

## Relationship between Suicidal Ideation and Cognitive Styles among Young Adults

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### ABSTRACT

Young Adulthood is a stage where there is pressure from family, peers, educational system and other co- curricular activities. It is this stage when children start developing symptoms of anxiety and depression that further leads to suicidal ideation and distorted cognitive styles. Expressivity, in terms of suicidal ideation and cognition have been studied widely as individual concepts among young adults but, cognitive styles have never been into consideration so far. The aim of the study is to investigate the relationship between Suicidal Ideation and Cognitive Style among young adults. The sample consisted of total 100 people (of 100 was taken) (N=100) with an age range of 18-25 years. The sample was collected using purposive sampling technique. For the purpose of data collection, Suicidal Ideation Scale by Dr. Devendra Singh Sisodiya & Dr. Vibhuti Bhatnagar and Cognitive Style Inventory by Dr. Praveen Kumar Jha were used. The quantitative was done by using Pearson Product Moment Correlation. The findings reveal that there is a significant correlation between Suicidal Ideation and Systematic Cognitive Style and hence, hypothesis 1 has been accepted completely. In addition to this, there is no correlation found between Suicidal Ideation and Intuitive Cognitive Style and hence, hypothesis 2 has been rejected completely. The discussion focuses on similar researches and work done on such topic.

**Keywords:** Relationship, Suicidal Ideation, Cognitive Styles, Young Adults

### YOUNG ADULTHOOD

The young adult age is basically a time of maturation and transition, biologically and mentally, although the degree of change may seem less dramatic than changes in childhood and adolescence. One example is the physical changes in the transition from childhood to adolescence, with bodies becoming increasingly dramatic and gaining sexual characteristics as puberty progresses. The physical changes occur as young people transition from puberty into adulthood, but are more incremental. Individuals continue to increase gradually in weight and characterize adulthood but these shifts are not as discontinuous as they are at the beginning of teens. In certain ways the tendency to gradual and not drastic improvements in growth in young adulthood may have contributed to the devaluation of young adulthood as a crucial developmental era. The transition of children and adolescents

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into adults is important. The growth of the psychological and brain during adult youth highlights this point.

### *Psychological Development*

Adolescence is typically a dynamic phase, marked by profound cognitive and emotional changes in the development of the brain and by behavioural changes in connection with basic psychosocial development tasks. In particular, adolescents have the challenge of individualizing their parents and maintaining their relationships with their families in order to promote the formation of their own identities. At the same time, your brain's overactive motivational / emotional system can help make the decision inadequately. As a result, many youth have a propensity to be strongly orientated to and reactive to their peers, to respond to their immediate environments and to be constrained in self-control, and are not inclined to concentrate on long-term impacts. That combination is related to the higher level of dangerous and accidental death among teenagers (and young adults) as opposed to childhood and later life stages, and this perception has influenced policy responses to youth and crime in particular. Compared to teens, young adults are more prone to possible behavioural costs and better established impulsivity issues before deciding on course of action, are less affected by the appeal of incentives associated with actions, and have greater distinction between adolescents and adults, and the years around 18 and 26. This growth represents many aspects, including opportunities for new jobs, obligations and improvements for young people in their social circumstances.

### *Brain Development*

There has been much attention given to the cycle of structural and functional maturation of the brain during puberty, as neuro-biological mechanisms are assumed to stabilize until they decline with age. In view of the role of brain function in offering specialization opportunities but also presenting threats for abnormal growth, maturation is of particular interest. Behavioural neuroscientists, nevertheless, have historically concluded that maturity has been achieved by 18 years of age, thus neurodevelopment research primarily compared children (under 12 years) with adults (18 to 21 years of age or between mid-20s and 30s) and adolescence (about 12 to 17). In the teenage years this technique showed several unevenness, but the young adulthood is still not understood. The probability of a prolonged brain maturation course in young adulthood has recently been addressed as mentioned below. While the main conceptual improvements in brain maturation occurred from infancy to puberty, there are increasing indications that the development of brain functions continued in the 1930's, promoting both analytical and motivational systems. Synaptic pruning, myelination, and neurochemical changes are the principal factors influencing brain maturation during adolescence. Synaptic pruning is the programmed removal of synaptic connections between neurons which are expected to promote expertise in brain processes. When synaptic ties have proliferated over infants, as gray matter thickens, synaptic links weaken via adolescence and is expected to help thin gray matter via puberty. The area that facilitates critical thought and planning is the prefrontal cortex. It also supports management function, controlling and modulating behavior thanks to its extensive connectivity throughout the brain. This plays an important part in decision making and is required to help cognitive growth and maturation.

With the growing demands for multi tasking, young adults face a lot of problems that act as stressors in their life. Young Adulthood is a stage where there is pressure from family, peers, educational system and other co- curricular activities. The early twenties to the mid-thirties are the stages of life for young adulthood. This time of life is also marked by excision, such

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as beginning or graduating from high school, moving out of the home of a parent and into a home alone or with family members, marriage and/or family base. It can feel daunting sometimes with all the critical moments during young adulthood. You can benefit from a happier, healthier life by knowing what to expect and how to prepare for this time. To many, young adults, when you transition from becoming a child to an independent person, it is known as a period of growth and development. Change is unavoidable irrespective of your age, but a rapid rate of change can often be shocking during young adulthood. Unpreparedness or being faced with too many obstacles at once may result in tension or anxiety. Lack of personal experiences and strong coping strategies can increase the situation more stressful. If stress is not tackled, chronic diseases such as insomnia, muscle ache, tiredness and a weakened immune system can result. Prolonged exposure of anxiety and stress may result individuals indulging in negative thoughts, abnormal behaviour and suicidal thoughts. These thoughts can result to an individual's death and also have a huge impact on the cognitive pattern of an individual.

### ***Suicide and Suicidal Ideation***

Suicide is a real social event, ubiquitous and frequently occurring. Every culture and every time, right from the Ancient Time to the Modern Age, has examples of suicide.

Suicide is a method of self-determination. Suicide is a psychological problem, medically speaking. Suicide is the only one cause, according to statistics, of needless, premature and shaming death around the world. Suicide is a mood condition.

Suicidal ideation is also known as suicidal thoughts and is a matter of thought, contemplation or preparation. The spectrum of the suicidal ideation ranges from fluid thinking, thorough thinking and comprehensive preparation, to suicidal thought, typically associated with depression and other mood disorders; and it tends to connect with many other psychiatric illnesses, incidents in life and family activities.

