

The Relation of Self-Compassion and Anger Control Dimensions With Suicide Ideation in University Students

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Abstract

Background: Suicide ideation is one of the strongest risk factors for completed suicide. There have been many reports of significant increases in suicide and suicide attempts in university students.

Objectives: This study was performed to determine the relationship of self-compassion and anger control dimensions with suicide ideation.

Patients and Methods: The method of this study was descriptive and correlation. The statistical population comprised students of Mohaghegh Ardabili university in the second semester of the 2012 - 2013 school year. One hundred and fifty subjects were selected from this population by random multistage clustering. They were asked to answer questionnaires about suicide ideation, self-compassion, and multidimensional anger. The collected data were analyzed by Pearson correlation coefficient and multiple regression tests.

Results: The results of the Pearson correlation coefficient tests showed that suicide ideation was negatively correlated with self-compassion ($r = -0.19$; $P < 0.05$) and mindfulness components ($r = -0.20$; $P < 0.05$), but it was positively correlated with self-judgment ($r = 0.39$; $P < 0.001$), isolation ($r = 0.28$; $P < 0.004$), over-identification ($r = 0.49$; $P < 0.001$), anger arousal ($r = 0.39$; $P < 0.001$), anger-provoking situations ($r = 0.24$; $P < 0.001$), hostile outlook ($r = 0.32$; $P < 0.001$) and anger ($r = 0.45$; $P < 0.001$). The regression analysis results also showed that 24% of the variance of suicide ideation can be explained by self-compassion and 24% by anger-control dimensions.

Conclusions: Based on the results, improving self-compassion and anger-control skills are suggested as ways to decrease suicide ideation.

Keywords: Compassion, Anger, Suicide, Attempted, Students

1. Background

Suicide is a public, serious, and preventable health problem. Suicide behavior is a range of suicide ideation, suicide attempts, and full suicide. Suicide ideation is defined as the thoughts that are related to the personal cause of the individual death (1) and include suicidal thoughts or suicide threats without any action. The prevalence of suicide ideation has been reported in a range of 2% - 18% (2). The prevalence of suicide in university students is such that, between 2000 and 2002, 4,390 committed suicide in US (3).

Previous studies concentrated on the risk factors of suicide. According to research evidence, the rate of suicide among single, young people is more common (3). Low self-esteem (4), poor problem-solving capabilities (5), frustration, depression (6), dissatisfaction, pessimism, anxiety and anxiety disorders (7), drug abuse disorders (8), negative life events (9), family problems (10) and economical problems (3) have all been related to suicide ideation. Personality traits have been the important factors in predicting suicide ideation: neuroticism, introspection, anxiety, aggression, impulsivity, suspicion, despair, self-criticism, perfectionism, feeling of guilt, anger, and irritability are risk factors. Tolerance, endurance, complacency, and self-esteem stability are the protective factors against suicide

(11).

Recently, self-compassion has been considered to be a crucial predictor of mental health (12). Self-compassion is a normal form of self-acceptance that represents the acceptance level of undesirable aspects of ourselves and our lives. This structure includes three main components: self-kindness and self-understanding in times of suffering or perceived inadequacy; common humanity and identifying that pain and frustration are the inevitable aspects of the common human experience; and balanced awareness of personal emotions, defined as the ability to encounter (not avoid) without any exaggeration, showing self-pity without painful thoughts and emotions (12). It has been shown that increasing self-compassion predicts cognitive mental health over time (13). Neff et al. (14) found that self-compassion is associated with intrinsic interest in learning and normal coping strategies after failing in a test. Basharpour and Isazadegan (15) show that self-compassion is negatively correlated with depression. Akin et al. (16) showed that, although self-compassion plays an important role in self-confidence, it is not related to narcissism.

Some theories consider suicide ideation as the climax of negative emotions, especially anger toward the self. Anger is a multidimensional emotion and physiological experience that is expressed in internal and external forms,

either of which could independently affect the individual psychosocial functions. Anger-in is the feature of the behavioral inhibition system and is defined as the tendency toward thought suppression and hostile behaviors aimed at the ego and self and is shown as negative emotions such as depression and guilt (17). Anger-out is related to the behavioral activation system, and it is often expressed as direct or indirect physical or verbal aggressive behaviors toward people or objects in the environment (18). Theoretically, there is a relationship between anger and suicidal behavior. Some evolutionary and psychodynamic theories express that anger and suicide are related conceptually in that both of them have an adaptive and unloading goal and are rooted in aggression (19). People with problems related to anger indicate a range of cognitive and interpersonal deficits with deleterious effects on mental health that play a role in the increased risk of suicide behaviors (20).

