

**PSYCHOLOGICAL CORRELATES OF SUICIDAL
IDEATION AND SPIRITUAL WELBEING: A STUDY
AMONG MIZO ADOLESCENTS**

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Thesis submitted for the Degree of
Doctor of Philosophy in Psychology

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2013



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CERTIFICATE

This is to certify that the present research work titled, “Psychological correlates of Suicidal Ideation and Spiritual Wellbeing: A Study among Mizo Adolescents” is the original research work carried out by Lalremsangi Sailo under my supervision. The work done is being submitted for the award of the degree of Doctor of Philosophy in Psychology of the Mizoram University.

This is to further certify that the research conducted by Lalremsangi Sailo has not been submitted in support of an application to this or any other University or an Institute of Learning.

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DECLARATION

I, LalremsangiSailo, declare that the thesis entitled, “Psychological correlates of Suicidal Ideation and Spiritual Wellbeing: A Study among Mizo Adolescents” hereby submitted to the Mizoram University, for the degree of Doctor of Philosophy has not previously been submitted by me for a degree at this or any other university; that it is my work in design and execution, and that all material contained herein has been duly acknowledged.

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ACKNOWLEDGEMENT

My heartfelt thanks firstly go to Almighty God for all the blessings He gave me. Lord, You are the true reason for the completion of the thesis.

There are many people that I would like to thank for their contributions to this thesis. First and foremost, I would like to acknowledge my supervisor Professor C. Lalfamkima Varte for his constructive criticism, supervision and encouragement during the work with the thesis. I am enormously grateful for the incredible support and dedication you have provided to me. Your knowledge and guidance has pushed me to become a better researcher and a more critical thinker. I feel tremendously privileged to have had the opportunity to work with you as my supervisor.

I would also like to express my appreciation to all the Faculty and Staff of the Department, who are ever ready to give a helping hand when I need.

My parents, Mr V. Malsawma and Mrs Lalhmingthangi, thank you for being there for me since day one, for understanding the challenges that came with this degree and supporting me in all possible ways. It is your inner strength, unconditional love and support, guidance, morality and wisdom that made everything possible for me. Thank you for never-failing belief in me.

I would also like to thank my siblings, Lalhruaitluangi and Christopher for your unending support and love.

My Husband and My in-Laws, thank you for your understanding, support, and love.

I express my gratitude to all who have participated in answering the questionnaire and each institutional authority who supportively allowed to collect data. There are also people whose identity has not been mentioned yet they played an important role in the success of the thesis.

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Chapter – I

INTRODUCTION

The ever increasing growth of advancement leads to the growth of high living standard that adds to the increasing demands of everyday needs. These may result in failing to meet the need of an individual. Further, time constraints, financial strain, or work overload, may hinder psychological function that could contribute to stress. Rocha-Singh (1994) stated that adolescent's stress was contributed by factors such as time constraints, financial problems, and academic work overload, and interpersonal difficulties with peers and significant others. During the period of adolescence, life is definitely getting more complex as one attempts to find his/her own identity, struggle with social interactions, and grapple with moral issues. Thus, finding one's identity may be affected by the wellbeing and personality traits possessed by an individual. Evidence from the past research showed that stress experienced by young students relates to suicidal ideation (Bonner & Rich, 1987 & 1988).

Adolescents today encounter difficulties and more life challenges than previous generations, yet they are provided less guidance and intervention for their personal development (Pajares & Urdan, 2004). Researchers (Aldwin & Greenberger, 1987; Bonner & Rich, 1987 & 1988; & Wilburn & Smith, 2005) stated that stress experienced by adolescents/college students relates to outcomes such as anxiety, depression, and suicidal ideation. On contrary, coping successfully with stress increases the wellbeing of adolescents.

