

Suicidal ideation and Irritability among Adolescents

Irfan Fayaz^{1*}

ABSTRACT

The present paper examines the relationship between Irritability and suicidal ideation among the adolescent of Kashmir. It also studied if there was any significant difference between adolescent boys and girls on suicidal ideation and irritability. The sample consists of 100 (n = 100) adolescent 50 adolescent boys and 50 adolescent girls taken from different areas of Kashmir. Incidental sampling technique was employed for data collection. Multi attitude Suicidal Scale (MAST) by Isreal Orbach and Born-Steiner irritability: Self rating scale was used for data collection. The differences in the obtained data were analyzed using independent sample t-test and the relationship was analyzed using Pearson's correlation analysis. The results revealed positive correlation between irritability and two dimensions of suicidal ideation i.e. attraction to life and attraction to death while repulsion to life and repulsion to death was found negatively correlated with irritability. Repulsion by death was found significantly negatively correlated with irritability ($r = -.206^*$, $p < 0.05$). The results also revealed that there was no significant difference found between adolescent boys and girls on suicidal ideation and Irritability.

Keywords: *Adolescents; Irritability, Suicidal Ideation; Attraction to life, Repulsion by death*

Suicide is the act of a human being purposely causing his or her own death. Suicide is an unfortunate event and an inexplicable death. It leads to the untimely death of the committer, and the ultimate act of suicide is usually preceded with periods of pain and agony. Suicidal tendency arises from complex motives, and the intention is not necessarily death. Suicidal behavior can be conceptualized as ranging from suicidal ideas and threats to suicide attempts and followed by completed suicide (Brent et al., 1988; Paykel, 1974). The definition of suicide has been a focus of debate among social scientists clear definition of suicide is that the end result of suicide is death. In like manner a wide range of behaviors can be called suicidal or life –threatening with no assumptions about the intention or outcome (Lönnqvist, 1977). According to Farmer (1988), there are three principal stages that are involved in suicide:- 1) the death must be accepted as deviant 2) the commiter must be dead himself/herself, and 3) the cause of self-damage must be established, while Stengel (1973) defined suicide as an act of self harm undertaken with more or less self damage. “Completed suicide can be defined as those deaths officially recorded as suicidal deaths” (Beskow, 1979).

¹ Amity Institute of Behavioural and Allied Science, Amity University Lucknow, India

*Responding Author

Received: January 22, 2019; Revision Received: February 20, 2019; Accepted: February 24, 2019

Suicidal ideation and Irritability among Adolescents

One of the studies on suicide conducted by Shoib et al. 2012 on Kashmir, results showed an increase of over 250% suicide attempts between the years 1994 and 2012. (Khushresta, 2016) conducted a research on incidences of suicidal attempts and occurrence of suicide in Kashmir. The study showed that one person in the valley commits suicide every day. The study also found that in the last 17 years 24,000 men and women, mostly young, have attempted suicide in Kashmir. Out of 24,000 and considerable amount of young people (3,000) between the age group of 16 and 21 have been successful in committing suicide. It also showed that Kashmir has a higher suicide rate than other Indian states like Uttar Pradesh and Bihar, Since (Shah, 2018) Conducted a research on prevalence of suicidal ideation and attempts among the youths in Srinagar of Jammu and Kashmir. The results showed that 28.3% have suicidal ideation and 7.7% of the respondents have attempted suicide.

Badrinarayana (1977) reported that young people between the age group of 10 to 30 were more vulnerable to commit suicide. Suicide is the third leading cause of death among the age range between 15 to 25 years old (Anderson & Smith, 2002) and it was found to be second major cause of death in college students (Schwartz, 2006).

There has been an extensive research that examined risk factors related to suicidality in adolescents and young adults (Brent, et al., 1999; Hallfors et al., 2006). Young people who think about, attempt, and die from suicide often show symptoms of other mental health problems, such as depression and substance abuse or dependence (Brent et al., 1999; Gould et al., 1998; Hallfors et al., 2004; Shaffer et al., 1996;). Depression is one of the strongest correlates of suicidal behavior, while misuse of drugs and alcohol have been also Identified as risk factors (Brent et al., 1999; Gould et al., 1998; Shaffer et al., 1996). In one of the study by Orri M, et al, 2018 found that irritability in childhood is a direct risk factor of suicidality. Consistent irritability is a distal marker of suicidality.