Considering the high prevalence of suicide ideation and the importance of identifying its related factors, this study aimed to determine the relationship of self-compassion and anger control dimensions with suicide ideation in university students.

2. Objectives

The study method was descriptive and correlational. The statistical population comprised BA students in Mohaghegh Ardabili university in the second semester of the 2012 - 2013 school year. Considering the law of minimum sample size in correlational researches, that is 100 subjects (21); to increase the reliability of results, 150 subjects were selected and participated in the survey by the method of multi-stage cluster sampling.

3. Patients and Methods

3.1. Instruments

3.1.1. Beck Suicide Ideation Scale

This is a self-evaluating, 19-item tool developed to detect and measure the intensity of attitudes, behaviors, and plans for committing suicide. The Beck suicide ideation scale is highly correlated with clinical standardized tests of depression and suicide tendencies in that the correlation coefficients have been reported in a range of 90% for hospitalized patients and 94% for outpatients. This scale correlates to the question of suicide in the Beck depression inventory in a range of 58% - 69% (22). The scale has been validated in Iran by Anisi et al. (23) in that its concurrent validity was 0.76 and its reliability was 0.95 by Cronbach's alpha method.

3.1.2. Self-Compassion Scale

This is a self-reporting, 26-item scale developed by Neff (12). The scale includes five subscales of self-kindness (five items), self-judgment (five items), common humanity (four items), isolation (four items), mindfulness (four items), and over-identification (four items). In previous studies, the internal consistency of the questionnaire was reported to be 0.92, and its test-retest reliability was 0.93. This scale has been validated in Iran by Basharpoor (2013), so that the overall score of the scale was significantly and negatively correlated with depression (-0.24) and the personality trait of neuroticism (-0.63); Cronbach's alpha coefficients of the subscales and the overall score of the scale were also in the range of 0.65 to 0.92 (24).

3.1.3. Multidimensional Anger Inventory

This has been developed by Jodetsigel to measure the emotional, behavioral, and cognitive components of anger and the frequency and duration of an anger experience. The questionnaire includes five subscales of anger arousal, anger-eliciting situations, hostile outlook, anger-out, and anger-in. The validity of the test has been approved in a high correlation with measures of anger (the Bas and Dourky Guilt-Hostility questionnaire). Its test-retest reliability was 0.75 and its reliability of internal consistency was 0.84 by the method of Cronbach's alpha (25).

3.2. Patients and Methods

Referring to educational deputy of Mohaghegh Ardabili university, four faculties were selected as the study cluster for collecting data. In each faculty, three classes were chosen at random. After referring to the classes and explaining the research objectives to the subjects, the subjects were asked to respond the questionnaires of suicide ideation, self-compassion, and multidimensional anger in groups. The collected data were analyzed using descriptive statistic and tests of the Pearson correlation coefficients and multistage regression analysis.

4. Results

One-hundred-and-fifty university students with a mean (and standard deviation) age of 21.25 (2.76) participated in this study. Eighty-six were female and 64 were male. In terms of marital status, 98 subjects were single and 52 were married. The mean and standard deviation of self-compassion and anger-control dimensions is shown in Table 1.

Table 2 shows that suicide ideation is negatively and significantly correlated with self-compassion ($P < 0.05$; $r = -0.19$) and mindfulness ($P < 0/05$; $r = -0.20$) and is positively

Table 1. Means Scores and standard deviation for Self-Compassion and Anger Control Dimensions

	Suicide Ideation	Self-Compassion	Self-Judgment	Common Humanity	Isolation	Mindfulness	Over-Identification	Self-Kindness	Anger Arousal	Anger-Eliciting Situations	Hostile Outlook	Anger-Out	Anger-In
M	5.77	79.43	14.94	12.39	11.64	11.90	11.27	14.99	36.65	28.63	10.44	11.85	17.5
SD	1.44	12.29	4.32	3.85	3.41	3.70	3.38	6.85	10.44	8.06	5.77	2.18	4.648

and significantly correlated with self-judgment ($P < 0.001$; $r = 0.39$), isolation ($P < 0.001$; $r = 0.28$), over-identification ($P < 0.001$; $r = 0.49$), anger arousal ($P < 0.001$; $r = 0.39$), anger-eliciting situations ($P < 0.001$; $r = 0.24$), hostile outlook ($P < 0.001$; $r = 0.32$), and anger-in ($P < 0.001$; $r = 0.45$).

