

Research Communication

Sci. and Cult. 89 (3–4) : 132-137 (2023)

Spirituality and Suicidal Ideation among Young Adults: A Study Conducted at Tripura, North East India

Abstract: Background: Suicidal ideation is considered to be a significant predictor of suicide attempts and accomplished suicide and is of major significance for community health. Worldwide suicide is the second leading cause of deaths among young adults. The study was carried out to examine spirituality and suicidal ideation among youths of Tripura. **Material and Methods:** The sample consisted of 285 young adults (185 were female and 100 were male) and they were selected from various higher educational institutes of Tripura. Random sampling technique was used to collect data from the sample. For data collection, Spiritual Experience Index-Revised (Genia, 1997) and Adult Suicidal Ideation Questionnaire (ASIQ by Reynolds, 1991) were used. For statistical analysis 't' and correlation was computed. **Results:** Findings of the present study revealed significant differences in gender and course of study in case of suicidal ideation. But in case of spirituality significant difference was observed only between arts and science students. Further, the study found significant correlation between spirituality and suicidal ideation among the young adult students of Tripura. **Conclusion:** The current paper highlights the importance of spiritual practices as an important protective factor against suicidal ideation.

Keywords: Suicide attempt, Spiritual experience, Gender, Course of study

Young adulthood (18–25 years old) is a transitional age of maturation and change, when youths go through various significant emotional, careers, economic and other life changes. It is indeed a stressful transitional stage of their life. Adult students or young adults are the pillars of any nation as they have the potential and efficiency for a brighter future. They are the assets of any system and organization. The stressful fast life pace takes a toll on their physical and emotional mental health. That

is one of the reasons why suicide is the second leading cause of deaths among young adults, according to World Health Organisation (WHO) reports, 2018.¹ There is a death due to suicide in every 40 seconds.¹ According to reports by Centres for Disease Control and Prevention (CDC, 2018), suicide was the second major cause of death among individuals between the ages of 10 and 34 and also for the age group of 18-25, i.e., the young adults in USA.² The Global Burden of Disease (GBD) study (2016) reports that deaths due to suicide in India, contributing to world statistics, has been 36.6% among women, and 24.3% among men in world and they aged between 15 to 39 years.³ India's contribution to world statistics of suicide deaths is alarmingly increasing day by day and it is a severe matter of concern. The GBD report also highlights the vulnerability of young people in suicide attempts.

Suicidal Ideation refers to thoughts, feelings and ideas of engaging in self-harming and suicidal behaviours / acts. Suicidal ideation is the underlying cause of suicide. Suicidal ideation may lead to attempt of suicide. Suicidal ideation ranges from passive suicidal thoughts such as, thinking about suicide and death to active planning which lead to actual suicidal behaviour and suicidal attempt eventually. Though, it does not include the final act of suicide.⁴ Stressful life events, stress related disorders and depression yields the risk factor of suicidal ideation and active attempts among young adults.^{7,8}

So, it is very important for the young adults to be physically and mentally sound to lead a healthy lifestyle and spirituality is integral part of maintaining a healthy life. Spirituality is often unheeded as a coping strategy and resilience factor in dealing with hardships of life.⁹ Spirituality is the quintessence of human presence and causes an individual to sharpen amazing quality and consistency with present, past and his own life as well as others. Spirituality is the manner in which people seek and express the meaning and purpose of their life and how they experience their connectedness to everything

The journal is in the category 'Group A' of UGC-CARE list and falls under the broad category of Multidisciplinary Sciences covering the areas Arts and Humanities, Science and Social Sciences.

around them in a significant or sacred way.¹⁰ Spiritual practice and spiritual belief acts as a coping mechanism against suicide-related behaviour.¹¹

Studies revealed that there is a correlation between suicidality and spirituality, which can be used as a coping mechanism for suicide prevention programmes.^{12,13} Hence, spiritual belief or spiritual practice can lessen suicidal behaviours among students.¹⁴⁻¹⁶ Moreover, spirituality was found to reduce the number of suicides attempted and the result was found to be consisted after simultaneous adjustment for gender, education, and age.¹⁷ It has also been found that attending or practicing religious / spiritual services acted as a protective factor against suicidal ideation among them.^{18,19}

The current paper aims to investigate gender and course of study differences among the young adults with respect to their spirituality and suicidal ideation. The paper also tries to examine the relation between spirituality and suicidal ideation among the young adults of Tripura.

