

Suicidal Ideation, Self-perception and Extrovert-Introvert Adolescents

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Abstract

The present paper is an attempt to review some of representing studies related to suicidal ideation, self-perception and extrovert-introvert personality in order to assess the dynamics of suicide and suicidal attempt for arresting suicide problem in the present time. Another objective of this paper is to explore the research findings of a study which was designed to examine the correlation between suicidal ideation, extrovert-introvert personality tendency and self-esteem of adolescents. This study was carried out with 100 adolescents age ranged 16-19 years drawn from various colleges. The participants were examined by using suicidal ideation questionnaire, Eysenck personality questionnaire and self-esteem scale. Findings of this study revealed that suicidal ideation was negatively correlated with self-esteem and extrovert personality tendency whereas positively correlated with introvert personality tendency. The implications will be in proactive management by identifying the early markers of suicide as well as providing counselling to the target individual for arresting the devastating outcome of suicidal ideation.

Key words: Suicidal ideation, extroversion, introversion and adolescents

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Introduction

Life seems to be rosy to a child in an average situation. It changes its folds from positivity to accommodate the other concrete sources of displeasure also within its realm in the subsequent phases of life. At the end the wisdom prompted individual can once again have a perspective of “beautiful world” through one’s inner realizations. In fact, life is not a flat curve, it is moving from down to up as well as up to down. In other words, life is the challenges that motivate the individuals to perform different kinds of activities for making one’s life alive. Sometimes, individuals derive wrong conceptualisation of life by expecting smooth life in terms of flat curve or parallel line that indicate no life. The faulty conceptualisation of life initiate negative thoughts and stress as well as feeling of worthless within the individual, consequently devastating outcomes (i.e., suicidal ideation, suicide) occurred.

In the mosaic pattern of complexities and subsequent conflicts during adolescence period, adolescents are more vulnerable to the dysfunction and the suicidal motivations. They have several challenges (e. g., physical, psychological, emotional, academic, financial job and identity crisis), to combat and resolve in their life. Some of them are capable to face and resolve their challenges in order to accommodate themselves in a situation. While few of them are unable to resolve their crisis and cannot accommodate themselves properly in the society They are following unhealthy practices like alcohol consumption, drug abuse etc for managing their stress and anxiety. The combined stresses of academic demands, social anxiety, and career choices make it impossible for some students to continue making the adjustments in their life. Thus, adolescence period characterized by “not yet matured enough, yet, thoroughly oriented toward maturity,” constitute a fertile ground for “giving up” behaviours and thoughts in the form

of suicidal ideation or attempts. The common observations of current era pinpoints that problems of depression, alcohol and drug use are increasingly prevalent during adolescence period as these are associated with risk for suicide. Adolescents are more sensitive than younger children to feelings of lack of control due to maladaptive family settings, limited problem-solving ability and a limited ability to project positive ways in which their lives. Therefore, they have difficulty in “seeing beyond” their immediate situation. In addition, exposure to suicide through the media has led to reports of aggregate increases in young adults suicide, perhaps because adults are highly susceptible to suggestion and imitative behaviours (Berman & Jobes, 1992).

It was revealed that between 1 and 13 percent of young adults commit suicide as a result of contagion factors. Suicide attempts primarily are actions of young people at least 66% of suicide attempts are under 35 years of age (Shneidman, 2005). It was evident that three to four times more men than women died by committing suicide in United States. Suicide ranks as the third most common cause of death in the United States for 15 to 24 years olds (Gould & Kramer, 2001). In India, pressure to secure a seat in Medicine and Engineering tests are two important reasons for committing suicide. The common methods used for committing suicide are hanging, poisoning, self immolation, drowning, and lying down on the railway tracks. Depressive illness and suicidal tendency are associated with one another. This is reinforced by early parental deprivation, recent bereavement and positive family history of suicidal behaviour (Bhatia, Aggarwal, & Aggarwal, 2000)

