



A study on suicidal behavior among adolescents in relation to loneliness

More Krantee Bharat, Dr. Preeti Dixit

Department of Psychology, Kalinga University, Raipur, Chhattisgarh, India

Abstract

This research takes gender and socioeconomic status into account as it investigates teen suicide ideation and behaviour in connection to loneliness. Two hundred teenagers (ranging in age from thirteen to eighteen) from different districts in Raipur were surveyed using Praveen Kumar Jha's felt loneliness measure. The participants were classified according to gender and socio-economic background. There were statistically significant variations in the degree of loneliness between the groups, as shown by the mean, standard deviation, and analysis of variance. Loneliness was more prevalent among female teenagers and those from more privileged socioeconomic origins than among male adolescents and those from less privileged homes. The research highlights the importance of family dynamics, peer pressure, and socioeconomic status in determining the mental health of adolescents and their susceptibility to suicide thoughts. These results highlight the need for teenage suicide prevention programs that specifically target feelings of isolation and the characteristics that put them at risk for attempting suicide.

Keywords: Suicide, teenagers, behaviour, ideation, loneliness, death, life

Introduction

As defined by the World Health Organisation (WHO), suicide is an act that is carried out with the intention of bringing about desired changes but ultimately results in death, with the individual who has committed suicide being aware of or anticipating that their death is impending. No matter whether it is done voluntarily or involuntarily, the purpose of suicidal conduct is to terminate one's life for good. The term "gestures" is often used to refer to real acts of suicide [1].

However, it is important to differentiate between other types of self-injury, known as para-suicidal activity, which is similarly planned but does not mean to result in death. Cutting and burning are two examples of prevalent types of self-injury that victims may engage in [2]. These activities, despite the fact that they may inflict severe misery, agony, and damage, do not have the intention of causing the individual to take their own life. A self-injury technique that is followed correctly may help avoid unintended suicide [3].

There exists a spectrum of behaviours in which the primary injury is self-inflicted. These behaviours include self-harm, self-injury, self-inflicted violence, non-suicidal self-injury, and self-injurious activity. Generally speaking, it is done out without the goal of committing suicide and involves deliberately causing damage to tissue. The most prevalent kind of self-inflicted injury is the act of cutting one's own flesh with a sharp object, such as a surgical knife or razor blade [4].

The term "self-mutilation" is often used to refer to behaviours that are even more difficult, ambiguous, or unpleasant than those described by the term itself. A self-inflicted wound is another term that is used to describe injuries that soldiers inflict on themselves in order to be pulled from battle earlier than they would otherwise be. It is evident that the term "self-inflicted wound" has a secondary meaning that extends beyond the concept of self-harm. Additionally, those who self-inflict physical damage on themselves as a result of eating disorders are also regarded to be doing acts of self-harm [5].

NSSI, which stands for non-suicidal self-injury, is a new disorder that was included in the DSM-5 under the "Conditions for Further Study" category. As a key socioeconomic factor that contributes to the rise in the number of instances of self-harm, childhood maltreatment is considered to be a significant contributor, alongside poverty and dysfunctional relationships between parents or partners. There are a number of factors that may elicit suicidal impulses, some of which include, but are not limited to, violence, poverty, and unemployment. There is a possibility that self-harm might be a manifestation of depersonalisation or from a hallucinogenic state. Reports indicate that thirty percent of autistic individuals engage in self-harming activities such as eye-poking, skin-picking, hand-biting, and head-banging. Additionally, seventy percent of those with borderline personality characteristics engage in these actions [6].

The word "suicidal ideation" is the term that is used by specialists in the field of mental health to characterise thoughts and feelings of suicidality that do not involve intentional efforts to commit suicide. There is a less severe kind of suicidal conduct that is indicated by suicidal thoughts that are not accompanied by a definite plan. Although there is still a possibility that someone may take their own life, there is no immediate threat to the community. Nevertheless, it ought to rightfully raise red lights with regard to the situation. As a result of the fact that suicidal ideas have the potential to become established and develop into a "cognitive habit" once they have taken root [7].