Hypotheses

1. There is no significant difference between male and female young adults with respect to their spirituality.
2. There is no significant difference between male and female adults with respect to their suicidal ideation.
3. There is no significant difference between young adults pursuing their degree in arts and science subjects with respect to their spirituality.
4. There is no significant difference between young adults pursuing their degree in arts and science subjects with respect to the suicidal ideation.
5. There is no significant relationship between spirituality and suicidal ideation among the young adults of Tripura.

Methods: A total of 352 young adults were approached primarily and finally 285 young adults of Tripura were considered for the final study (Figure 1).

Among them, there were 185 female and 100 male young adults. Again, out of 285 subjects, 148 young adults were the students of arts/ humanities discipline and the rest 137 subjects were the students of science discipline. They were selected following random sampling technique. The age range of the young adults selected for the study was 19-24 years (22.15 ± 1.69). Data were collected from different Government technical and general higher-educational institutes of Tripura. Only the students of

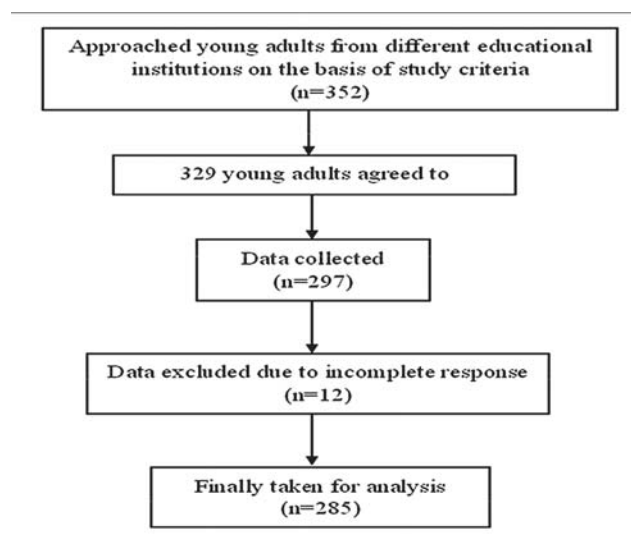


Fig. 1 : Flow Chart Showing the Process of Sample Selection.

Tripura were selected for the study and outstation students studying in Tripura were not selected. It was made sure that they understood Bengali and English fluently. For collecting data, group administered method was used and data was collected during January to March 2020 and September to November 2020. The sample was collected using the following tools:

1. *Spiritual Experience Index- Revised (SEI-R)*: It was developed by Genia in 1997. It is a widely used significant scale form easuring the magnitude of spiritual beliefs of an individual without imposing any particular religion or faith as part of the questions.²⁰ The index is consisted of 23-items with 2 subscales- spiritual support and spiritual openness. Participants can indicate their beliefs on a 6 point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). One can interpret the scoring on the basis of the 2 subscales separately or can obtain the total spirituality score by adding the scores of both the subscales. High in this scale point to high spirituality and the vice-versa. The reliability of the full scale is .89 and the reliability of the subscales are 0.95 and 0.86 respectively.
2. *Adult Suicidal Ideation Questionnaire (ASIQ)*: ASIQ developed by Reynolds (1991) is a renowned and valid psychometric tool for assessing suicidal ideation among adults.²¹ It is comprised of 25 items. ASIQ is a 7-point rating scale ranging from '0' (I never had this thought) to '6' (Almost Every day). The participant is asked to respond in one of the responses ranging from '0' to '6' as per

their thoughts and feelings. Finally the total score of a subject is obtained by adding the responses of his/her in all the 25 items. High score in this index denotes high suicidal ideation and vice-versa. The reliability coefficient of the scale is .96.