Two kinds of suicidal ideations exist, however: passive and active. There's passive ideation of suicide when you want to be dead or die, but in truth you're not considering suicide. On the other hand, active suicidality does not just accept it but attempts suicide, including how it is to be prepared.

Persons who commit suicide or have suicidal thoughts or actions have a family history of suicide. Suicide can be considered as a form of death as the heartbeat stops and there is no breathing that takes place. It is simply explained as taking one's life.

### ***Cognitive Style***

The cognitive style or style of thought is a term used in cognitive psychology to explain how people think, interpret and remember information. The cognitive style varies from cognitive ability (or level), which is assessed by aptitude or so-called intellectual tests.

Cognitive style is the way people interpret data in the world and thinking patterns they use to build an awareness base about their world. The definition of cognitive styles was debated and researched in the psychological community even in the late thirties, a field under continuous study. Knowledge about cognitive styles gives you the ability to learn more about the variations between individuals. This information can then be used to support teachers, counsellors and other practitioners interested in the learning experiences of children. The cognitive style is hampered by the suicidal thoughts and thus, causes a change

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in the problem solving pattern when faced with problems. A person having suicidal thoughts might have a great impact on his Cognitive style pattern.

In order to study the whole scenario, this research helps to find a relationship between suicidal ideation and cognitive style among young adults. The purpose of this study would help us understand a correlation between the two variables and would give us clear results for the same.

### REVIEW OF LITERATURE

Weis, Rothenberg, Mosche et.al (2015) The (space needed) Effect of Sleep Problems on Suicidal Risk among Young Adults in the Presence of Depressive Symptoms and Cognitive Processes, concluded that the aim was to investigate the impact of sleep, depressedness and the cognitive processes of 460 young adults on the risk of suicide. They collected self-reports assessing the behaviour, quality of sleep, depressive symptoms and emotional control. The levels of depressive symptoms, sleep disorders, emotional suppression, ruminations and impulsivity have been greater among suicidal participants. A confirmatory factor analysis model identified suicide risk routes that did not indicate a direct correlation between sleep and suicide risks. Instead, the risk of suicide by depression and rumination was related to sleep, which then increased the risk of suicide. Such results indicate that the treatment or avoidance of depressive and ruminant symptoms and the reduction in suicidal risk is beneficial to resolve sleep problems.

Shelef, Fruchter, Mann et.al (2014) Correlations between interpersonal and cognitive difficulties: Relationship to suicidal ideation in military suicide attempters, concluded that understanding the ideation of suicide will help establish stronger suicide prevention and intervention programmers. The hypotheses of interpersonal and cognitive disability are about the causes that contribute to suicide. Suicide attempts have more issues with problem-solving, negative emotion control, and burdensomeness than their peers. In military environments, it is normal to see over-and under-reports of a suicidal ideation. Such factors all communicate directly with each other and with the ideation of suicide. Until trying to suicide, depression and burdensome combined together account for 65% of suicidal ideation variation. The ideation of suicide is closely linked to interpersonal and cognitive components. As well as reviewing the current suicidal plan, clinicians will examine previous suicide attempts, depression and stress.

Kleiman, Riskind, Stange et.al (2014) Cognitive and Interpersonal Vulnerability to Suicidal Ideation: A Weakest Link Approach, concluded that the aim of this research was to research the ideation of suicide from a weaker perspective. We proposed that the "weakest relationship" between elements in vulnerability from the theory of hopelessness (HT and IPTS) would engage more with high rates of stress to deter suicide rises over the span of a period of 6 weeks relative to traditional definitions of HT or IPTS. They believed that suicidal ideation would be better off. This research indicates that the models that are most vulnerable to suicidal ideation during stress may be helpful for understanding which individuals are most vulnerable to depression.

Klieman, Law, Anestis (2014) Do theories of suicide play well together? Integrating components of the hopelessness and interpersonal psychological theories of suicide, concluded that the objective of the present examination is to coordinate two speculations of suicide hazard, into one mediational model where the impacts of the hazard related with the

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HT factors (i.e., a negative subjective style) on self-destructive ideation are transmitted by the IPTS (i.e., saw oppressiveness and foiled having a place) variables. The consequences of an intervened model upheld our theory. The impacts of the HT factors on self-destructive ideation were intervened by the IPTS factors. Besides, results didn't reinforce the alternative model, recommending particularity of the heading of our theories. These discoveries suggest that there might be merit in endeavoring to incorporate hypothesis of suicide chance as opposed to examining them in seclusion.

Miranda, Valderrama, Tsypes, et.al (2013) Cognitive inflexibility and suicidal ideation: Mediating role of brooding and hopelessness, concluded that the present investigation inspected the brooding subtype of rumination and sadness as potential middle people of the planned connection between psychological resoluteness and suicidal ideation. Cognitive inflexibility at an onset anticipated suicidal ideation at development, altering for gauge ideation. This connection was interceded by brooding yet not by misery. Cognitive inflexibility may expand susceptibility to suicidal reasoning since it is related with more noteworthy brooding rumination, and how it is related with sadness.

Miranda, Gallagher, Rajappa et.al (2013) Rumination and Hopelessness as Mediators of the Relation Between Perceived Emotion Dysregulation and Suicidal Ideation, concluded that the research investigates whether certain aspects of emotional dysregulation are related to suicidal ideation through their effects on ruminative thought and hopelessness. The strategy element, measured on the basis of rumination and despair at follow-up was significantly linked and the higher ideation at follow-up was also correlated. The relationship between strategies and ideation even when adapted to depressing symptoms was mediated by rumination and hopelessness. Perceived unable to access emotion management mechanisms, their effects on rumination and hopelessness can increase susceptibility to suicidal ideation.

Labelle, Breton, Pouliot et.al (2013) Cognitive correlates of serious suicidal ideation in a community sample of adolescents, concluded that surveys indicate that adolescents are at risk of developing suicidal thoughts and committing to suicide through unstable identification, problem solving deficiencies, and desperation. However, in the field of suicidality in young adults, there was nothing observed in non-clinical trials, taking account of gender in relationships and managing depression, on the associations between these three cognitive variables and suicidal ideation. The findings suggest that a single explanatory paradigm of the adolescent suicide cycle that does not take gender into account would be ill-informed. Suicide prevention approaches can be differentiated by gender with a greater emphasis on depression in female teens, and problem-solving deficits in males.