The regression results of the suicide ideation based on components of self-compassion indicates that 27% of the variance of suicide ideation can be explained by self-compassion. The F-rate shows that suicide ideation regression is significant based on self-compassion variable ($F = 5.27$; $P < 0.001$).

According to Table 3, regression analysis results show that, among self-compassion dimensions, only the t of over-identification ($P < 0.00$; $t = 3.69$) was significant. This means that it can predict suicide ideation significantly.

The regression results of suicide ideation based on anger dimension indicates that 24% of the variance of suicide ideation can be explained by anger-control dimensions. The F-rate shows that suicide ideation regression is significantly based on anger-control dimensions ($F = 5.82$; $P < 0.001$).

According to Table 4, the regression coefficient results show that, among anger-control dimensions, only the t of anger-in ($P < 0.005$; $t = 2.89$) is significant. This means that it can predict suicide ideation significantly.

5. Discussion

This study was performed to determine the relationship of self-compassion and anger control dimensions with suicide ideation in university students. The Pearson correlation coefficient results show that suicide ideation is negatively correlated with self-compassion and mindfulness, and positively and significantly correlated with self-judgment, isolation, and over-identification. These results are compatible with the research evidences (12-15, 26-28).

Self-compassion is a normal form of self-acceptance that is assumed to be the antidote of self-hatred (29). Mindfulness, as a self-compassion component, is a pre-perceptual awareness that allows the individual to accept and acknowledge the most painful emotions; having such feature makes unpleasant experiences acceptable without making the person think of self-destruction.

Self-judgment, isolation, and over-identification are considered to be the negative aspects of self-compassion, which means that high scores in these components define low self-compassion. Self-judgment has been defined as judging the self-more than enough, people with high self-judgment criticize themselves because of a failure in achieving their perfectionism standards (12). According to the findings of the present study, people who become isolated or cannot sympathize with others while facing misfortune are more likely to think of suicide.

The Pearson's correlation coefficient results also show that suicide ideation is positively and significantly correlated with anger arousal, anger-eliciting situations, hostile outlook, and anger-in. These results confirm studies that support the relationship between anger and suicide (19, 30). The purpose of anger is to eliminate the barriers that are placed in a person's way to achieve his/her goals; this emotion increases aggressive thoughts by causing inadequacy in information processing. If, according to a personal assessment, the person is detected as the barrier, usually he/she would be the aim of that anger. In such conditions, thoughts on futility and suicide may be formed.

The regression results show that 27% of the whole variance of suicide ideation can be explained by over-identification. These results are compatible with the study evidences (12-15, 26-28). In explaining the reason for the increase in suicide ideation prevalence, David Buss (31) says, We are moving from living in small groups with extended family and high social support toward a relative social isolation. 24 hours a day, we access to different information about pain and suffering that are happening around the world. It is obvious that problems that happen to human beings have increased in recent centuries; according to the results of the current study, over-identification with people that have problems and extreme identification with them can strengthen feelings of emptiness and meaninglessness and suicide ideation in individual.

Also, 24% of the variance of suicide ideation can be predicted by anger-in. This result is compatible with the Kotler et al. (30) and Smith and Kuppertz (17) findings. According to the anger drain-off theory, although the individual can regain his/her mental balance by anger-out, when the individual inbounds his/her anger, the hostile thoughts are shifted to the individual and self-hatred increases in a way

Table 2. Mean Scores, Standard Deviation and Correlation Coefficients Among Studying Variables