Suicide is derived from the Latin word for “Self murder”, defined as “Self-inflicted death in which one makes an intentional, direct and conscious effort to end one’s own life”. Suicidal behaviour may be categorized by including suicide completion, suicide attempt, overt intention

and suicidal ideation. The thoughts and cognition about suicidal behaviours and intent may be considered as an early marker for the risk of more serious suicidal behaviours. Suicidal ideation is not a static phenomenon, it may wax and wane with time. It is characterized as ranging from relatively mild, general thoughts and wishes to be dead to serious ideation about specific plans and means of taking one's life. Most people who commit suicide are ambivalent about taking their own lives. This irreversible choice is often made when they are alone and in a state of severe psychological distress and anguish, unable to see their problems objectively or to evaluate alternative courses of action. Thus, a basic humanitarian problem in suicide is the seemingly senseless death of a person who may be ambivalent about living or who does not really want to die. Shneidman (1998) has described four kinds of people who intentionally end their lives; the death seeker, the death initiator, the death ignorer and the death darer. Beck's Cognitive theory of Suicide, identifies hopelessness and a thought distortion, as the key psychological variables creating suicidal processes (Brenner, Hassan & Barrios, 1999).

Hope is an important for individuals to think positive whereas pessimistic individuals thought patterns reflect that everything is negative for them. This hopeless state results in stress, depression and suicidal thoughts in individuals especially college students (Baumeister, 1990). The suicidal act can be understood as the acting out of a fantasy in which the bond between the two people is recaptured through regression to a sado-masochistic relationship in which the suicide views oneself as the passive victim of an externalized superego. The aim of a suicide is to resolve the intra-psychic conflict of an individual by first externalizing some or all of the depressive constellation. The displacement and projection of the various elements of the superego and self-representation tension help to explain the multiple forms of suicide. Suicide seems to be so insistent that the individual is seen as the victim of circumstances or fate.

Individual wishes to die in order to gratify the hostile wishes of another person with whom that individual is involved (Carroll & Anderson, 2002). The individuals with suicide ideation opt for a suicide device that linked with their mental mechanism (Everall, 2000). Hence, suicide is a phenomenon of disturbed internalization, an effort to cope with hostile introjects, and to cope with the absence of those comforting inner presences necessary for stability and mental quiet.

An examination of the hate aspects of suicide allows the wishes expressed in such an act to be divided into two groups; malicious or revenge wishes and riddance wishes, which underlie fantasies of annihilation or destruction (Denning, Conwell, King & Cox, 2000). Hate, including self-hate implies not only punitive impulses, but aversive ones as well, and in many suicides the self-aversive force is intense. Suicide can be understood as an effort to rid oneself of intolerable hostile impulses originating from within through attributing them to an inner enemy (Denning, Conwell, King & Cox, 2000). Individuals struggle not only with the problem of ill-integrated hostile introjects, but also lack well-integrated identifications with good introjects. Without appropriate comfort giving identification, it is not possible to rest easy when alone unless the structural deficiency is compensated for, either by another person who provides narcissistic support, or by sufficient distortion of the external world so that a grandiose self-view is maintained. The perpetual menace of the hating introject may prompt the self to attack in order to be rid of a persecutor. It is the paradox of suicide that the victim finding inner death in life, seeks inner life in dying. The seriousness of suicidal intent was correlated less with the degree of depression than with one particular aspect of depression and hopelessness about the future (Beck, Kovacs & Weissman, 1975). Higher levels of dysfunctional attitudes were associated with higher levels of depressive symptoms. A strong relationship was found between body image and depression. It was also found that body images play important role in young adults depression

(Kureshi& Hussain, 1979). The affective state of an individuals are influenced by personality structures and traits.

Personality may be considered as a stable yet dynamic organization of different aspects of individual's life which makes the individuals accommodative and adjustive to the various life demands that they faced (Allport, 1937).Eysenck (1970) proposed three types of personality as part of normal personality and these types are bipolar, with extraversion opposed to introversion, neuroticism opposed to stability and psychoticism opposed to super-ego functions. A fourth dimension, namely the lie factor was extracted later which takes care of faking tendency of the person but which is also an assessment of a personality dimension, namely social conformity.

Neuroticism is a broad dimension of normal personality characterized by a tendency to experience chronic negative emotions and to display related behavioural and cognitive characteristics (Costa, McCrae&Holland, 1984). Highly neurotic individuals thus have generally negative views of themselves and the world regardless of the objective reality. Neuroticism may be associated with increased behaviourally mediated mortality as suicide or accidents. Neurotic young adults in their early twenties tended to have pessimistic explanatory style for negative outcomes (Carter, Reith, Whyte, & McPheerson, 2005).The stable individuals tends to respond emotionally and return to baseline quickly after emotional arousal. They are usually calm, even tempered, controlled and unworried (Eysenck & Eysenck, 1975).