Irritability

Irritability has been defined as a susceptibility to anger, annoyance or impatience (*Oxford English Dictionary*. 2nd ed.1989). Irritability is featured by a state of physical and psychological tension that may unexpectedly and rapidly rises and includes reduced control over temper, a keen or extreme sensitivity to external stimuli and irascible verbal or behavioural explosion — even unstable aggressiveness. In the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and in the literature of the past 5 decades, irritability is a connected feature of, or principle for, other mental conditions.

Irritability is often been described as a personality trait. Irritability is a personality dimension which is characterized by a predisposition to be angry and reactive to slight provocations and disagreements (Caprara et al., 1985). This is different from anger, which is an emotional state, and responsive aggression, which in other words is a behavior. The concept of irritability became effectual in 1957 in a chain of research studies validating an omnibus assessment of aggression, the Buss–Durkee Hostility Inventory (Buss & Durkee, 1957). The validation of the irritable trait and the construction of an irritability inventory resulted from a principal factor analysis of over thousand participants reply to the Inventory of Buss–Durkee Hostility (Caprara et al., 1985). Since then, “irritable mood” was included in Index Medicus to clarify the meaning of irritability for scientific/medical investigation (Snaith & Taylor, 1985), and number of irritability scales/questionnaires were formed and validated. These questionnaires/scales lay emphasis on affect of anger, speedy anger initiation, inability of a person to control anger, and elevated reactive aggression.

Suicidal ideation and Irritability among Adolescents

Irritability transpires in children and adolescents usually 3% of the general population (Althoff, Verhulst, Rettew, Hudziak & Van Der Ende, 2010; Brotman et al., 2006). Despite its commonness, the clinical literature in impairing irritability is fairly partial. This inadequate data has undesirable clinical effects, illustrated by the debate about if children with chronic, severe irritability and hyper arousal are exhibiting a developmental presentation of bipolar disorder and should be treated as such (American Academy of Child and Adolescent Psychiatry, 2007). Specifically, some investigators claim that youths with severe irritability, without distinct manic episodes, are exhibiting a developmental presentation of bipolar disorder, although data suggest that severe, non episodic irritability dissimilar from typical bipolar disorder in longitudinal course, as well as physiopathology and family history (Leibenluft, 2011). In any case, the controversy regarding pediatric bipolar disorder shines a bright light on the fact that there are many gaps in our knowledge about the presentation, course, and pathophysiology of severe irritability in youth.

Most definitions of irritability has been characterized as extreme reactivity to negative emotional stimuli and describe it as having an affective component, anger, and a behavioral component, aggression (Berkowitz, 1993; Buss & Durkee, 1957; Caprara et al., 1985,) which means, irritable people are excessively angry or aggressive in response to provocative stimulus (Caprara et al ., 1985).

Spielberger, the developer of one of the most significant measuring anger, suggested that anger can be defined “as a psychobiological state or condition consisting of subjective feelings that vary in intensity, from mild irritation or annoyance to intense fury and rage, with affiliated activation or arousal of the autonomic nervous system” (Spielberger, Reheiser & Sydeman, 1995). Two features of anger are particularly applicable to irritability. First, anger is an emotion with a negative valence; that is, most people find it unpleasant (Watson & Tellegen, 1985). Second, anger can be distinguished from other negative emotions (i.e., from sadness and fear) by its relationship to motivation reviewed by (Carver & Harmon- Jones 2009 & Panksepp, 2006 for a review of converging ethological evidence). From a perspective of motivation, emotions are often divided according to whether they are associated with “approach” or “avoid” behavior. Simply put, if one cannot get what he/she wants, he/she may become angry and try harder to achieve her goal (approach), or she may become sad and give up (failure to approach). In contrast, fear is a negative-valence emotion that is associated with threats that are to be avoided. In this formulation, the adaptive function of anger is that its presence is associated with increased effort toward goals that are difficult to achieve (Lewis, Alessandri & Sullivan, 1990; Wiener, Gharam, Stern & Lawson, 1982).

