

Research Paper

Forecasting Suicide Based on Sexuality, Marital Status, Coping Strategies, Religious Orientation, and Depression Rate



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ABSTRACT

Objectives The present study aimed at exploring the role of gender, marital status, coping strategies, religious orientation, and depression level in predicting suicidal tendencies using a correlational, and in some cases, practical methodology.

Methods The sample group included 260 bachelor students (175 male and 85 female; 213 single and 72 married) of Shiraz University in the academic year 2011-2012. The subjects were selected by a multi-stage cluster sampling method and then measured using Carver and Scheier Coping Strategy questioners (short form), Allport religious orientation questioners (short form), Beck Depression Inventory-II (BDI-II) and Beck Scale for Suicide Ideation (BSSI). The data were analyzed using enter regression method and SPSS 20 software.

Results Regression coefficients indicated that masculinity ($B=0.83$), ineffective coping style ($B=5.91$), specifically coping strategies for denial ($B=1.04$), self-blaming ($B=0.81$) and non-behavioral conflict ($B=0.49$) can positively and significantly predict the risk of suicide, while acceptance as coping strategy ($B=-0.48$) predicts this risk negatively and significantly.

Conclusion The results showed that the above variables in the strongest predictive equation had 78% of the variance of suicide risk. Thus, when encountering the individuals exposed to suicidal risks, psychologists are expected to focus more on training coping methods.

Extended Abstract

1. Introduction

Suicide is one of the serious public health concerns and the rate of suicidal thoughts is considered as one of the most important indicators of mental health through the communities [1]. In this regard, introducing some psychiatric disorders such as depression should be considered as the underlying reasons to com-

mit suicide [5]. Depression, commonly referred to as the "common cold" of mental illness [6], can reduce the person's tolerance threshold and his ability to inhibit impulses, and ultimately increase the likelihood of committing suicide in the patients [7]. Several studies are conducted on the cognitive constructs involved in semiotics of suicide attempts that coping skills are one of the cognitive areas that can be considered. Carver and Scheier introduced three types of coping strategies. Emotion-focused coping includes seeking social support for emotional reasons, positive reinterpretation, acceptance, self-con-

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trol, turning to the religion, and the emotional evacuation. Problem-focused coping includes social support as a tool, active coping, planning, and preventing disturbing activities. Finally, ineffective coping involves denial and mental or behavioral engagement with substances or alcohol indicating avoidance [36]. Both emotional-focused coping and problem-oriented coping strategies can effectively reduce stress and tension-related problems [14]. Besides, other factors are involved such as religious orientation, which significantly can affect the risk of committing suicide [15]. According to Allport, there are two types of religious orientations. In individuals with an internal religious orientation who have internalized their accepted religion [16], and people with external religious orientation, the religion is emphasized due to its achievements [17].

Gender and marital status are studied in committing suicide. The female gender [19-24] and being married [1, 20, 23, 25] are introduced by most studies as the risk factors to commit suicide. It is noteworthy that the male gender is described as a risk factor for committing suicide in some studies [5]. This contrast may be resolved by considering the effect of depression; accordingly, the female gender can increase the risk for depression due to the negative emotional-focused skills [16, 26]. Therefore, an increase in the likelihood of committing suicide [27] is practically due to the depression and ineffective coping strategies of the individual not because of his gender. The current study aimed at identifying the students at the risk of committing suicide more accurately along with the preventive measures considering the results of studies on risk factors in committing suicide and determining the predictive value of each of these factors.