Thompson, Proctor, English et.al (2012) Suicidal ideation in adolescence: Examining the role of recent adverse experiences, concluded that in this study, the relation between recent adverse experiences and suicidal ideation was examined and possible mediators in a sample of 740 risk 16 year-olds. Suicidal ideation identified by 8.9 percent of young people. Recent negative experiences as a community have been associated with suicide; both physical violence and recent psychological abuse have been related to the suicidal ideation. Psychological distress has greatly influenced the connection between the recent traumatic encounters and the suicidal ideation.

Miranda, Gallagher, Bauchner, et.al (2011) Cognitive inflexibility as a prospective predictor of suicidal ideation among young adults with a suicide attempt history, measures how cognitive inflexibility affects suicidal ideation in young adults who have a history of

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suicidal attempt and those who don't. It was found that cognitive inflexibility, as estimated by perseverative mistakes on the WCST, suicidal ideation at 6-month follow-up, among suicide attempters, however not among no attempters, changing for the nearness of a benchmark state of mind or nervousness, sadness, and suicidal ideation. Lastly it was concluded that cognitive inflexibility may build helplessness to suicidal ideation after some time among people with a past suicide endeavor history.

Surrence, Miranda, Marroquin, et.al (2009) Brooding and reflective rumination among suicide attempters: Cognitive vulnerability to suicidal ideation, concluded that this examination explored the conditions under which intelligent rumination may be related with expanded suicidal ideation by looking at whether a suicide endeavor history directed the connection between the ruminative subtypes and current suicidal ideation. These discoveries qualify prior recommendations that reflection is a progressively versatile type of rumination by demonstrating that among unsafe people – specifically those with a background marked by a suicide endeavor – a higher level of reflective rumination is related with expanded suicidal ideation.

Wilson & Deane (2009) Help-Negation and Suicidal Ideation: The Role of Depression, Anxiety and Hopelessness, concluded that present examination inspected the relationship between suicidal ideation and expectations to look for help from companions, family and expert emotional well-being sources in a sample of 302 Australian college students. Higher levels of suicidal ideation were identified with lower help-chasing aims for family, companions, and expert psychological well-being care, and higher aims to look for help from nobody. The outcomes demonstrate that, even at subclinical levels, suicidal ideation blocks the psychological assistance looking for process at the dynamic stage. The outcomes likewise feature the significance of improving the comprehension of why youngsters become hesitant to look for help as their degrees of suicidal ideation and increment on depressive symptoms.

Connor & Noyce (2008) Personality and cognitive processes: Self-criticism and different types of rumination as predictors of suicidal ideation, concluded that the present examination, it was explored that the degree to which various kinds of rumination intercede the connection between self-analysis and suicidal ideation. Brooding was more firmly connected with self-destructive ideation than reflection. The discoveries show a developing corpus of research which features the utility of character and subjective factors in propelling the comprehension of the process of suicidal ideation.

Hiramura, Shono et.al (2008) Prospective Study on Suicidal Ideation Among Japanese Undergraduate Students: Correlation with Stressful Life Events, Depression, and Depressogenic Cognitive Patterns, concluded that the study found that it examines the impact of stressful life events, depression and cognitive depression on the suicidal ideation of 500 Japanese undergraduates. The results show that suicidal ideation is indirectly affected by depressive cognitive styles and a mood of depression by stressful events in life.

Rector, Kamkar & Riskind (2008) Misappraisal of Time Perspective and Suicide in the Anxiety Disorders: The Multiplier Effect of Looming Illusions, concluded that this article explores the psychological processes which can partly explain the association between anxiety disorders and suicide. We look at the role of psychologically unspecific weaknesses such as hopelessness and self-criticism, as well as their contributions to an anxiety-specific

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cognitive factor, which generates a increasing vulnerability. Cognitive evaluations and representations of a cognitive maladaptive approach provide descriptions of accelerated danger and distress that can help to intensify hopelessness and to 'flee' psychological suffering by suicide.

Ellis & Rutherford (2008) *Cognition and Suicide: Two Decades of Progress*, concluded substantial progress has been made in the creation of clinically guided and empirically validated approaches that concentrate explicitly on suicidal thought and behaviour, in the understanding of the links among cognitive processes such as hopelessness, problem solving and autobiographic memory. We conclude with a debate on the challenging issues and possible guidelines for further research.

Williams, Does, Barnhafer et.al (2007) *Cognitive Reactivity, Suicidal Ideation and Future Fluency: Preliminary Investigation of a Differential Activation Theory of Hopelessness/Suicidality*, concluded that through a differential activation system, the authors investigated whether hopeless / suicidal information reappearance can be clarified over time Studies 1 and 2 showed the higher scores of both the despair and suicidal ideation subscale of a test measuring low-mood cognitive reactivity for people experiencing suicidal ideations following depression in the past Study 3 shows that self-reports on this subscale forecast generative changes for positive future events, a test measure of processes underlying desperation / suicidality, after the sad induction of the mood. The findings suggest that a history of suicidal ideation is related to a certain cognitive response pattern, which is reactivated through mild mood fluctuations.

Smith, Alloy, Abrahamson, et.al (2006) *Cognitive Vulnerability to Depression, Rumination, Hopelessness, and Suicidal Ideation: Multiple Pathways to Self-Injurious Thinking*, concluded that ongoing exploration has concentrated on indicators of suicidal ideation and conduct, for example, negative cognitive styles, useless perspectives, misery, and rumination. Right now, connections among these hazard factors with regards to the Attention Mediated Hopelessness (AMH) hypothesis of misery are inspected. The nearness and term of suicidal ideation were anticipated tentatively by rumination and sadness, and misery somewhat intervened the connection among rumination and ideation and completely interceded the relationship among rumination and span of suicidality. Further, rumination intervened the connection between cognitive susceptibility and suicidal ideation.

Reinecke & Didie (2005) *Cognitive-Behavioral Therapy with Suicidal Patients*, concluded that managed research results indicated that persuasive cognitive interventions may be successful in the care of adults and adolescents with psychiatric depressions. Cognitive therapy, concluded that in combination with antidepressant medications, can be effective in the treatment of serious symptoms of depression and is more successful than any adult therapy alone. In addition, cognitive-conduct therapy is promising to reduce suicidal thoughts and behaviour. In the last quarter century, the frequency of these results has brought considerable attention to cognitive therapy and science.

Collins & Cutcliffe (2003) *Addressing hopelessness in people with suicidal ideation: building upon the therapeutic relationship utilizing a cognitive behavioural approach*, concluded that this article explains how the treatment can be improved by using a cognitive behavioural strategy for coping with suicidal hopelessness. This literature demonstrates that the practitioner has to consider the techniques and theoretical basis of the motivation of hope in the light of the inextricable relation between suicide and the sense of systemic desperacy.