At first permission was taken from various institutes for data collection. Rapport was established with the participants and they were given freedom to withdraw themselves from the study at any point of data collection, if they feel so. Confidentiality of their data was assured. Data was collected from only those who were willing to participate. Only after getting their consent, the objectives of the study and description of the tools were explained to them. All the ethical concerns (including IRB approval and written consent of study subjects) were followed during data collection.

After completion of data collection scoring was done with the help of the respective scoring keys of the scales. Finally, for testing hypotheses t-test and Coefficient of Correlation were computed with the help of Statistical Package for the Social Sciences version 24 (IBM, SPSS v.24, New York).

Results and Interpretations:

Table 1: Showing Comparison Between the Male and Female Young Adults with Respect to Their Spirituality

Variable	Gender	N	Mean	S.D.	t
Spirituality	Male	100	87.44	15.66	0.14
	Female	185	87.15	16.95	
*p>0.05					

Table 1 narrated the descriptive statistics and t values for spirituality for the male and female young adult respondents separately. The mean value for spirituality for male subjects was 87.44 and for female subjects it was 87.15. The t-value was 0.14 (with df=283) which was insignificant at 0.05 level. Thus, the result suggests that the spirituality of both male and female young adults do not differ significantly. Hence hypothesis 1 has been accepted.

Table 2: Showing Comparison Between the Male and Female Young Adults with Respect to Their Suicidal Ideation

Variable	Gender	N	Mean	S.D.	t
Suicidal Ideation	Male	100	32.55	6.29	2.87
	Female	185	28.15	5.61	
*p<0.01					

From table 2 it is evident that the mean score for male respondents was 32.55, while for female respondents it was 28.15. The t-value was 2.87 (with df=283) which was significant at 0.01 level. Therefore the 2nd hypothesis has been rejected as male respondents had more suicidal ideation in comparison to their female counterparts.

Table 3: Showing Spirituality of Young Adults Studying in Arts and Science Subjects

Variable	Study Area	N	Mean	S.D.	t
Spirituality	Arts	148	85	15.78	2.418
	Science	137	89.68	16.93	
*p<0.01					

The results indicated that respondents studying in science subjects were more spiritual than their counterparts. The t-value also revealed significant difference among both the group of respondents in their spirituality. So the 3rd hypothesis has been rejected (Table 3).

Table 4: Showing Suicidal Ideation of Young Adults Studying in Arts and Science Subjects

Variable	Study Area	N	Mean	S.D.	t
Suicidal Ideation	Arts	148	37.43	6.11	11.5
	Science	137	21.33	4.57	
*p<0.01					

Table 4 narrated the descriptive statistics and t values for suicidal ideation for the young adults studying in arts and science discipline. The results showed that respondents from arts discipline had more suicidal ideation than those who were studying in science departments. The t-value was significant at 0.01 level of significance which further indicating the rejection of null hypothesis 4.

Table 5: Showing Correlation Between Spirituality and Suicidal Ideation of Young Adults

Spirituality	Suicidal Ideation
r	-.399
P	p<0.01
N	285

Table 5 highlighted negative correlation between spirituality and suicidal ideation among the study subjects. So, hypothesis five has been rejected. From the result it can be said that with the increment of spirituality, suicidal ideation of the study subjects decreases.

Discussion: India's contribution to world statistics of suicide deaths is alarmingly increasing day by day and it is a severe matter of concern. According to National Crime Records Bureau (NCRB) report of 2019, it has been found that Tripura ranked 2nd in suicide rates among the North Eastern states after Sikkim. Among all the states of India, Tripura ranked 7th in terms of Suicide rate. The average suicide rate of India is 10.4, whereas in Tripura it is 18.2. Worldwide, suicide rate has increased by 60% over the last half decade and it is the 2nd leading cause of death in the world for those aged 15-24 years. In India also, 35.1% suicide victims were in the age group of 18-29 years.²² These figures highlight the fact that young adults are very much vulnerable to suicide. One of the important preventive strategies of suicide is to identify the vulnerable people and the associated risk and preventive factors.