Irritability is considered as psychopathological sign that predicts the risk of developing psychiatric disorder in children and adolescents. There is now a large amount of studies, showing that irritability predicts the onset of anxiety disorders, dysthymia, and major depressive episode (MDE) in late adolescence and adulthood (Althoff RR, et al. 2016, Brotman MA, et al. 2016, Leibenluft E, et al. 2006, & Stringaris A, et al. 2013)

REVIEW OF LITERATURE

In one of the study by Orri M, et al, 2018 found that irritability in childhood is a direct risk factor of suicidality. Consistent irritability is a distal marker of suicidality. Conner et al, 2004 found that both irritability and impulsivity is strongly correlated with suicidal ideation between the age group of 15-20 years. In another study by Orri M, et al, 2018, found that early expression of moderate irritability during childhood is highly correlated with adolescent suicidality as compared with children with low level of irritability. The study also revealed

Suicidal ideation and Irritability among Adolescents

that children with high irritability with depressive mood are at higher risks of suicide in adolescent period.

Some descriptive studies found that suicide attempts (SA) in children and adolescents are often represent as an unexpected and an accidental behaviors straight away following a provoking or a stressful event (Apter A, 1993, & Borst SR & Noam GG (1993) with a few or no preexisting history of suicidal ideation (SI). In another study by (Shafer D, 1974 & Hoberman HM & Garfinkel BD 1988) revealed that children and young adolescents showed emotional and behavioral disturbances connected with irritability frequently reported during the period prior to the suicidal act (SA) in psychological autopsies. These adolescents are more “aggressive, mistrustful, and sensitive to criticism” than usual as defined by their friends and family members Shafer D (1974), “angry, nervous, and impulsive” [Hoberman HM & Garfinkel BD 1988], or “vulnerable and touchy” [Freuchen A, et al, 2012]. One may assume that such adolescents, who experience a high level of irritability are prone to react in an inappropriate way to situations prompt by emotional stressors (e.g., frustration; perceived threat) and then to marked spontaneous suicidal act (SA).

Pickles A, et al, 2010 examined the relationship between irritability and the risk of developing psychopathology and found that, 19.1% of boys and 23.9% of girls were rated significant irritability by their parents. Irritability proved to be significant risk factor for suicidal behaviour (SB) in adulthood.

Frazier EA, et al, 2015 revealed that the level of irritability was positively associated with suicidal ideation (SI) in trans-diagnostic patients. Benarous X, et al, 2018 found that, in both cross sectional and longitudinal studies, irritability was found to be associated with suicidal behaviour.

Objectives of the study

- To examine the relationship between Irritability and Suicidal ideation among the adolescents.
- To study the significance of difference among adolescent boys and girls on irritability.
- To study the significance of difference among the adolescent boys and girls on suicidal ideation

Hypothesis

- There will be significant positive relation between irritability and suicidal ideation among the adolescents.
- Adolescent boys will score higher on Irritability than adolescent girls.
- Adolescent girls will score higher on Suicidal ideation than adolescent girls.

METHOD AND MATERIAL

Participants

A sample of 100 (n = 100) adolescents boys and girls were taken from different schools of Kashmir. Using incidental sampling technique, the students were taken from 10th, 11th and 12th grades.

Tools used

- **Suicidal ideation questionnaire**

The Multi Attitude Suicidal Tendency (MAST) scale was used for the study. The MAST was developed in 1981 by Orbach et al, in (1981). MAST is a self report, Likert

Suicidal ideation and Irritability among Adolescents

type scale. The MAST evaluates four different attitudes about Life and Death: Attraction to Life (AL), Repulsion by Life (RL), Attraction to Death (AD) and Repulsion by Death (RD). The Multi Attitude Suicidal (MAST) is high on internal consistency, with alpha range from .76 (RL and AD) to .83 (AL and RD).