As a consequence of this, and in reaction to stress, a dysfunctional mode of thinking that is both uncontrolled and continuously unpleasant may arise at random intervals. A person who has a history of depression and this kind of thinking may experience an increase in their level of sorrow, which in turn may increase the likelihood that they may engage in suicide behaviour. While it is very troubling that young people are taking their own lives, it is important to note that this is only one facet of a much more widespread

issue. Suicidal activity is considered suicide when it is at its most severe [8].

There is a significant disparity between the number of attempts at suicide among teenagers and the number of suicides that occur among adolescents. The primary stage that precedes suicide is the development of suicidal thoughts. It is possible for a person to have suicidal thoughts for a variety of reasons, ranging from a delusion of worthiness to an obsession with terminating their own life [9].

The number of deaths that are purposefully caused and carried out by a person with the knowledge or anticipation that they would die as a consequence of their actions is referred to as the suicide rate. The outcomes of cross-national data comparisons are influenced by a variety of factors, including the technique that is used to ascertain whether or not the individual had suicidal intent, the identification of the individual who is certifying the death, the existence or lack of a forensic investigation, and the need to preserve anonymity about the cause of death. Since this is the case, dealing with disparities across countries requires extra caution [10].

Young people are always looking for the fruits of friendship, regardless of how sweet or bitter they may be. Peer groups, which are comprised of a person's closest friends, have a significant influence on the individual's life. It is common for the thoughts, behaviours, and tastes of others around a teenager to have a significant impact on the teen's life, particularly in the areas of fashion, music, and media. These individuals are influenced by the manner of life that their companions lead. One propensity is to behave in a manner that is similar to that of one's friends. Although it almost always results in unfavourable consequences, it has the potential to have positive impacts on one's way of life if one is able to pick and choose [11].

via the influence of one's contemporaries, which may result in harmful behaviours such as drug misuse, smoking, and eating disorders. Furthermore, it results in the formation of a rift in the relationships that exist between parents and their children. This might lead to a criminal crime or sexual activity that is potentially harmful [12].

Research Methodology

Adolescents from Raipur districts, categorised as either male or female, and ranging in age from thirteen to eighteen, made up the sample. There are two types in each category. i.e., teenage socioeconomic status (both low and high). For this study, a total of 200 adolescents were considered for the sample, with 50 chosen using the Purposive Random Sampling Method for each of the four groups.

▪ **A Measurement of Empty Spirit / Measurement of Loneliness**

It was Praveen Kumar Jha (1997) who developed the perceived loneliness scale. All all, there were 36 things on the scale. The loneliness scale is a five-point Likert-style self-report research instrument that provides a comprehensive assessment of an individual's loneliness. There are five possible answers: fully agree, somewhat agree, disagree, and can't tell either way. On the right-hand side of the questionnaire, you'll see five-word categories; next to each item, you'll see five numbers ranging from 5 to 1 for statements that are favourably phrased and 1 to 5 for

statements that are adversely worded. On that specific item, the subject's score was indicated by the circled number. Scores might be anything from 36 to 180. A high score indicates that the responder is very lonely, whereas a low score indicates that they are not very lonely.

Some phrases about your social and practical issues are provided on the next page. Just the things you encounter and do on a daily basis are mentioned in these phrases. This is not an exam to gauge your IQ or personality traits; rather, it is an examination of the issues faced by the average individual. By endorsing this effort, you can help bring attention to the issue faced by the general public.

Determine whether you agree or disagree with each statement by reading it thoroughly. Each statement has been categorised into five groups for your convenience: Strongly Agree (5), Agree (4), Cannot Say (3), Disagree (2), and Strongly Disagree (1). Indicate your preference by checking the box next to the answer that best fits your opinion. Take this line as an example: "Do you get excited or anxious when you fail?" Select the checkbox next to the statement and click the "completely agree" button if you wholeheartedly agree with it (5).

▪ **Statistical Analysis**

The suggested study was empirically verified by analysing raw data with the use of statistical tools. When it came to suicidal ideation, depression, and loneliness, we calculated the mean, standard deviation, standard error, and confidence value for every variable. Depression and loneliness were examined for their major effects on suicide using analysis of variance and correlation.