Suicidal ideation is the underlying cause of suicide. Suicidal ideation may lead to attempt of suicide. Suicidal ideation refers to thinking about suicide and death and actually planning to attempt suicide. Though, it does not include the final act of suicide.^{4,5} Suicidal ideation involves phenomena ranging from passive suicidal thoughts to active suicidal planning and attempts, which might lead to actual suicidal behaviour and death eventually.²² Suicidal ideation is considered to be a significant predictor of suicide attempts and accomplished suicide and is of major significance for community health.²³ Stressful life events can increase the risk of suicidal ideation and active attempts.^{24,25} Studies also reveals that due to the various stressful events in life, stress related disorders and depression can lead to suicidal ideation, however, they may vary by gender.⁸

Studies revealed that spiritual beliefs or spirituality can act as a protective factor against suicidal ideations.^{11,13} So, if we can identify persons with high suicidal ideation, we can follow the crisis intervention strategies both at individual and community level to prevent suicide among them. Further, studies indicated that spirituality can act as a negotiating factor of social support to lessen the risks of suicides.¹¹ An improved understanding of spirituality in relation to suicidal ideation among young adults will help to deal with the stressful transitional stage of life and its consequences.¹¹ It helps in dealing with suicide and suicidal ideation.¹⁹ Spiritual beliefs provide a sense of meaning and purpose to life.¹⁰ During the hardships of life, it acts as a psychological aid and makes a person optimistic, hopeful, and calm. It also enables the person to accept the changes in life.⁹ Spirituality gives a feeling of wholeness and balance among the physical, emotional and social areas of our lives and thus helps us to deal

with mental health issues like suicidal ideation. Unlike other coping strategies, spirituality is accessible to all, irrespective of religious, financial, social, physical, or mental states.

Finding of the present study revealed that there is no significant difference between male and female adult students with respect to their spirituality. The results have been supported by many studies which also revealed no gender difference in spirituality.²⁶⁻²⁸ On the contrary, some studies found gender difference in spirituality.²⁹

According to Beauregard and O'Leary, spirituality implies a blissful experience that is thought to bring them to encounter divine or extraordinary events. Spirituality is that part of oneself that helps to seek out the meaning, connectedness and purpose in one's life.³⁰ It will embody the practice of a philosophy, religion, or way of living. Throughout tough times, individuals typically search for meaning and connectedness within the larger scheme of things to assist them perceive and address their expertise.^{12,31,32}

When comparison was made between male and female young adults in their suicidal ideation, the present findings showed significant difference indicating that male persons had more suicidal ideation than the female. The present findings corroborate with the findings of previous studies.^{33,34} Their studies also showed significant gender difference in suicidal ideation of youths, especially more in men compared to women population. This is maybe due to the increase in suicidal thoughts among men.³⁵

The present study revealed that there is a significant difference between arts and science adult students with respect to their spirituality. A recent study also found similar results which showed difference between arts and science students in their spiritual intelligence.²⁸ Similarly, in a comparative study it has been found that spiritual and emotional intelligence of science students was significantly greater than that of arts students.³⁶ The present study also revealed significant difference between arts and science adult students with respect to their suicidal ideation. Suicidal ideation is found to be lower in students of science disciplines than their counterparts. It could be due to the fact that science students had high level of spirituality which may help in lowering their suicidal thoughts and feelings. Another reason could be our social perception towards both the disciplines. As we all aware of the fact that even today most of us prefer our children to study medical or engineering or even at least having their degrees in science. A student pursuing his/her higher education in humanities or social sciences may

looked up as having low intelligence with poor academic performances than a student who is pursuing his/her education in science stream. Hence due to more preferences to technical and science subjects in terms of studies and career opportunities, arts students may feel an extra pressure/ stress for securing a good job. This added burden can lead to have negative thoughts and feelings about self and future which may in turn increase their suicidal ideation. Studies also showed that students having high academic stress and difficulty has higher suicidal ideation and thoughts.³⁷