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While methods of cognitive action have proven to be effective when coping with hopelessness, the therapeutic partnership is recommended as a precondition to successful treatment.

Winters, Myers & Proud (2002) Ten-Year Review of Rating Scales. III: Scales Assessing Suicidality, Cognitive Style, and Self-Esteem, concluded that scales evaluating suicidality have clear builds, while scales of cognitive style exhibit shortfalls in formative importance, and scales of self-esteem experience the ill effects of lax- develops. The established results underlying these scales show side effects such as internalizing psychiatric problems, intercede the articulation of aggravated feelings related with different disorders, and delineate the weaknesses coming about because of these disorders. In total, the psychometrics of these scales are satisfactory. These scales give a more extensive portrayal of youths' performing than that passed on with indicative scales alone.

Sheehy & Connor (2002) Cognitive style and suicidal behaviour: Implications for therapeutic intervention, research lacunae and priorities, concluded that Cognitive style is an entrenched hypothetical build however there is impressive vagueness in the manner it has been utilized and vulnerability with respect to the idea of its part in suicide. To help a self-destructive individual to become an appropriate problem solver is not a big task but the study proof recommends that advancing cognitive styles through the improvement of reasoning aptitudes is conceivable when the treatment is understood as a learning coordinated effort.

Patsiokas, Clum, Luscomb et.al (2001) Cognitive characteristics of suicide attempters, concluded that in a group of 49 19-59 year old suicide attempts and in a group of 48 19-64 year old nonsuicidal psychological studies, concluded that conflicting cognitive properties of rigidity, impulsivity, and field dependency. The category of suicidal attempts was distinguished by increased rigidity of multivariate analysis in the divergent reasoning task of regulating aging and diagnosis. The field reliance of suicide attempters was more stereotypical, but only in the age group of 19–34 years. The 2 classes were not characterized by impulsivity. The findings are understood to indicate a cognitive susceptibility to suicide.

Dieserud, Roysamb, Ekeberg et.al (2001) Toward an Integrative Model of Suicide Attempt: A Cognitive Psychological Approach, concluded that the findings revealed a two-way suicide pattern. The first route began with low self-establishment, loneliness, and separation or divorce, and was further conveyed by despair and suicide attempts. The second approach was through low self-esteem and a lack of self-efficacy, and through a pessimistic assessment of one's own problem-resolution abilities and weak interpersonal problem-solving skills the second path was taken. It is critical that both depression / hopelessness and deficits are discussed in dealing with suicide attempters.

Beutrais, Joyce, Mulder (2000) Personality Traits and Cognitive Styles as Risk Factors for Serious Suicide Attempts among Young People, concluded that the offering of a progression of measures of character and additionally cognitive style to genuine suicide endeavor hazard in youngsters was analyzed in a case-control study. People making suicide endeavors had raised chances of sadness, neuroticism, contemplation, low self-esteem, imprudence, and external locus of control. Nonsignificant discoveries were clarified by the nearness of considerable relationship between these measures and proportions of hopelessness, neuroticism, and outer locus of control.



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Wagner, Rouleau et.al (2000) Cognitive Factors Related to Suicidal Ideation and Resolution in Psychiatrically Hospitalized Children and Adolescents, concluded that the attributive style was even more positive in subjects of suicidal ideation and optimism was reduced by the time the suicidal thought disappeared. Upon depression management, there was no link between self-esteem and suicide ideation. Without suicidal thought, these improvements in cognitive factors were seen in the sample. There was no significant difference in the pattern of findings between children and adolescents. Changes in attributive style have demonstrated to be a significant factor in the resolution of children and adolescents' suicidal ideation. In psychotherapy for troubled children and adolescents, this cognitive style may be directly approached as a way of minimizing the possibility of suicide. These findings may minimize the period of psychiatric hospitalization.

Abramson, Alloy, Hogan et.al (2000) Suicidality and cognitive vulnerability to depression among college students: a prospective study, concluded that the relationship between cognitive impairment and suicide seemed to be influenced by hopelessness. Ultimately, the association between cognitive impairment and suicidality was not mediated by other hypothesised suicidal risk factors not defined in cognitive theories, such as previous suicidality, personal depression history, borderline, antisocial personality disorder, and parental depression history.

### ***Rationale***

Suicidal ideation (thoughts) are common responses which are felt by young adults between the age group of 18-35 working and studying in various institutions which have an impact on the cognitive style of an individual. It is a phenomenon which is especially common in adolescents and young adults. The topic has been a point of research for many psychologists and mental health professionals due to the alarming increase in the suicides which these young adults commit every day. Throughout the world, about 2000 people kill themselves each day ie about 80 per hour, three quarters of a million a year due to extreme academic pressures, conflict with peers, abusive relationships, parental pressures and societal expectations. Suicide is an act of cowardice and many people are exposed to so much of stressors in their lives that the only solution they find to overcome their problems is through committing suicide. Suicidal thoughts are negative thoughts that are distressing and cause mental instability in individuals that affects the thinking pattern and cognitions of an individual. This also has a huge impact on the cognitive style of an individual. Beutrais, Joyce, Mulder (2000) studied personality traits and cognitive styles as risk factors for serious suicide attempts among young people. The individuals with suicidal thoughts and who have made suicide attempts have higher chances of panic attacks, neuroticism, introversion, low self-esteem, impulsivity and external control locus. It showed correlation and neuroticism, introversion external control locus were the significant factors of risk that elevated the suicide attempt in individuals. In another research by Labelle, Breton, Pouliot et.al (2013) studied cognitive correlates of serious suicidal ideation in a community sample of adolescents, concluded that surveys indicate that adolescents are at risk of developing suicidal thoughts and committing to suicide through unstable identification, problem solving deficiencies, and desperation. Though in many studies, suicide and suicidal ideation in young adults has been explored and has been compared to personality, cognitive processed and emotional dysregulation, the reason I took this topic for research was to research specifically on suicidal thoughts and its relationship with cognitive style in depth which has not been researched much so far and that came out as a research gap in many studies and it was a factor hardly touched upon in various studies. Another gap in the research was that there were various researches that were related to the topic I have taken up but none of the

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research had the same variables and objective. A need to further explore and conduct a research on the topic was to specifically study the relationship between suicidal ideation and cognitive style among young adults.

### *Objectives*

- To study the relationship between Suicidal Ideation and Systematic Cognitive Style.
- To study the relationship between Suicidal Ideation and Intuitive Cognitive Style.

### *Hypothesis*

H1: There would be a significant relationship between Suicidal Ideation and Systematic Cognitive Style.