Results

The whole group of teenagers was split into four categories: those with low socioeconomic status, those with medium socioeconomic level, those with high socioeconomic position, and those with very low socioeconomic status. The goal was to choose 200 teenagers from each of the four categories.

The results of the analysis are shown in the following tables:

- Low Socio-economic Status Male (Low SES)
- Low Socio-economic Status Female (Low SES)
- High Socio-economic Status Male (High SES)
- High Socio-economic Status Female (High SES)

Table 1: Statistical Summary of Loneliness (Sample Size: 50)
(Age Range: 13–18)

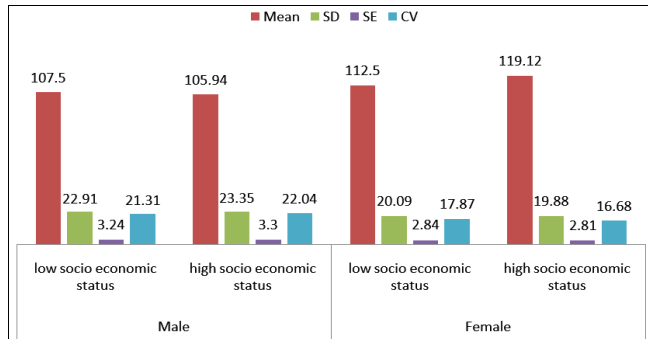
Group	Status of Work	Age Range	Sample Size	Mean	Sd	Se	Cv%
Male	Low Ses	13-18	50	107.50	22.91	3.24	21.31
	High Ses	13-18	50	105.94	23.35	3.30	22.04
Female	Low Ses	13-18	50	112.50	20.09	2.84	17.87
	High Ses	13-18	50	119.12	19.88	2.81	16.68

The table presents the mean, standard deviation, standard error, and confidence interval for each of the four groups of subjects. The results reveal that, on average, high-socioeconomic-status female adolescents reported the greatest levels of loneliness (119.12), while high-socioeconomic-status male adolescents reported the lowest levels (105.94).

The average score for guys from low socioeconomic class is 107.50, whereas the average score for males from high economic status is 105.94. This suggests that males from

low socioeconomic status experience greater loneliness than males from high economic status.

The mean score of loneliness for women from high socioeconomic position is 119.12, whereas for women from poor socioeconomic status it is 112.50. This suggests that women from high socioeconomic status experience greater loneliness than women from low socioeconomic status.



Graph 1: Visualisation of a State of Loneliness

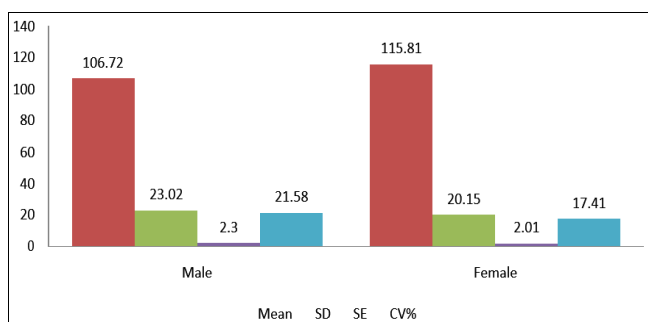
Table 2: Summary of Statistics on Male and Female Groups (Sample Size: 100) Regarding Loneliness (Age Range: 13–18)

Group	Age Range	Sample Size	Mean	Sd	Se	Cv%
Male	13-18	100	106.72	23.02	2.30	21.58
Female	13-18	100	115.81	20.15	2.01	17.41

You can see the loneliness scores from the two gender groups in the table. Groups of male adolescents had an average score of 106.72, while groups of female adolescents had an average score of 115.81.

Teenage boys are less likely to suffer from loneliness than teenage girls, according to the total male loneliness score of 106.72.

Adolescent girls are more likely to report high levels of loneliness (mean score of 115.81) than teenage boys.