Eysenck and Eysenck (1985) proposed that psychoticism, extraversion and neuroticism structure for individual differences in temperament. The extraverted type is characterized primarily by sociability and impulsiveness liveliness, quick wittedness and optimism. Introverts can be characterized as quiet, passive, unsociable, careful, reserved, thoughtful, generally

pessimistic, peaceful, sober and controlled. In adolescents, higher level of extraversion was associated with a greater amount of challenge appraisal and a lower level of depressive symptoms. Similarly, self esteem and life satisfaction are connected with emotional stability, extraversion and conscientiousness in adolescents. Extraversion and attributional stability were the significant predictors of happiness for young people. Extraverts tended to have optimistic explanation style for positive outcomes (Carter, Reith, Whyte, & McPheerson, 2005). Social self-efficacy mediated the relationship between extraversion and life satisfaction, but not between neuroticism and life satisfaction in early adolescents (Fickova, 1999). Therefore, extroverts may create a positive social environment through their own positivity and also creating a social environment for positivity in return.

Adolescence is a vulnerable stage for developing suicidal thoughts because the life demands; both physical and psychological, exceeds the resources of the individual and prompts them at times towards suicide, as the only means of escaping from the situation (Erickson, 1968). It is the important cause of death among all age groups and the incidence of suicide has increased significantly among adolescents and young adults (Fickova, 1999). Further, studies revealed that suicide rate among teenagers in early adolescence was lower than late adolescents. Suicide behaviours may be consisted of the components of suicide ideation, overt intentions, suicide attempts and suicide completion (Reynolds, 1988). Suicidal ideation is the mildest form of suicidal behaviour which includes wishes never born, better if not alive, life not worth living, death wishes, thoughts of killing self, of methods or time and place. Suicidal ideation represents a key variable in the development of more serious suicidal behaviours (Sharma, Grover & Chaturvedi, 2008). Feelings of guilt, shame, unworthiness, incompetence lead to suicidal

intentions, and ultimately to the act of self inflicted death only to escape from the unbearable pain(Sharma, Grover& Chaturvedi,2008).

Personality structure of the late adolescents was studied because with the changes in one's personality, with increasing maturity, the individual is able to monitor one's resources to the demands placed and can thus bring about effective solutions to problems, not just a mere escape from them in the form of suicide. Significant changes in personality was noted from adolescence to young adulthood, with a decrease in neuroticism and lie scores and slight decrease in extroversion tendency. The combination of being extroverted, agreeable and open to new experiences was associated with high self worth. Positive coping was also associated with compensatory mechanisms for adolescents who were high on disagreeableness and emotional instability (Rani &Venkatramaiah, 1978).

Self-esteem is an important component of personality which contribute in the nurturance of positive and negative self-image within an individual. Low self esteem and self worth results into a distortion of the self image, consisting of the dominant belief that one is unable to achieve the life goals or the standards set. Depression creeps into the self system and weakens it even further until the individuals are totally unable to fight for their place in the society. It was depicted the relationship between self esteem and suicidal ideation with stability of self esteem as moderators. Attachment to parents in adolescence may facilitate the adolescent's social competence, as reflected in such characteristics as self esteem, emotional adjustment and physical health (Shavelson, Heubner & Stanton, 1976).

In the view of previous studies, a study was designed to examine the suicidal ideation tendency, personality type and self-esteem of adolescents. The study was carried out with 100

adolescents age ranged 16-19 years drawn from various colleges. The participants were examined by using Suicidal Ideation Questionnaire (Reynolds, 1991), Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975) and Self-Esteem Scale (Rosenberg, 1965). Findings of this study revealed that suicidal ideation was negatively correlated with self-esteem and extrovert personality tendency whereas positively correlated with introvert personality tendency. Further, it revealed that self-esteem was positively correlated with extrovert personality tendency whereas negatively correlated with introvert personality tendency. It suggests that self-esteem and extrovert personality tendency decrease the possibility of suicidal ideation, on the other words, the chances of suicidal ideation may be less in the individuals who have high self-esteem and extrovert personality tendency. Extravert individuals are ambitious, tenacious, and influential as well as they are leaders and set high behavioural standards for themselves in work and other activities. The varied interests they cherish their environment is outstanding which lead lesser degrees of neuroticism and higher degrees of extraversion that are related to subjective well-being. This prompts them to have more reasons for enjoying life, suggested that ongoing level of hope influences the degree of importance attached to various reasons for living (Mehrotra, 2007).