H2: There would be a significant relationship between Suicidal Ideation and Intuitive Cognitive Style.

## **METHODOLOGY**

### *Aim*

To study the relationship between Suicidal Ideation and Cognitive Style among young adults.

### *Objectives*

- To study the relationship between Suicidal Ideation and Systematic Cognitive Style.
- To study the relationship between Suicidal Ideation and Intuitive Cognitive Style.

### *Hypothesis*

- H1: There would be a significant relationship between Suicidal Ideation and Systematic Cognitive Style.
- H2: There would be a significant relationship between Suicidal Ideation and Intuitive Cognitive Style.

### *Design*

The present research follows a Correlational Research Design.

### *Variables*

- Suicidal Ideation.
- Cognitive Style.

### *Sample and Its Selection*

The Sample size taken for the research was N=100 and it consisted of young adults with age range of 18-25 years who are college going and working. The sampling technique used to select the students was Purposive Sampling.

### *Description of Tools Employed*

**SUICIDAL IDEATION SCALE:** Suicidal is a real, common social event that usually occurs. Every culture and age, from the old times through the modern era, has examples of suicide. Suicide is a form of self-determination. Suicide is a psychological question from a medical point of view. We understand that it was not so bad to kill yourself when work behind them is evaluated. The Suicidal Ideation Scale was developed by Dr. Devendra Singh Sisodiya who is The Head Department of Psychology, Bhupal Nobles Girls College, M.L.S University Udaipur (Raj) and Dr. Vibhuti Bhatnagar as the Guest Faculty Department of

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Psychology, M.L.S University Udaipur (Raj) for Indian conditions in (2011). The Suicidal Ideation Scale was developed by using the five point Likert scale with an aim to measure suicidal ideation. There were suggestions encouraged from various experts from various fields such as Psychology, Sociology, human development, family relations and psychiatry. The final scale was thus formed and consists of 25 statements with five alternatives like- “Strongly agree”, “Agree”, “Uncertain”, “Disagree”, “Strongly Disagree” out of which 21 statements are positive and 4 are negative statements. The scoring for the positive and negative statements is different. The scoring for 21 statements that are positive which are 1,2,3,4,5,6,7,8,9,10,12,13, 14, 15,16,17,19,20,21,22,23,25 is as follows- Strongly Agree (5), Agree (4), Uncertain (3), Disagree (2) and Strongly Disagree (1). For 4 negative statements which are 11,13,18 and 24, the scoring is as follows- Strongly Agree (1), Agree (2), Uncertain (3), Disagree (4) and Strongly Disagree (5).

**Reliability of SIS:** The reliability of the scale was determined by (a) test-retest method and (b) internal consistency method. The test-retest reliability was **0.78** and the consistency value for the scale is **0.81**.

**Validity of SIS:** The validity of the scale is face validity. Besides face validity as all the items of the scale are concerned with the variable under focus, the scale has high content validity. The scale was validated against the external criteria and coefficient obtained was **0.74**.

**Norms of SIS:** Norms for the scale are available for all the age groups. These norms should be regarded as reference point for interpreting Suicidal Ideation scores.

Scores	Interpretation
25 – 30	Very Low Suicidal Ideation
31 – 45	Low Suicidal Ideation
46 – 105	Average Suicidal Ideation
106 – 120	High Suicidal Ideation
121 – 125	Very High Suicidal Ideation

**COGNITIVE STYLE INVENTORY:** Cognitive style inventory (CSI) was developed by Dr. Praveen Kumar Jha (2001) and it measures the ways of thinking, judging, remembering, storing information, decision making and believing in interpersonal relationship. The inventory has five types of cognitive style dimensions, which are systematic, intuitive, integrated, undifferentiated and split cognitive style. The systematic style is related to rational and intelligent action that uses a series of steps to think, study, solve problems and take decisions. In comparison, the intuitive style is related to a spontaneous, holistic and visual approach, which requires inconsistent examination of problems. Individuals with undifferentiated style tend to be detached, passive and reactive and search for techniques for troubleshooting. In split cognitive form, people are aware of the issue by choosing the best form. A respondent with a structural scale that is high and an intuitive scale low is defined as having a systematic type of cognitive style. The respondent with a low rate of systemic and a high level of intuition is a person with a cognitive style known as intuitive. An individual with an integrated cognitive style can change styles quickly and at a high both systemic and intuitive level. A person with a low systematic and intuitive scale is labeled with an undifferentiated cognitive style. The middle-range ranking of the individual on both the systemic and the intuitive scales is known as split cognitive style. There are 40 items in the

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questionnaire that assess the systemic cognitive and intuitive cognitive types, consisting of 20 items each on a Likert scale of 5 points each. Five responses divided into Total Disagreement (1), Disagreement (2), Undecided (3), Agreement (4) and Totally Agreement (5). In both dimensions, the minimum and maximum score is between 20-100. An individual above 81 in both systematic and intuitive types should be held under integrated cognitive styles; if a person reaches below 61 in a systemic and intuitive scale he or she is labeled a person with a cognitive style that is undifferentiated and a respondent with a systemic and intuitive style that is medium in score, he or she should be classified as a person with a cognitive style that is split.

**Reliability of CSI:** Two methods which are split half and test-retest methods calculated the reliability of the test. The full extent of the split half-reliability of the CSI was 0.653 and the systematic, intuitive, integrated, undifferentiated and split cognitive types was measured at 0.83, 0.78, 0.73, 0.76, 0.70 and 0.70 ( $p < 0.01$ ) independently and the test retest reliability for the entire study was calculated to be 0.39 for systematic, intuitive, integrated, undifferentiated and split cognitive style was 0.58, 0.56, 0.53, 0.48 and 0.55 ( $p < 0.01$ ) independently.

**Validity of CSI:** Further the validity of the scale was calculated by a decision of six judges per item, with the majority of judges agreeing that only certain items be included. It guarantees high content validity. In terms of phi-coefficient correlation and chi square the internal validity was calculated by the measurement of the discrimination power of each object.

**Norms of CSI:** Percentile norms have been prepared on the basis of Cognitive Style Inventory scores obtained from 425 boys and 300 girls of post-graduate and under-graduate classes separately as presented in Table below. The boys have scored a bit higher than girls, although the difference is statistically not significant. The distributions of scores in both groups are slightly positively skewed.