	Self-Compassion	Self-Judgment	Common Humanity	Isolation	Mindfulness	Over-Identification	Self-Kindness	Anger Arousal	Anger-Eliciting Situations	Hostile Outlook	Anger-Out	Anger-In
Self-compassion	1											
Self-judgment	**0.46 0.001	1										
Common humanity	**0.48 0.001	**0.30 0.002	1									
Isolation	**0.30 0.002	**0.71 0.001	**0.41 0.001	1								
Mindfulness	**0.47 0.001	**0.29 0.001	**0.74 0.001	**0.44 0.001	1							
Over-identification	**0.41 0.001	**0.74 0.001	**0.48 0.001	**0.69 0.001	**0.35 0.001	1						
Self-kindness	**0.63 0.001	0.17 0.80	0.43 0.001	**0.27 0.001	**0.48 0.001	**0.22 0.01	1					
Anger arousal	**0.55 0.001	**0.44 0.001	-0.05 0.66	**0.35 0.001	**0.64 0.001	**0.48 0.001	-0.09 0.40	1				
Anger-eliciting situations	0.008 0.45	**0.54 0.001	**0.40 0.001	**0.55 0.001	**0.41 0.001	**0.58 0.001	**0.31 0.001	**0.33 0.001	1			
Hostile outlook	-0.16 0.09	**0.45 0.001	**0.32 0.001	**0.53 0.001	**0.31 0.002	**0.57 0.001	**0.24 0.01	**0.68 0.001	**0.77 0.001	1		
Anger-Out	0.10 0.31	**0.29 0.001	**0.44 0.001	**0.42 0.001	**0.43 0.001	**0.28 0.001	**0.24 0.01	**0.58 0.001	**0.33 0.001	**0.42 0.001	1	
Anger-In	**0.22 0.01	**0.65 0.001	**0.37 0.001	**0.59 0.001	**0.36 0.001	**0.60 0.001	**0.20 0.01	**0.27 0.001	**0.59 0.001	**0.68 0.001	**0.39 0.001	1
Suicide ideation	*0.19 0.05	**0.39 0.001	-0.17 0.06	**0.28 0.004	*0.20 0.05	**0.49 0.001	-0.08 0.40	**0.39 0.001	**0.24 0.001	**0.32 0.001	-0.11 0.27	**0.45 0.001

Table 3. Regression Results for Suicide Ideation Based on Self-Compassion Components

Dependent Variable	Predictor Variables	B	SE B	β	t	P
Suicide Ideation	Constant	-12.7	4.14		3.07	0.003
	Self-kindness	-0.08	0.16	0.51	-0.50	0.62
	Self-judgment	0.26	0.36	0.02	0.74	0.46
	Common humanity	-0.38	0.36	-0.14	-1.01	0.31
	Isolation	0.60	0.43	0.20	0.18	0.86
	Mindfulness	-0.07	0.40	-0.03	-0.18	0.86
	Over-identification	-1.68	0.46	-0.54	-3.69	0.001

that can raise the suicide ideation in the individual.

These study results show that self-compassion and anger control dimensions are two important factors that play a significant role in suicide ideation. This study was confined to the nonclinical university student samples and was performed in a correlation method; these factors can limit the generalization of the study results. It is recommended that the relationship among these variables be examined in other methods that allow precise control over the variables in people who are at risk of suicide or have

committed unsuccessful suicides. The study results suggest that, by applying psychotherapies focused on self-compassion and necessary training in anger control, we can take action in preventing and treating suicide ideation and the suicide itself.

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Table 4. Regression Results for Suicide Ideation Based on Anger Control Dimensions

Dependent Variable	Predictor Variables	B	SE B	β	t	P
Suicide Ideation	Constant	-11.88	5.80		-0.05	0.04
	Anger arousal	0.24	0.14	0.24	1.63	0.11
	Anger-Eliciting situations	0.04	0.21	0.03	0.18	0.86
	Hostile attitude	-0.11	0.25	-0.09	-0.44	0.66
	Anger-Out	-0.37	0.48	-0.08	0.77	0.44
	Anger - In	0.90	0.31	0.39	2.89	0.005

study.

Footnote

Authors' Contribution: Sajjad Basharpour, Heidar Noori, and Somayeh Daneshvar were responsible for the study conception and design; Heidar Noori and Somayeh Daneshvar performed the sampling and data collection; Sajjad Basharpour performed the data analysis and prepared the draft of the manuscript.

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