, then the threat of a critical suicide strive is expanded. Obtained functionality accommodates reduced worry of loss of life and elevated tolerance for bodily pain. According to the concept, publicity to and stumble upon with previous painful reports growth an man or woman's tolerance for the bodily-pain elements of self-harm via habituation procedures. The middle additives of the principle have attracted large research interest [7].

Psychological Risk and Protective Factors:

The factors associated with suicide risk can be classified into four groups: personality and individual differences, cognitive factors, social factors, and negative life events [8].

Personality and Individual Differences:

Factors related to personality and individual differences are of interest because they are fairly stable in adulthood, often have known biological bases, are affected by the environment, and affect cognition and emotion [9].

Hopelessness:

Although hopelessness is usually operationalized as a state factor (i.e. a factor that varies over time), we include it in this section to emphasize that it also has trait components (i.e. components that are relatively stable over time) and future research should investigate the relative predictive usefulness of state versus trait hopelessness. Hopelessness, defined as pessimism for the future, is a strong predictor of all indices of suicidal ideation and behaviour [10].

Impulsivity:

Although impulsivity has been studied for decades, its association with suicide risk is not as consistent or as straightforward as originally thought, and its effect might be less direct. Findings from many studies have shown that self-reported impulsivity is associated with suicidal ideation, suicide attempts, and suicide deaths. The meaning of impulsivity is confused and needs resolution, with some studies operationalizing it as novelty-seeking behaviour or having a short attention span, whereas other researchers define it as non-planning or cognitive impulsivity. Other research emphasizes the importance of differentiation between impulsivity as a trait versus a state construct [11].

Perfectionism:

Growing evidence suggests that perfectionism is associated with suicidal ideation and suicide attempts, although few prospective clinical studies have been done. Perfectionism can be defined in different ways and not all types are equally associated with suicide risk.

Optimism and resilience:

Surprisingly few attempts have been made to investigate the direct or indirect association between trait optimism and suicidal ideation or attempts, and almost no longitudinal studies have been published. Some evidence, however, in college students suggests that people with

high optimism have reduced risk of suicidal ideation or attempts when confronted with severely or moderately negative life events compared with people with low optimism. Low levels of optimism are associated with self-harm in adolescent girls. Optimism has also been shown to buffer the association between hopelessness and suicidal ideation.

Thought suppression:

Thought suppression refers to attempts to intentionally stop thinking unwanted thoughts. During the past 25 years, Wegner and other researchers have reported that thought suppression paradoxically increases the frequency of specific unwanted thoughts, and might be a mechanism through which several forms of psychopathology develop. Findings from several studies showed that a tendency to suppress unwanted thoughts was associated with both suicidal ideation and attempts, and that thought suppression mediated the association between emotional reactivity and the occurrence of self-injurious thoughts and behaviour.

Agitation:

Agitation, which is often conceptualized as a state of anxious excitement or disinhibition, has been linked with suicidal behaviour in many studies. For instance, in a chart study of patients who died by suicide during hospital admission, 79% had severe anxiety or agitation shortly before their death. Agitation has been hypothesized to be one potential mechanism through which bipolar disorder, medical illness, and the prescription of certain psychiatric medications might increase the risk of suicidal behaviour. Recent research suggests that agitation is especially predictive of suicide attempts among people who have high capability for suicide.

Social factors:

Suicide does not occur in a social vacuum. Family history of suicide increases risk of suicide; this effect is independent of familial history of mental disorder and is thereby partly suggestive of a social transmission effect. Exposure to suicidal behaviour of family or friends is also associated with these behaviors in adolescents. Maternal suicidal behaviour could be more strongly associated with offspring suicidal behaviour than is paternal suicidal behaviour, and children are more likely to be affected by parental suicidal behaviour than are adolescents or adults. The effects of suicide bereavement on subsequent suicide risk are discussed in detail by Pitman and colleagues. Although psychological mechanisms (e.g., modelling effects) need further empirical enquiry, depictions of suicide in the media can affect rates of suicide. The effect of the internet on suicidal behaviour needs further attention, because it might exert both negative (e.g., discouraging help seeking) and positive (e.g. source of support or signposting) effects etc. Indeed, study findings showed that almost 20% of adolescents reported that the internet or social networking sites influenced their decision to self-harm. Psychological processes (including contagion, imitation, suggestion, identification, social learning, and assortative homophile or susceptibility) are also implicated in the development of suicide clusters. Social isolation and the absence of social support are established correlates of suicide risk, and are important components of contemporary models

of suicidal behaviour. Any assessment of suicide risk should, as a matter of course, assess the extent to which a vulnerable individual is socially isolated.

III. CONCLUSION

Studies of suicide need to mechanically contain mental additives, particularly within the case of huge-scale country wide-linkage studies of suicide and suicide tries. Psychological post-mortem studies, in which data is accrued approximately the deceased person from several informants, have played a key component in below status the threat elements for suicide. Greater state-of-the-art autopsy research inside the future need to be set up to analyze psychological elements in more detail. Studies efforts to distinguish among suicide ideators, suicide attempters, and repeated attempters have to be prioritized, due to the fact information of the elements that permit or impede behavioural enactment will inform the development of intervention studies. Studies that use new technology (e.g., smartphones) and actual-time facts collection (e.g., ecological short-term evaluation) are essential in this regard. Recognition at the differential effects of mental elements of suicide danger as the function of age, subculture, and ethnic starting place must be improved. There may be nonetheless an inclination to generalize findings from, for instance, middle maturity to older person and adolescent populations. Researchers have also over-depended on self-report observational research; multimethod approaches with an improved focus on basic-technology experimental studies will assist find the mechanisms by which factors growth or lessen suicide chance. As the strong point develops, the testing of mental theories of suicide hazard must be the guideline as opposed to the exception. Such programmatic testing of hazard and protective factors will now not handiest benefit researchers, however also assist clinicians inside the translation of research into clinical practice.

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