- **Irritability scale**

Born-Steiner irritability: Self rating scale was used to collect the data. The scale was particularly developed to assess the irritability among the female population with mood disturbances. The 14-item Self-Rating Scale and the 5-item Observer Rating Scale showed evidence for internal consistency (Self-Rating: $n = 36$ patients, Cronbach's $\alpha = 0.9257$, mean inter item correlation = 0.4690; Observer Rating: Cronbach's $\alpha = 0.7418$, mean inter item correlation = 0.3616), Self-Rating test-retest reliability ($n = 29$ patients, $r_s = 0.704$, $p = 0.01$) and inter rater reliability ($n = 20$ patients; $\tau_b = 1.000$, $p = 0.001$).

RESULTS AND DISCUSSION

Table 1. Relationship between irritability and dimensions of suicidal ideation among the adolescents

Variable	Attraction to Life (AL)	Repulsion by Life (RL)	Attraction to Death (AD)	Repulsion by Death (RD)
Irritability	.112	-.068	.026	-.206*

** Significant at $p < 0.01$

* Significant at $p < 0.05$

To examine the first hypothesis, Pearson's correlation analysis was used to examine the relationship between the irritability and suicidal ideation. The table 1 shows that irritability is positively correlated with two dimensions of suicidal ideation i.e. Attraction to life (AL) and Attraction to death (AD), while Repulsion by life (RL) and Repulsion by death shows negative correlation with irritability. Repulsion by death was negatively significantly correlated with Irritability ($r = -.206$, $p < 0.05$) with the findings it could be well established that Irritability is correlated with suicidal ideation. The results were supported by the findings of Frazier EA, et al. 2015, Benarous X, et al, 2018, and Pickles A, et al, 2010, who found that irritability is associated with suicidal ideation.

Table 2. Comparison of adolescent boys and girls on Irritability.

Irritability	Mean	S.D	t- Value	P- Value
Male	18.60	6.14	-1.162	Insignificant
Female	20.14	7.08		

** Significant at $p < 0.01$

* Significant at $p < 0.05$

To examine the research objective, an independent simple t test was used to assess the significance of difference between the Males and females on irritability. The table 2 shows that there is no significant difference between male and female on irritability. The results indicate that male and female adolescents do not differ on irritability. The results were contradictory with the findings of Roberson-Nay et al. 2015, who revealed that boys and girls differ significantly on irritability.

Suicidal ideation and Irritability among Adolescents

Table 3. Comparison of adolescent boys and girls on suicidal ideation.

Suicidal Ideation (SI)	Mean	S.D	t-Value	P-Value
Attraction to Life (AL)				
Male	3.33	0.84	-.741	Insignificant
Female	3.45	0.73		
Repulsion by Life (RL)				
Male	2.66	0.84	1.137	Insignificant
Female	2.47	0.80		
Attraction to Death (AL)				
Male	2.88	0.839	0.950	Insignificant
Female	2.71	0.866		
Repulsion by Death (AL)				
Male	2.51	0.78	0.963	Insignificant
Female	2.34	1.007		

** Significant at $p < 0.01$

* Significant at $p < 0.05$

In order to examine the third objective, an independent simple t test was used to assess the difference between the male and female adolescents on suicidal ideation. The table 3 shows that there is no significant difference between the adolescent males and females on dimensions of suicidal ideation. No significant difference was found on scores on any dimension suicidal ideation between adolescent males and female. The results were contradicting with the findings of Banajee at al. 1990; Shukla et al. 1990 & NCRB, 2007 who found that a male and female differ significantly on suicidal ideation.

DISCUSSION

The research paper tries to explore the relationship between the irritability and suicidal ideation among the adolescents of Kashmir. The results revealed the there is a correlation between the irritability and suicidal ideation. Irritability was found to be positively correlated with the two dimensions of suicidal ideation i.e. Attraction to life and Attraction to death while repulsion to life and repulsion to death was found negatively correlated with irritability. These finding are supported by the research conducted by Frazier EA, et al. 2015, Benarous X, et al, 2018, and Pickles A, et al, 2010, who found that irritability is associated with suicidal ideation.

The results revealed that adolescent male and female do not differ significantly on irritability. These results were contradictory by the findings of Roberson-Nay et al. 2015, who revealed that boys and girls differ significantly on irritability.