Percentiles	Scores		Interpretation
	Boys	Girls	
95 <sup>th</sup>	89.77	88.06	
90 <sup>th</sup>	87.25	85.7	HIGH
80 <sup>th</sup>	84.72	83.33	
75 <sup>th</sup>	82.19	80.97	
70 <sup>th</sup>	79.67	78.07	MEDIUM HIGH
60 <sup>th</sup>	77.15	76.24	
50 <sup>th</sup>	74.62	73.88	
40 <sup>th</sup>	72.09	71.51	
30 <sup>th</sup>	69.57	69.15	MEDIUM LOW
25 <sup>th</sup>	64.78	64.52	
20 <sup>th</sup>	61.99	62.06	LOW
10 <sup>th</sup>	59.94	59.69	

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	Boys	Girls	
Mean	73.66	73	
Median	47.62	73.87	
S.D.	10.02	9.96	
N	425	300	

Thus, in the light of above percentile norm a respondent scores above 81 on Systematic style and below 61 on intuitive style would be classified as a person having Systematic cognitive style. Conversely respondent scores below 61 on systematic style scale and above 81 on intuitive style would be identified as a person possessing. A person who scores above 81 on both the styles; i.e., systematic and intuitive, would be kept under integrated cognitive style. In opposition to integrated cognitive style; if a person obtains below 61 on systematic and intuitive scales would be called a person having undifferentiated cognitive style and lastly a respondent who is on medium high score on systematic and intuitive style would categorized as a person with split-cognitive style.

### *Procedure*

The aim of the study was to find the relationship between suicidal ideation and cognitive style among young adults and the adults were college going and working individuals. The age group of 18-25 was taken and the sample size of 100 was taken. Two questionnaires were provided with a consent form and in the consent form the purpose of the study was mentioned. The Subjects were assured that their responses would be kept confidential and that it will only be used for the purpose of the study. The consent form also included a part in which the Subject was told that it is their decision to take part in the research and that it is entirely voluntary and that they can withdraw or refuse to fill the questionnaire at any time if they don't feel comfortable. The signature of the participant was also collected to keep a proof that the subject participated voluntarily. After the consent form was filled, demographic information of the subject was collected which included its Name, Age, Gender, Educational Level, Family Type and Area in which they live. The Subject was told to read the instructions carefully and answer each question by putting a tick mark on the box which is best suitable to them. They were told not to leave any question unanswered and that no response is right or wrong. Responses were collected from the participants and scoring was done accordingly. The subjects were also told that their questions regarding their scores and interpretations would also be catered later once the interpretations are done. Lastly, they were thanked for their participation and were appreciated for taking out their valuable time.

### *Statistical Analysis*

Descriptive Statistics and Pearson's product moment correlation was used to analyze the data. The data is further depicted by using tables.

## **RESULTS**

The aim of this research was to study the relationship between suicidal ideation and cognitive style in young adults. The result to carry out this study was calculated by finding out descriptive statistics which includes the mean and standard deviation along with the correlation across the variables. Tables are made to show the statistical output of the scores obtained by the sample.

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### PART 1

**Table 1: Showing the descriptive statistics of Suicidal ideation and Cognitive Styles (Systematic and Intuitive Cognitive Styles)**

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Suicidal Ideation	100	33.00	104.00	60.1500	18.13606
Systematic Cognitive Style	100	38.00	103.00	72.0100	11.47284
Intuitive Cognitive Style	100	33.00	100.00	69.6600	12.88113
Valid N (listwise)	100				

Table 1 shows the descriptive statistics of Suicidal Ideation and Cognitive Style among young Adults. The descriptive statistics include the Mean and Standard Deviation of all the Variables. For Variable 1 (Suicidal Ideation) the minimum number is 33 and the maximum number is 104 with mean as 60.1500 and standard deviation as 18.13606. The other two variables come under a broad category of Cognitive Style which is divided into Systematic Cognitive Style and Intuitive Cognitive Style. For Variable 2 (Systematic Cognitive Style) the minimum number is 38 and the maximum number is 103 with mean as 72.0100 and standard deviation as 11.47284. Now, for Variable 3 (Intuitive Cognitive Style) the minimum number is 33 and the maximum number is 100 with mean as 69.6600 and standard deviation as 12.88113. For all the variables the N remains the same that is N=100.

**Table 2: Showing correlation between suicidal ideation and systematic cognitive style among young adults.**

Variables	Sig (2 tailed)
Suicidal Ideation	-.330**
Systematic Cognitive Style	-.330**

\* Correlation is significant at 0.05 level

\*\*Correlation is significant at 0.01 level

Table 2 shows Correlation between Suicidal Ideation (Variable 1) and Systematic Cognitive Style (Variable 2). There is a significant negative correlation found between suicidal ideation and systematic cognitive style at 0.01 levels among young adults. Hence, the hypothesis 1 is completely accepted.

**Table 3: Showing correlation between suicidal ideation and intuitive cognitive style among young adults.**

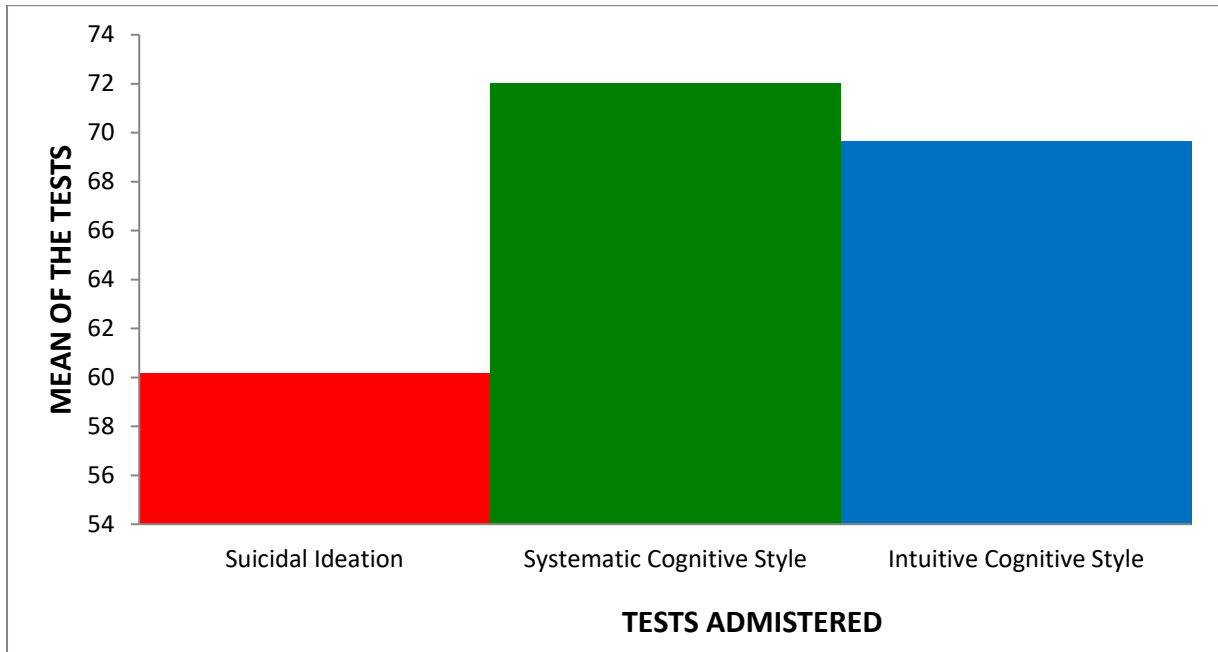
Variables	Sig (2 tailed)
Suicidal Ideation	-.059
Intuitive Cognitive Style	-.059