'Adolescence' is derived from the Latin word 'adolescere', meaning, "To grow into maturity". It is the transitional stage of development between childhood and full adulthood (Darley et al., 1988), representing the period of time during which a person is biologically adult but emotionally not all full maturity, the period of which extends from the eleventh year to the twentieth year, thus encompassing the teenage years (Mahale, 1987). According to Hall (1904), adolescence is the period from 12 to 23 years of age and

is filled with storm and stress. Hall (1904) further believed that environment accounts for more change in the development of adolescence than in the earlier periods.

Dogra (2007) claimed that adolescence is the period between childhood and adulthood. But, finding a precise definition of adolescence is difficult. Biologically, it is the time of sexual maturation and the completion of growth. More than mere biological, adolescence is psychosocially the period between childhood dependency and being a functionally independent autonomous adult.

According to Chaube (2002), adolescence is a period of life in which many changes take place which revolutionize one's physical, emotional, mental and social settings. These changes are so all-pervasive and effective that the total outlook of an individual is modified, transformed and altered. An adolescent wants to be recognized as a full member of the society having a unique personality of his own. He feels tempted to express his opinion on an issue without being asked for the same, but proper attention is never given to what he says. The adolescent, sometimes faces great difficulties when he finds that the parents and other elders at home and teachers at school are in no way prepared to slacken their strict control over him. This is so because they regard him still as a child unmindful of the intricacies of his surroundings. The main intentions of elders are generally to mould the future of the adolescent according to their own idiosyncrasies which the adolescent vehemently resents.

The adolescent wants to take independent decisions in various situations of his experiences. This is regarded as an act of indiscipline or of misconduct. Gradually, the adolescent starts to control his desires according to standards set by the society. He also begins to realize his social responsibilities. If he fails in these attempts, he develops many defects in his personality. Consequently, the adolescent very often thinks of throwing off

the yoke of control imposed on him by elders. He experiences great stress and strain, because he wants to follow the path of his life according to his own inclinations and attitudes (Chaube, 2002).

Adolescence is a time of change, exploration, exuberance, and youthful searching. It can also be a time of worry and problems, especially in today's world. It might even be fair to describe adolescence as "the best of times, the worst of times (Coon, 1992).

According to Pajares & Urdan (2004) adolescents today are required to have more knowledge and skills so as to compete in the global market place. There are fewer entry-level jobs in postindustrial societies for those with little formal education. Moreover, they have to cope with new cultural and social phenomena emerging from globalization and integrate these into their overall worldview. Thus, the need to understand the challenges in the education of adolescents and to provide appropriate programs and interventions in school settings is pressing. During adolescence, reality is given greater weight than fantasy. The working activities of many adolescents are continuation of the work begun in childhood and preadolescence. Some teenagers are still learning to develop habits and carry out self-care and chores reliably (Powell, 1983).

Erikson (1968) opined that stage of adolescent extend from ten years to twenty years, and describe this period as a period of identity versus role confusion. Adolescence is a cultural and social phenomenon and therefore its endpoints are not easily defined tied to physical milestones. It was argued that the most important aspect of the age period we now called adolescence is the development of the ability to choose. It is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another (Coleman & Roker, 1998). In other words, the end of adolescence and the beginning of adulthood varies by country and

by function, and furthermore even within a single nation state or culture there can be different ages at which an individual is considered to be (chronologically and legally) mature enough to be entrusted by society with certain responsibilities. Such milestones include, but are not limited to, driving a vehicle, having legal sexual relations, serving in the armed forces or on a jury, purchasing and drinking alcohol, voting, entering into contracts, finishing certain levels of education, and marriage. Adolescence is usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision as compared to preadolescence.

Adolescence is often described as a phase of life that begins in biology and ends in society (Sharma, 1996). It means that physical and biological changes are universal and take place due to maturation but the psychosocial and behavioural manifestations are determined by the meaning given to these changes within a cultural system. The experience of adolescents during teen years would vary considerably according to the cultural and social values of the network of social identities they grow in. At this stage, the adolescent experiments certain roles while trying to integrate identities from previous stages. A failure to successfully work through this crisis results in an individual with a perpetual identity crisis (Friedman & Schustack, 2004), which may cause problems in certain development.