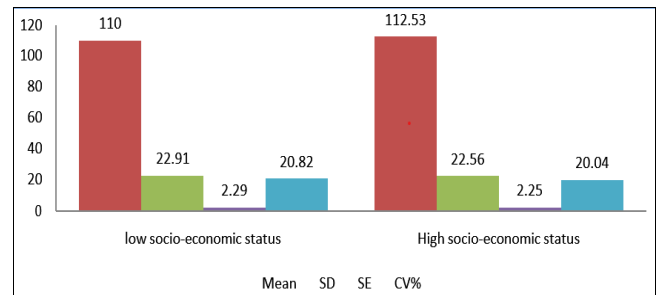
Graph 2: Visualising the Impact of Loneliness on Groups of Males and Females

Table 3: Summary of Statistics on Loneliness in Groups with Low and High Socioeconomic Status (Sample Size: 100)

Group	Age Range	Sample Size	Mean	Sd	Se	Cv%
Low Ses	13-18	100	110.00	22.91	2.29	20.82
High Ses	13-18	100	112.53	22.56	2.25	20.04

Adolescents from low socioeconomic position had an average loneliness score of 110.00, while those from high economic status had an average score of 112.53. According to the average loneliness score, one's socioeconomic standing influences their level of loneliness. Teens from low-income backgrounds don't seem to be as lonely as their more privileged counterparts, according to the mean

loneliness score of 110.00 for this demographic. The average score for teenagers from high socioeconomic backgrounds is 112.53, suggesting that they experience higher rates of loneliness compared to adolescents from low socioeconomic backgrounds.

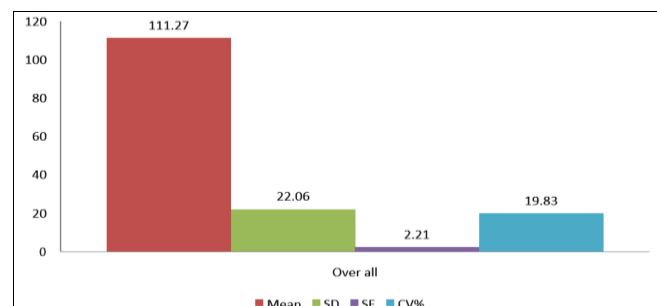


Graph 3: Visual depiction of loneliness in groups with low socioeconomic status and groups with high socioeconomic status

Table 4: An Overview of the Data on the Impact of Loneliness on the Observation of Sample Groups (Sample Size: 200)

Group	Age Range	Sample Size	Mean	Sd	Se	Cv%
Overall	13-18	200	111.27	22.06	2.21	19.83

The ratings for loneliness varied across all groups, ranging from 13 to 18, as seen in the table. Overall, the sample groups had a mean score of 111.27. The average score on the loneliness scale for the whole teenage population is 111.27. It seems that teenagers from both affluent and low-income backgrounds experienced varying degrees of loneliness.



Graph 4: Visualisation of Loneliness in the Context of Sample Groups

Table 5: ANOVA on Subject Groups' Loneliness Levels, Severity, CD, and CV Values

Source of Variation	Sun of Squares	Df	Mean Squares	F Value
Groups	5287.86	3	1762.62	3.78*
Error	91559.10	196	467.14	
Total	96846.96	199		
Sem			2.21	
Cd 5%			6.11	
Cd 1%			8.02	
Cv %			19.83	

*Significant at 0.05 levels

In the case of loneliness ratings, there was a substantial F ratio within the range of 5% between the groups. Based on the collected data, it was found that males belonging to low socioeconomic classes had an average score of 107.50 for loneliness, while men belonging to high socioeconomic positions had an average score of 105.94 for loneliness. A

score of 112.50 is assigned to women who come from households with low incomes, while a score of 119.12 is assigned to women who originate from families with high incomes. According to the data shown in the table, the average score for the female group was 115.81, while the score for the male group was 106.72. As shown in Table A-3, the group with a low socioeconomic level had a mean score of 110.00 for loneliness, while the group with a high socioeconomic status had a score of 112.53 for loneliness. According to the data shown in the table, the whole sample had a mean score of 111.27 for loneliness.

It is clear from the table that the average levels of loneliness differed across all of the groups. Every single female, regardless of their financial status, reported experiencing greater levels of loneliness. It was shown that those with greater socioeconomic level were more likely to experience feelings of loneliness compared to those with lower status.