While introvert personality tendency somehow increase the suicidal ideation as these individuals are very self-entered, less sociable, less talkative, not willing to share their feelings with others and prefer to live in their fantasy world. Over thinking and social seclusion make introverts more prone to depression and ultimately to suicidal ideations. They tend to critique themselves, which gives them many complexes. These complexes, in turn, trigger the feeling of guilt, worthlessness, melancholy and despair as a result they become more hopeless and dejected. Personality is a significant determinant of depression and suicidal syndrome. Introversion is found to have the ability to trigger the outcomes of depression. Introversion along with distinct

personality variables can influence depression symptoms (Pratap&Bhargava, 1982). The introverts are often perfectionists and self-critical despite doing their best, they never satisfied with themselves, this causes an extreme mental and physical exhaustion that tend them to underestimate themselves and their achievements. Being aware of their imperfection, they are constantly trying to achieve perfection, and repeated failures disappoint them. As introverts worry a lot about what others think of them, they urge to be flawless, which serves as a source of anxiety and stress. This again puts them in a bigger risk devolving depression and has suicidal ideation. Introverts also struggle with social life in an unfamiliar situation because they feel uncomfortable and uneasy. Even after leaving the place their mind replays those awkward moments again and again, leading feeling of irritation which can lead them to anxiety or sometimes panic attacks. They have social anxiety and inferiority complex in personal and professional life and become victim of escapism. They usually freak-out if something unexpected happens and they put all these series as the depressed and stressed situation and have suicidal ideation.

It was also found that there is a negative correlation between self-esteem and suicidal ideations. Both suicidal ideation and suicide attempts may be related to persistent negative views of the self. A negative view of the self may involve seeing the self as worthless and the future as hopeless. The adolescents with low self-esteem may perceive life as not worth living and may perceive everyday stressors as overwhelming. Low self-esteem has been found to be important in the prediction of suicidal ideation among students (Stoivy, 2004). The presence and severity of suicidal ideation in adolescents with affective disorders has been related to low self-esteem. Furthermore, negative self-evaluation was associated with increased suicidal tendencies, number of suicidal gestures, seriousness of suicidal intent, and medical lethality of the suicide

attempt(Stravynski& Boyer, 2001). Thus, self-esteem deficits appear to be directly related to suicidal tendencies, including both suicidal ideation and suicide attempts in adolescents. Low self-esteem was also associated with depression, hopelessness, and high perceived stigma, but not with degree of psychotic symptoms. High self-esteem may allow individuals to overcome difficulties, stressful life events and protects against suicidal behaviours by decreasing vulnerability to depression by recognizing oneself as competent, worthy confers self-acceptance, self-respect and life satisfaction(Teicher&Jacobs, 1966; Stravynski& Boyer, 2001).

In the present study, result showed significant positive correlation between extroversion and self esteem and negatively correlated with introversion. Empirical studies show that self-esteem correlates negatively with neuroticism and positively with extroversion(Dukes & Lorch, 1989). It was showed that positive affect and social supportmediated the association between extroversion and self esteem. Individuals with high self-esteem are emotionally stable, extroverted, and conscientious and open to new experience. People who are more social, outgoing, more talkative and open to new experiences have higher level of self-esteem. Conversely, those who are reserved, less confident to new experience and avoid new place or meeting new people, they tend to have low level of self esteem(Teicher&Jacobs, 1966; Stravynski& Boyer, 2001)

It can be concluded that suicidal ideation was negatively correlated with self-esteem and extrovert personality tendency whereas positively correlated with introvert personality tendency. Further, it revealed that self-esteem was positively correlated with extrovert personality tendency whereas negatively correlated with introvert personality tendency. It was suggested that personality traits or tendency and pattern of self-esteem, may be useful to assess how the

adolescents views their life in the present and near future as well as how to reconstruct their past in the nurturance of present and how to accommodate success and failure into one's system as a part of the reality to avoid suicidal thoughts and attempts. The implications of the finding can be in proactive management for arresting earlier markers of suicidal ideation and suicide by providing counselling to those who have low self esteem and extreme introvert personality tendency in order to change their vision for themselves.

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Table: 1 Correlation between

	Suicidal Ideation	Extrovert	Introvert	Self Esteem
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Suicidal Ideation	+	-.39**	.41**	-.32**
Extrovert	-	-	-.26*	.34**
Introvert		-	-	-.29*
Self Esteem				-