The present study revealed that there is a significant negative relationship between spirituality and suicidal ideation among the young adults of Tripura. This further indicated that spirituality decreases individuals' suicidal thoughts and feelings. Spiritual beliefs and practices inculcate positive emotions and help a person to deal more effectively with the stressful situations of life. Thus, it increases our adaptability and reduces the chance to fall into the prey of different mental health problems including anxiety, stress, depression, etc. Spirituality brings happiness in life which in turn lessens negative emotions and thoughts about self and surroundings. Thus spirituality decreases a person's ideation to self-harm or self harm behaviour.¹¹ The present findings have been supported by many studies which also revealed that there is an inverse correlation between suicidal ideation and spirituality level.^{14,38,39} Moreover, researchers also found that spiritual psychotherapy has decreased the level of suicidal ideation among the experimental group.⁴⁰ Many other studies revealed that veterans (diagnosed with PTSD) daily spiritual practices have been inversely associated with their suicidal thoughts.⁴¹ The more they do daily spiritual practices; the suicidal thoughts would lessen too.

Conclusions: Finally, it may be concluded that there are significant differences in gender and course of study in case of suicidal ideation. But in case of spirituality significant difference was observed only between arts and science students. Further, the study found significant correlation between spirituality and suicidal ideation among the adult students of Tripura. The present study also reveals that the students, who scored high in spirituality, had low suicidal ideation.

Limitations: The study was conducted on 285 young adults of Tripura only. It could not explore the age and community differences of the participants on their suicide ideation and spirituality index.

Financial Support and Sponsorship: Nil

Conflicts of Interest: There are no conflicts of interest. □

ANJANA BHATTACHARJEE¹
TATINI GHOSH²

¹Associate Professor, Department of Psychology,
Tripura University
e-mail: anjanabhattacharjee@tripurauniv.ac.in

²Research Scholar, Department of Psychology,
Tripura University

Received: 3 February, 2022

Revised: 23 March, 2022

1. World Health Organization Geneva. Suicide data. 2018. Available from: http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/[Last accessed on 2021 April 17]
2. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. 2018. Available from: <https://www.nimh.nih.gov/health/statistics/suicide.shtml>[Last accessed on 2021 April 17]
3. R. Dandona, G.A. Kumar, R.S. Dhaliwal, M. Naghavi, T. Vos, D.K. Shukla, et al., *The Lancet Public Health*. **3** (10), e478-e489, 2018.
4. S.J. Cash, J.A. Bridge, *Curr Opin Pediatr*, **21** (5), 613-619, 2009.
5. E.D. Klonsky, A.M. May, B.Y. Saffer, *Annu Rev Clin Psychol*, **12**, 307-330, 2016.
6. D.L. Diego, K. Karolina, *Int Encyclop Public Health (Second Edition)*. 115-123, 2017.
7. A. Rosiek, A. Rosiek-Kryszewska, L. Leksowski, K. Leksowski, *Int J Environ Res Public Health*, **13** (2), 212, 2016.
8. L. Polanco-Roman, J. Gomez, R. Miranda, E. Jeglic, *Cognit Ther Res.*, **40** (5), 606-616, 2016.
9. P. McCarroll, T. O'Connor, E. Meakes, A. Meier, T.S. O'Connor, Assessing plurality in spirituality definitions. Spirituality and health: Multidisciplinary explorations. (Wilfrid Laurier Univ. Press, 2005) p.43-61.
10. C.M. Puchalski, R. Vitillo, S.K. Hull, N. Reller, *J Palliat Med*. **17** (6), 642-656, 2014.
11. J. Kyle. *J Spirit Mental Health*. **15** (1), 47-67, 2013.
12. L.A. Taliaferro, B.A. Rienzo, R.M. Pigg, M.D. Miller, V.J. Dodd, *J Am Coll Health*, **58** (1), 83-90, 2009.
13. S.A.E.M. Abd-El, G. Harfush, A.A.A.E.N. Moussa, S.M. El-Nehrawy, *J Nurs Educ Pract*, **9** (4), 6, 2019.
14. S.O. Choi, S.N. Kim, *The J Kor Acad Soc Nurs Educ*, **17** (2), 190-199, 2011.
15. D.T. Rasic, S.L. Belik, B. Elias, L.Y. Katz, M. Enns, J. Sareen, S.C. Team, *J Affect Disord*, **114** (1-3), 32-40, 2009.
16. D. Rasic, J.A. Robinson, J. Bolton, O.J. Bienvenu, J. Sareen, *J Psychiatr Res*. **45** (6), 848-854, 2011.
17. E.M. Garrouette, J. Goldberg, J. Beals, R. Herrell, S.M. Manson SM, AI-SUPERPFP Team, *Soc Sci Med*, **56** (7), 1571-1579, 2003.
18. K. Kryszewska, M.J. Spittal, J. Pirkis, D. Currier, *Religions*, **9** (6), 180-189, 2018.