\* Correlation is significant at 0.05 level

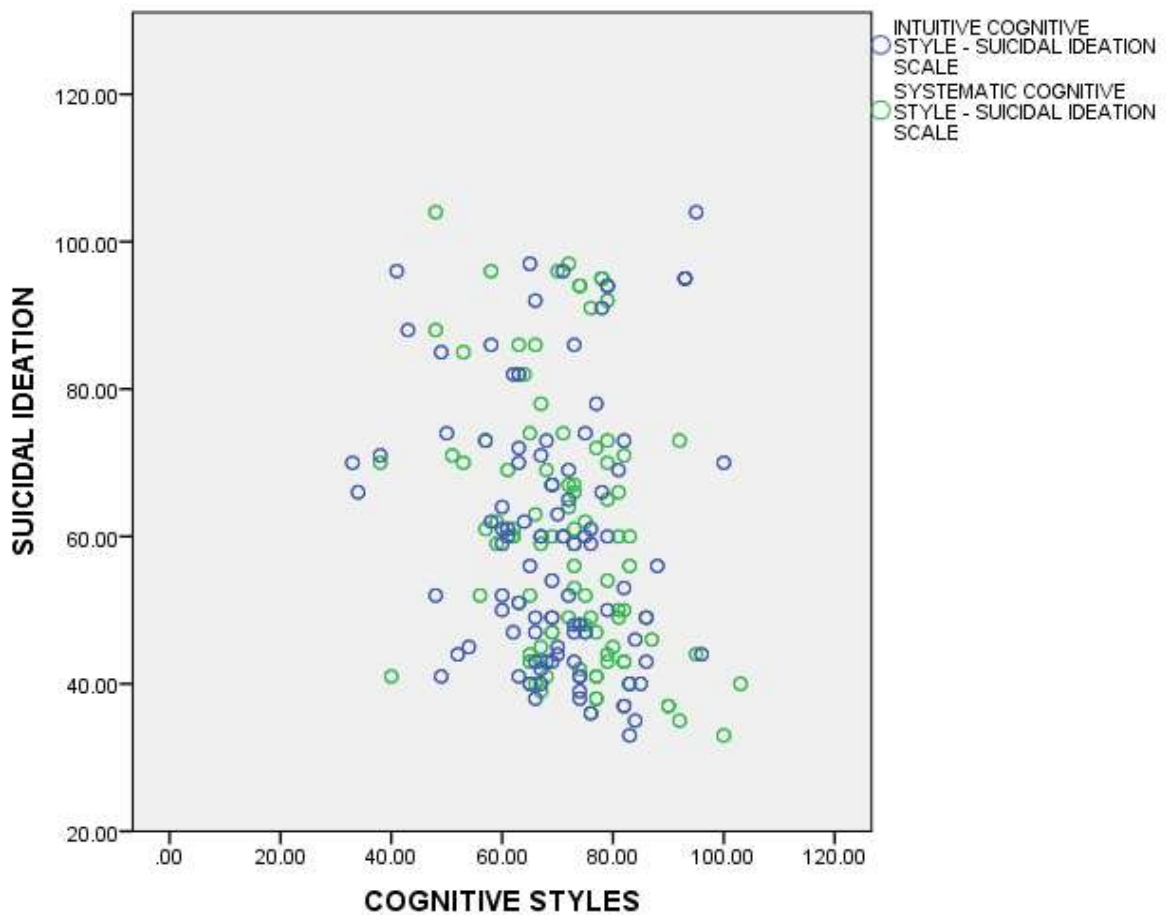
\*\*Correlation is significant at 0.01 level

Table 3 shows Correlation between Suicidal Ideation (Variable 1) and Intuitive Cognitive Style (Variable 3). There is no significant correlation found between suicidal ideation and intuitive cognitive style at any level of significance that is at 0.01 and 0.05 levels. Hence, the hypothesis 2 is rejected.

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*Figure 1. Highlights mean values of tests administered on the subjects. With the help of figure 1, we can observe visible difference in the mean of tests administered on subjects. The graph shows there are more individuals that have Systematic Cognitive Style than Intuitive Cognitive Style.*



*Figure 2. Correlation between Suicidal ideation and Systematic cognitive style and between Suicidal ideation and Intuitive cognitive style.*

### DISCUSSION

The aim of this study was to investigate the relationship between Suicidal Ideation and Cognitive Style among young adults. This relationship was evaluated by using both the scales. The objectives of the study were to study the relationship between Suicidal Ideation and Systematic Cognitive Style and to study the relationship between Suicidal Ideation and Intuitive Cognitive Style. Suicidal ideation has become an important concern nowadays as it affects a person's overall development of body as well as it affects the cognitive style of an individual which means that it alters the thinking and problem solving style of an individual. To observe the same we have taken two scales. First is the Suicidal Ideation Scale which is used for screening individuals who alarmingly suffer from a high degree of suicidal ideation. Second scale used is the Cognitive Style Inventory that measures the ways of thinking, judging, remembering, storing information, decision making and believing in interpersonal relationship.

For the purpose of this research, 100 young adults were selected as per their age range i.e. 18-25 years using purposive sampling. Suicidal Ideation Scale and Cognitive Style Inventory were used for the collection of data. After the assimilation of questionnaires, they were scored and analyzed. The result was calculated and evaluated using Descriptive Statistics and Pearson's Product Moment Correlation to find out the correlation between the variables among young adults.