2. Method

The present fundamental and correlational-descriptive study was conducted on all undergraduate students of the Shiraz University in 2011-12, of which 260 students (175 male and 85 female) were selected as the sample group. It should be noted that the number of sample group was calculated and determined based on the Cochran's formula. The age range of the subjects was 18 to 27 years old and their average age was 21 years. Among the studied students, 213 subjects were single and 72 married. Multistage cluster sampling was used as the sampling method. The inclusion criteria were age range 18 to 30 years old, being Iranian and Muslim, being literate, and willingness to participate in the study. The lack of psychiatric disorders such as mood and psychotic disorders or the disorders associated with drug abuse were also regarded. In the present study, four questionnaires were used to collect data including the Religious

Orientation Scale (ROS) developed by Allport, Short Form of the Carver and Scheier Coping Questionnaire, Beck Depression Questionnaire-II, and Beck Scale for Suicidal Ideation (BSSI). The questionnaires were scored and the subjects' scores were calculated, followed by using statistical techniques for data arrangement and summarization. To analyze the data, descriptive statistics indices were first determined and the regression method (entry method) was used in order to answer the hypothesis.

3. Results

In the current study, problem-focused and emotion-focused coping strategies were negatively and significantly correlated with the risk of committing suicide, and as assumed, the ineffective coping strategy had a positive and significant relationship with the risk of committing suicide. Meanwhile, among the three main types of coping strategies, the ineffective coping strategy had a predictive value.

According to the findings of the current study, among the fourteen-point coping strategies of Carver and Scheier, all strategies related to the ineffective coping strategy (self-confusion, denial, drug abuse, no behavioral involvement, emotional evacuation, and self-blaming) had a positive and significant correlation with the risk of committing suicide. However, there was a negative and significant correlation between the emotion-focused coping strategies (acceptance, humor, religion, positive framework, and emotional support) and the problem-oriented coping strategies (planning, active coping, and tool support). The results indicated that ineffective coping strategy, denial, self-blaming, acceptance, no behavioral involvement, and gender can significantly explain 78% of the variance in suicide risk in an equation.

4. Discussion

According to the current study results, it seems that using the ineffective strategies to cope with the individuals' problems can lead to some disorders such as depression and suicide. In this regard, Cole's psychological stress-preparedness model provides a framework to treat people committing suicide [49]. Based on this model, subjects with difficulty in divergent thinking ability are not prepared to develop alternative solutions to deal effectively with such conditions, while they are normally under stressful situations. Accordingly, these people are disappointed and may find suicide as the only available solution, therefore, it seems that it is more related to the problem-solving and coping strategies of the individual.

To explain the positive and significant relationship between depression and suicidal thoughts in the current study, there are several theoretical supports correlating depression-related cognitive function to suicidal thoughts and behavior and introducing suicide as an associate or the outcome of depression [55]. Although religious orientation in the current study was not a predictive value, due to the reverse and significant relationship between religion and suicidal thoughts, it can be concluded that religion, due to the obvious prohibition of suicide, and spiritual and religious beliefs to accept miserable events, adaptive behavior, patience against unpleasant incidents and having a positive attitude along with self-esteem to yourself and the future, and avoiding disappointment have an important role to diminish the psychosocial factors of depression and consequently committing suicide. In addition, according to the current study findings, the male gender can significantly predict the risk of suicide. To justify the results of the current study, it can be referred to the Parchi's view [63]. He believed that males have more impulsivity than females due to the increased levels of testosterone during maturity. It is not surprising to consider the male gender as one of the risk factors for suicide, since suicide is a self-destructive impulse, therefore, under similar circumstances, males are more likely to commit suicide [63].

To explain other findings, it can be implicitly assumed that early marriage (18-25 years old) can put a significant psychological pressure on couples due to the various concerns such as unemployment, financial problems, etc. Committing suicide may be the only solution available if couples do not use effective strategies to solve their problems; since stresses become persistent.

Ethical Considerations

Compliance with ethical guidelines

The study protocol was approved by University of Shiraz Ethics Committee, Iran. Informed consent was obtained from all the participants. Patients' right to withdraw from the study at any stage and the confidentiality of their responses was emphasized.

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This study is extracted from the first author's master thesis at Shiraz University. The study was of no cost to the departmental staff. The study did also not impact Shiraz University's resources.

Authors contributions

Conceiving and designing the study: All authors; Providing data, drafting the paper: Yasaman Emad; Analyzing the data: All authors. Revising the work: Habib Hadianfard.

Conflicts of interest

The authors declared no conflict of interest.