19. N. Ibrahim, N. Che Din, M. Ahmad, N. Amit, S.E. Ghazali, S. Wahab S, *et al.*, *BMC Public Health*, **19** (4), 553, 2019.
20. V. Genia, *J Rel Health*, **38** (4), 344-361, 1997.
21. W.M. Reynolds, *J Pers Assess*, **56** (2), 289-307, 1991.
22. National Crime Records Bureau (NCRB). Accidental deaths & suicides in India. Government of India. 2019. Available from https://ncrb.gov.in/sites/default/files/NCRB_Journal_October_2019.pdf[Last accessed on 2020 November 20]
23. D. De Leo, K. Kryszynska, *Int Encyclop Public Health Academic Press*, 115-123, 2017.
24. A.M. Arria, K.E. O'Grady, K.M. Caldeira, K.B. Vincent, H.C. Wilcox, E.D. Wish, *Arch Suicide Res*, **13** (3), 230-246, 2009.
25. A. Wenzel, A.T. Beck, *Applied and Preventive Psychol*, **12** (4), 189-201, 2008.
26. M.K. Nock, G. Borges, E.J. Bromet, C.B. Cha, R.C. Kessler, S. Lee, *Epidemiol Rev*, **30**, 133-154, 2008.
27. N. Pant, S.K. Srivastava, *J Relig Health*, **58**, 87-108, 2019.
28. S.A. Reid-Arndt, M.L. Smith, D.P. Yoon, B. Johnstone, *J Relig Disab Health*, **15** (2), 175-196, 2011.
29. C. Dwivedi, K. Ameta, *Int J Sci Res*, **4** (8), 456-458, 2015.
30. M. Beauregard, D. O'Leary, *The spiritual brain: A neuroscientist's case for the existence of the soul*, (Harper One/Harper Collins: New York, 2007), p.1-368.
31. M. Crawford, G. Rossiter, *Education and young people's search for meaning, identity and spirituality: A handbook. Aust Council for Ed Res.* 2006.
32. Zinnbauer BJ, Pargament KI, Scott AB. The emerging meanings of religiousness and spirituality: Problems and prospects. *J Pers.* **67**(6), 889-919, 1999.
33. J.F. Sigurdson, A.M. Undheim, J.L. Wallander, S. Lydersen, A.M. Sund, *Suicide Life Threat Behav*, **48** (2), 169-182, 2018.
34. A. Strandheim, O. Bjerkeset, D. Gunnell, S. Bjørnelv, T.L. Holmen, N. Bentzen, *BMJ Open*, **4** (8), e005867, 2014.
35. S. Mustaffa, R. Aziz, M.N. Mahmood, S. Shuib, *Procedia-SocBehav Sci*, **116**, 4205-4208, 2014.
36. S. Aggarwal, M.K. Saxena, *Schol Res J Interdiscip Stud*, **1** (2), 218-225, 2012.
37. P. Arun, R. Garg, C. Bir Singh, *Ind Psychiatry J*, **26** (1), 64-70, 2017.
38. A. Abdollahi, M. Abu Talib, *J Dual Diagn*, **11** (1), 12-21, 2015.
39. D. Lester, *Psychol Rep*, **110** (1), 247-250, 2012.
40. Ebrahimi H, Kazemi AH, FallahiKhoshknab M, Modabber R, *J Caring Sci*, **3** (2), 131-140, 2014.
41. M.S. Kopacz, J.M. Currier, K.D. Drescher, W.R. Pigeon, *JInj Violence Res*, **8** (1), 6, 2016.