The findings in Table 1 showed the mean and standard deviation of the variables. For Variable 1 (Suicidal Ideation) the minimum number is 33 and the maximum number is 104 with mean as 60.1500 and standard deviation as 18.13606. The other two variables come under a broad category of Cognitive Style which is divided into Systematic Cognitive Style and Intuitive Cognitive Style. For Variable 2 (Systematic Cognitive Style) the minimum number is 38 and the maximum number is 103 with mean as 72.0100 and standard deviation as 11.47284. In case of Variable 3 (Intuitive Cognitive Style) the minimum number is 33 and the maximum number is 100 with mean as 69.6600 and standard deviation as 12.88113. For all the variables the N remains the same that is N=100. To study the correlation between Suicidal Ideation and Systematic Cognitive Style, we used Pearson's Product Moment Correlation. Table 2 shows that there is a significant negative correlation found between Suicidal Ideation and Systematic Cognitive Style at 0.01 level among young adults. Hence, Hypothesis 1 is completely accepted.

Finally, to study the correlation between Suicidal Ideation and Intuitive Cognitive Style, Table 3 showed that there is no significant correlation found between the two variables at any level of significance i.e., at 0.01 and 0.05 level. Hence, Hypothesis 2 is rejected. As Hypothesis 1 has been accepted, it can be said that people who experience Suicidal Ideation have Systematic Cognitive Style which means that they deal with problems in a step wise manner, look out for an overall method or an approach that is pragmatic and then make an overall plan as to how to solve a problem. In case Hypothesis 2 that has been rejected, it means that people who have Suicidal Ideation don't have Intuitive Cognitive Style which means people who use analytical steps while solving a problem. They rely on their experiences and how they have explored the world for solving problems.

All participants in the study had a university education or higher, which results them to indulge in Suicidal thoughts due to the pressure they face in their daily lives and the social expectations they are supposed to fulfil. Schaefer, Smythers et.al (2012) showed the role of impulsivity in the relationship between anxiety and suicidal ideation and found out that



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elevated trait anxiety, approaching cognitive style, time misinterpretation and trait impulsiveness can be major risk factors for suicidal ideation among students at college and therefore it should be assessed if students are present for treatment. Treatments focused on problem solving, cognitive training, and behavioural approaches can minimize anxiety and impulsivity, and can also reduce the risk of suicidal ideation. Pallock & Williams(2001) showed that effective problem solving in suicide attempters depends on specific autobiographical recall and the conclusions made were that suicide attempters were far more over-generalized and that problem solving was substantially worse than the other two groups. In addition, more common suicide attempters demonstrated greater problem-solving deficits. Beautrais & Joyce (2000) showed that personality traits and cognitive styles as serious risk factors for serious suicide attempts among young people and found out that people who attempted suicide had high rates of depression, neuroticism, introversion, weak self-esteem, impulsiveness and an external control position. The prevalence of hopelessness, neuroticism and control externals remained major risk factors for extreme suicide attempts as they allowed intercorrelations between these steps. Self-esteem, extraversion and impulsivity did not contribute significantly to the risk of suicide attempts.

It has been concluded that laying down detailed autobiographical recalls to address the issue in suicidal attempters. In particular, the research evidence stated in the study indicated that suicidal ideation is prevalent in young adults and it actually affects the thinking pattern as well as cognitive style of an individual. Apart from suicidal thoughts, depressive thoughts and anxiety also results in distorting ones personality and affects overall development of the body and makes young adults cognitively vulnerable.

### *Limitations*

- There was limited time to complete the research work.
- If more variables were gathered it would have provided more extensive analysis than it is.
- A larger sample will help boost results.
- The data was collected only from a particular region i.e., Delhi NCR. So, the data can be improved if it is dynamic.

## **CONCLUSION AND SUMMARY**

With every step, a person slowly breaks down, thinks of suicide; and eventually leads to suicide. The cycle of thinking is also the hardest. You have to wonder when and where you go, and if this is the last and final way to achieve your longed-for happiness. Addiction and reckless behaviour leads to other adverse consequences of suicidal ideation. It can then lead to five stages of grief-frustration, negation, bargaining, depression and acceptance. Suicidal ideation refers to suicidal thoughts and is a matter of thought, contemplation or preparation. The spectrum of the suicidal ideation ranges from fluid thinking, thorough thinking and comprehensive preparation, to suicidal thought, typically associated with depression and other mood disorders; and it tends to connect with many other psychiatric illnesses, incidents in life and family activities. The cognitive style or style of thought is a term used in cognitive psychology to explain how people think, interpret and remember information. The cognitive style varies from cognitive ability (or level), which is assessed by aptitude or so-called intellectual tests.

Cognitive style is the way people interpret data in the world and thinking patterns they use to build an awareness base about their world. The sample was taken to evaluate these

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variables among young adults. The scales evaluated the suicidal ideation and cognitive style among young adults. Cognitive Style was divided into two broad categories that were systematic cognitive style and intuitive cognitive style. Out of the 2 hypothesis constructed, 1 was completely accepted and 1 was rejected as it was not significant at either level of significance. According to the findings, there is a significant negative correlation found between suicidal ideation and systematic cognitive style at 0.01 level of significance. On the other hand, there is a no significant correlation found between suicidal ideation and intuitive cognitive style as it is not significant at any level of significance. Suicidal ideation has thus, become an important issue that the new generation and the young adults are facing, every little work makes them feel distressed and because of the living style and the new culture of working on this independently, it has resulted into a lot of problems. They think that they are a burden to their parents and that the smallest things would also bother them which in turn leads to solving problems one handed and fighting their battles alone. But, it should change and people should vent things out. Family, friends and the close ones are always there for help no matter what. They are our primary caregivers and venting in front of them makes you feel better and reduces the stress caused by the things bothering you. These Suicidal thoughts have a huge impact in distorting the way we solve problems and the pattern we perceive, also called the Cognitive Style. These problems totally alter the way we solve problems as compared to a person not having suicidal ideation. Suicidal ideation has a great impact on cognitive style and in the above research it has been proved that people who have suicidal ideation have a systematic cognitive style that means they work on things and solve problems in a step wise manner rather than intuitively. This concludes by telling that Suicidal thoughts do have a correlation with the Cognitive Style.

So, we can conclude by saying that there is a relationship between Suicidal ideation and Systematic Cognitive Style among young adults and the purpose of the study is served as it shows a negative correlation and is significant at 0.01 level.

Finally, suicidal thoughts, irrespective of our age, can affect us at any time. It can lead us to change our decisions and make us choose the wrong path. It will gradually weaken your physical and mental health, unless you change it. The fastest way to get rid of suicidal ideation is by coping. Don't let yourself be a slave, unleash your demons and ride.

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### ***Conflict of Interest***

The author declared no conflict of interest.

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