The results also revealed that adolescent boys and girls do not differ on the dimensions of suicidal ideation. No significant difference was found on scores on any dimension suicidal ideation between adolescent males and female. The results were contradicting with the findings of Banajee at al. 1990; Shukla et al. 1990 & NCRB, 2007 who found that a male and female differ significantly on suicidal ideation. There results were contradicting from the existed studies. There may be different reasons for these results. The research was conducted in Kashmir, one of the parts of Jammu & Kashmir, state of India. The state of Jammu & Kashmir has been in turmoil from the last two decades. The conflict has changed the way of life. There have been regular strikes, Injuries and deaths in this part of Jammu and Kashmir. This conflict and turmoil may be the cause of the different results of the present study;

Suicidal ideation and Irritability among Adolescents

because of the different life style which the people have to adapt under such situations may be the reason for contradicting results of the present paper. While most of the researches have been in western countries and other states of Indian, such western countries and others states of Indian are relatively peaceful as compared to Kashmir.

REFERENCES

- Althoff RR, Crehan ET, He JP, Burstein M, Hudziak JJ, Merikangas KR (2016) Disruptive mood dysregulation disorder at ages 13–18: results from the national comorbidity survey-adolescent supplement. *J Child Adolesc Psychopharmacology* 26:107–113 15.
- Althoff RR, Verhulst FC, Rettew DC, Hudziak JJ, van der Ende J. Adult outcomes of childhood dysregulation: A 14-year follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2010; 49:1105–1116.
- American Academy of Child & Adolescent Psychiatry Practice parameter for the assessment and treatment of children and adolescents with bipolar disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2007; 46:107–125.
- Anderson RN, Smith BL. Deaths: Leading causes for 2002. National Vital Statistics Reports: From the Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics System*. 2005; 53 (17):1–89
- Apter A, Bleich A, King RA, Kron S, Fluch A, Kotler M, Cohen DJ (1993) Death without warning? A clinical postmortem study of suicide in 43 Israeli adolescent males. *Arch Gen Psychiatry* 50:138–142 19. Borst SR, Noam GG (1993) Developmental psychopathology in suicidal and non-suicidal adolescent girls. *J Am Acad Child Adolesc Psychiatry* 32:501–508
- Badrinarayana A. Study of suicidal risk factors in depressive illness. *Indian J Psychiatry*. 1980; 22:81
- Banerjee G, Nandi DN, Nandi S, Sarkar S, Boral GC, Ghosh A. The vulnerability of Indian women to suicide. A field study. *Indian J Psychiatry*. 1990; 32: 305–8.
- Benarous, X., Consoli, A., Cohen, D., Renaud, J., Lahaye, H., & Guilé, J.-M. (2018). Suicidal behaviors and irritability in children and adolescents: a systematic review of the nature and mechanisms of the association. *European Child & Adolescent Psychiatry*.
- Berkowitz L. *Aggression: Its causes, consequences, and control*. McGraw–Hill; New York: 1993.
- Beskow, J. (1979). Suicide and mental disorder in Swedish men. *Acta Psychiatrica Scandinavica Suppl.* 277.
- Borst SR, Noam GG (1993) Developmental psychopathology in suicidal and non suicidal adolescent girls. *J Am Acad Child Adolesc Psychiatry* 32:501–508
- Brent D, Perper J, Goldstein C, Kolko D, Allan M, Allman C, Zelenak J. Risk factors for adolescent suicide. A comparison of adolescent suicide victims with suicidal inpatients. *Arch Gen Psychiatry* 1988a; 45:581–588.
- Brent, D. A., Baugher, M., Bridge, J., Chen, T., & Chiappetta, L. (1999). Age- and sex-related risk factors for adolescent suicide. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 1497–1505.
- Brotman MA, Schmajuk M, Rich BA, Dickstein DP, Guyer AE, Costello EJ, Egger HL, Angold A, Pine DS, Leibenluft E (2006) Prevalence, clinical correlates, and longitudinal course of severe mood dysregulation in children. *Biol Psychiatry* 60:991–997 16.
- Brotman MA, Schmajuk M, Rich BA, Dickstein DP, Guyer AE, Costello EJ, et al. Prevalence, clinical correlates, and longitudinal course of severe mood dysregulation in children. *Biological Psychiatry*. 2006; 60:991–997.