This is according to Shaheen, H. (2014), who found that females scored much higher than men on the social component of happiness. The researchers Seginer and Lilach (2004) discovered that lonely boys had worse scores than lonely females. Additionally, adolescents who reported feeling lonely had lower results than their friends who were socially entrenched.

In addition to other variables, there is an association between one's socioeconomic standing and feelings of loneliness. People who come from lower socioeconomic backgrounds tend to have lower levels of anxiety and tension related with loneliness. This is because they are always surrounded by loved ones, they chat about everything, and they engage in a large number of social activities. In addition, it has an effect on a person's personal life, as well as their professional life, social life, academic life, and family life.

The rates of loneliness experienced by adolescents from higher socioeconomic backgrounds are higher than those experienced by their counterparts from lower socioeconomic backgrounds, despite the fact that they have access to more tools that may assist them in coping with anxiety and other worries. Teens who come from rich households are less likely to discuss the challenges they face in their lives.

In India, women are more likely to remain at home and take care of the house, but males are more likely to be active in the workforce or running a business, which gives them the opportunity to meet new people and minimises the feelings of loneliness they experience. Following the completion of the typical activities of the day, women, especially those who remain at home, have some spare time. In addition to this, it is well known that women have a greater emotional investment in the locations in which they live, work, and play than males do. Additionally, this may result in women, in particular, experiencing heightened feelings of loneliness.

Conclusion

The research shows that there is a strong link between teenage loneliness and suicide thoughts and actions, with gender and socioeconomic class playing a crucial role in shaping these relationships. Loneliness may amplify suicide thoughts, and it is more common among girls and those from more privileged socioeconomic situations. Due to greater familial and community links, adolescents from lower socio-economic categories likely experienced fewer degrees of loneliness. In light of these results, it is clear that

comprehensive mental health programs targeting at-risk populations should prioritise the alleviation of loneliness. A better transition during adolescence might be achieved via social programs designed specifically for teenagers, family counselling, and enhanced peer support, all of which can play a crucial role in reducing suicide ideation and behaviour and easing feelings of isolation.

References

1. Anny Chen L, Wu C, Lee M, Yang L. Suicide and associated psychosocial correlates among university students in Taiwan: A mixed-methods study. *Journal of the Formosan Medical Association*,2020;119(5):957-967.
2. Bebbington PE, Hurry Lt, Tennant C, Sturt E, Wing LIK. Epidemiology of mental disorders in Camberwell. *Psychological Medicine*,2022;1, 561-579.
3. Ganesh GU, Kavitha B, Anandarajan and M. Chandrasekar. A study to analyze various factors contributing to stress in first year MBBS students during examination. *Int. J. Biomed. Adv. Res*,2022;3:700-703.
4. Grover S, Raju V, Sharma A, Shah R. Depression in children and adolescents: A review of Indian studies. *Indian Journal of Psychological Medicine*,2019;41(3):216.
5. Gupta A, Thakur D, Thakur A, Mazta S, Sharma D. Prevalence and predictors of suicidal ideations among school going adolescents in a hilly state of India. *Industrial Psychiatry Journal*,2015;24(2):140.
6. Joyce W. Adolescent Stress and Depression. <http://www.extension.umn.edu/> (accessed 15 December 2016).
7. Kadapatti MG, Vijayalaxmi AHM. Stressors of Academic Stress- A Study on Pre-University Students. *Indian Journal of Scientific Research*,2022;3(1):171-175.
8. Abela Lt RZ. The hopelessness theory of depression: A test of the diathesis stress and causal mediation components in third and seventh grade children. *Joumol o/ Abnormol Ckiild Psychology*,2021;29:241-254.
9. Garber éf, Flynn C. Predictors of depressive cognitions in young adolescents. *Cognitive Therapy and Research*,2021;25:353- 376.
10. Beck AT, Rush Aét, Shaw BF, Emery G. *Cognitive Therapy of Depression*. New York: Guilford Press, 2018.
11. Elkind D. Understanding the young adolescent. *Adolescence*,2017;49:127-134.
12. Ellis A. *Reason and emotion in pzycLiotherapy*. New York: Lyle Stuart, 2017.