Suicidal ideation and Irritability among Adolescents

- Buss AH, Durkee A. An inventory for assessing different kinds of hostility. *Journal of Consulting Psychology*. 1957; 21:343–349.
- Caprara GV, Cinanni V, D'Imperio G, Passerini S, Renzi P, Travaglia G. Indicators of impulsive aggression: Present status of research on irritability and emotional susceptibility scales. *Personality and Individual Differences*. 1985; 6:665–674.
- Carver CS, Harmon-Jones E. Anger is an approach-related affect: Evidence and implications. *Psychological Bulletin*. 2009;135:183–204
- Conner, K. R., Meldrum, S., Wieczorek, W. F., Duberstein, P. R., & Welte, J. W. (2004). The Association of Irritability and Impulsivity with Suicidal Ideation Among 15- to 20-Year-Old Males. *Suicide and Life-Threatening Behavior*, 34(4), 363–373.
- Farmer R. Assessing the epidemiology of suicide and Para suicide. *Br J Psychiatry* 1988; 153:16-20.
- Frazier, E. A., Liu, R. T., Massing-Schaffer, M., Hunt, J., Wolff, J., & Spirito, A. (2015). Adolescent but Not Parent Report of Irritability Is Related to Suicidal Ideation in Psychiatrically Hospitalized Adolescents. *Archives of Suicide Research*, 20(2), 280–289.
- Freuchen A, Kjelsberg E, Lundervold AJ, Groholt B (2012) Differences between children and adolescents who commit suicide and their peers: a psychological autopsy of suicide victims compared to accident victims and a community sample. *Child Adolesc Psychiatry Ment Health* 6:1
- Gould M, Shaffer D, Fisher P, Kleinman M, Morishima A. The clinical prediction of adolescent suicide. In: Maris R, Berman A, Maltzberger J & Yufit R, eds. *Assessment and prediction of sui-cide*. New York: Guilford Press, 1992; 130-143.
- Hallfors, D. D., Waller, M. W., Ford, C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2006). Adolescent depression and suicide risk association with sex and drug behavior. *American Journal of Preventive Medicine*, 27(3), 224–231
- Hoberman HM, Garfinkel BD (1988) Completed suicide in children and adolescents. *J Am Acad Child Adolesc Psychiatry* 27:689–695 22.
- Irritability. *The Oxford English Dictionary*. 2nd ed. Oxford: Oxford University Press; 1989:102.
- Khushresta, N. A. (2016). Alarming suicidal trends in Kashmir: an analysis of coverage given by the print. *International Journal of Advanced Research*, 553-563.
- Leibenluft E, Cohen P, Gorrindo T, Brook JS, Pine DS (2006) Chronic versus episodic irritability in youth: a community-based, longitudinal study of clinical and diagnostic associations. *J Child Adolesc Psychopharmacology* 16:456–466 17.
- Leibenluft E. Severe mood dysregulation, irritability, and the diagnostic boundaries of bipolar disorder in youths. *American Journal of Psychiatry*. 2011; 168:129–142.
- Leibenluft E. Severe mood dysregulation, irritability, and the diagnostic boundaries of bipolar disorder in youths. *American Journal of Psychiatry*. 2011; 168:129–142.
- Lewis M, Alessandri SM, Sullivan MW. Violation of expectancy, loss of control, and anger expressions in young infants. *Developmental Psychology*. 1990; 26:745–751.
- Lönnqvist J, Suicide in Helsinki: an epidemiological and social psychiatric study of suicides in Helsinki 1960-61 and 1970-71. *Monographs of Psychiatria Fennica*, 1977:8.
- National Crime Records Bureau, Accidental Deaths and suicides in India. Ministry of home affairs. Government of India. 2007
- Orri, M., Galera, C., Turecki, G., Boivin, M., Tremblay, R. E., Geoffroy, M.-C., & Côté, S. M. (2018). Pathways of Association Between Childhood Irritability and Adolescent Suicidality. *Journal of the American Academy of Child & Adolescent Psychiatry*

Suicidal ideation and Irritability among Adolescents

- Orri, M., Galera, C., Turecki, G., Forte, A., Renaud, J., Boivin, M., Geoffroy, M.-C. (2018). Association of Childhood Irritability and Depressive/Anxious Mood Profiles With Adolescent Suicidal Ideation and Attempts. *JAMA Psychiatry*, 75(5), 465.
- Panksepp J. Emotional endophenotypes in evolutionary psychiatry. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. 2006; 30:774–784.
- Park YJ, Ryu H, Han KS, Kwon JH, Kim HK, Kang HC, Yoon JW, Cheon SH, Shin H (2010) Anger, anger expression, and suicidal ideation in Korean adolescents. *Arch Psychiatry Nursing* 24:168–177
- PAYKEL, E. S., MYERS, J. K., LINDENTHAL, J. J., & TANNER, J. (1974). Suicidal Feelings in the General Population: A Prevalence Study. *The British Journal of Psychiatry*, 124(5), 460–469
- Pickles A, Aglan A, Collishaw S, Messer J, Rutter M, Maughan B (2010) Predictors of suicidality across the life span: the Isle of Wight study. *Psychol Med* 40:1453–1466 30.
- Schwartz AJ. College student suicide in the United States: 1990–1991 through 2003–2004. *Journal of American College Health*. 2006; 54(6):341–352
- Shafer D (1974) Suicide in childhood and early adolescence. *J Child Psychol Psychiatry* 15:275–291 21.
- Shaffer, D., Gould, M. S., Fisher, P., Trautman, P., Moreau, D., & Kleinman, M., & Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry*, 53, 339–348.
- Shah, R. A. (2018). Prevalence of Suicidal Ideation and Attempts among youth of Srinagar district of J&K. *AGU International Journal Of Research In Social Science & Humanities* .
- Shoib S, Maqbool D, Bashir H, Qayoom G, Arif T. Psychiatric morbidity and the socio-demographic determinants of patients attempting suicide in Kashmir Valley: A cross-sectional study. *International Journal of Health Sciences and Research*. 2012; 2(7):45-53.
- Shukla GD, Verma BL, Mishra DN. Suicide in Jhansi city. *Indian J Psychiatry*. 1990; 32: 44–51.
- Sigfusdottir ID, Asgeirsdottir BB, Gudjonsson GH, Sigurdsson JF (2013) Suicidal ideations and attempts among adolescents subjected to childhood sexual abuse and family conflict/violence: the mediating role of anger and depressed mood. *J Adolesc* 36:1227–1236
- Spielberger CD, Reheiser EC, Sydeman SJ. Measuring the experience, expression, and control of anger. *Issues in Comprehensive Pediatric Nursing*. 1995; 18:207–232.
- Stengel E. Suicide and attempted suicide .2nd edition – revised. Great Britain: Nicholls & Co, 1973
- Stringaris A, Maughan B, Copeland WS, Costello EJ, Angold A (2013) Irritable mood as a symptom of depression in youth: prevalence, developmental, and clinical correlates in the Great Smoky Mountains Study. *J Am Acad Child Adolesc Psychiatry* 52:831–840 18.
- Snaith RP, Taylor CM. Irritability: Definition, assessment and associated factors. *British Journal of Psychiatry*. 1985; 147:127–136.
- Watson D, Tellegen A. Toward a consensual structure of mood. *Psychological Bulletin*. 1985; 98:219–235.
- Weiner B, Graham S, Stern P, Lawson ME. Using affective cues to infer causal thoughts. *Developmental Psychology*. 1982; 18:278–286.

Suicidal ideation and Irritability among Adolescents

Acknowledgements

The authors profoundly appreciate all the people who have successfully contributed in ensuring this paper is in place. Their contributions are acknowledged however their names cannot be able to be mentioned.

Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

How to cite this article: Fayaz. I (2019). Suicidal Ideation and Irritability among Adolescents. *International Journal of Indian Psychology*, 7(1), DIP:18.01.056/20190701, 505-514. DOI:10.25215/0701.056