Adolescents experience considerable stress in a variety of contexts (Lock & Steiner, 1999) such as parental pressure for academic achievement, family mobility, the availability of drugs, and peer pressure can lead to depression (Capuzzi, 1994). Stress is conceptualized as an event or condition that may be purely physical, social, and psychological, which triggers the stress reaction (Ragheb & McKinney, 1993). Therefore,

a person's perceptions play a substantial role on what some may call objectively stressful events (Lazarus, 1966 & 1977).

Stress may be an internal state which can be caused by physical demands on the body such as disease, exercise, extreme temperature, professional hazards and also environmental and social situations which are evaluated as potentially harmful, uncontrollable, or exceeding our resources for coping (Cooper & Payne, 1988).

The word stress is derived from Latin word 'stringere' (strictus) which means to draw tight or bind. The original connotation of the word 'stress' referred to hardships or diversity. Tracing the history of the concept of stress, its origin dates back to 1914, when Cannon used the term in medicine, but it was popularized by Hans Selye (1936) who used the term in life sciences. According to Selye (1976) "Stress is a non specific response of the body to any demand". Lazarus & Folkman (1984) stated "Stress is the process of adjusting to or dealing with circumstances that disrupt, or threatened to disrupt a process's physical or psychological functioning".

Selye (1985) noted that a person who is subjected to prolonged stress goes through three phases: alarm reaction, stage of resistance and exhaustion. He termed this set of responses as the General Adaptation Syndrome (GAS). According to the transactional model (Lazarus & Folkman, 1984) the cognitive appraisal of stress is a two part process which involves a primary appraisal and a secondary appraisal. Primary appraisal involves the determination of an event as stressful. Secondary appraisal involves the determination of an event as a threat or a challenge. During secondary appraisal, the individual evaluates his/her coping resources and options.

Although stress exists at every stage of human development, the period of adolescence can be especially stressful, due to the biological and social changes that

accompany this developmental period (Arnett, 1999). Social scientists and psychologists believe that the period is characterized by “storm and stress”. They claim that emotional stress; psychological strains are inherent components of adolescence (Berger, 1983).

Chaube (2002) believed the stormy period begins from the middle of adolescence and lasts till the end of adolescence. The physical changes and development greatly influence the emotions of adolescents. But it will not be proper to hold this change and development solely responsible for the stormy emotional phase in an adolescent’s life. In fact, the real reason is the social environment. Had the social environment been patterned on a psychological base, the emotional condition of the adolescent would not have been so miserable. It is endless to remark that in the present condition of society, this kind of psychological approach is not possible. Under such a situation, the adolescent cannot escape from being a victim to emotional storms. As regards the depth of emotion, it will depend on different circumstances, since the difference lies in the degree and not in the kind.

Mead (1928) cited by Bernard (1957) drew attention to the fact that adolescence, as a period of stress and strain; was probably the result of cultural pressures. Bernard (1957), states that an adolescent is a person vacillating between childish and adult behavior. He is an individual who at times acts like a child and at times, when he has had appropriate preparatory experience, acts like an adult.

Several authors have defined stress, as it relates specifically to teens. Researchers (Finkelstein et.al., 2007; Majed & Fatema, 2009), differentiate stress in the adolescent period as having both environmental (objective assessments of conditions) and psychological (subjective evaluations) perspectives of stressful events.

Nagare (2007) claimed that adolescence is the time of emotional turmoil within and conflict with others. At the same time, adolescents are awkward, shy and easily embarrassed by others. They are often ill-equipped to cope with stress during the transition from childhood to pre-adolescence and from pre-adolescence to adolescence phases.

Hence it is called a period of strain and stress. It is a period of severe psychological crisis marked by violent impulses, great mood shifts vulnerability to extreme influences. It is in this period the students' life coincides with stress. Students become more self-aware, self-conscious, and their thinking becomes critical and complex. At the same time, students often lack in academic motivation and performance as their attention is divided among a lot of things, especially creating an identity for them. Adolescence is characteristically typified as a turbulent time. For many adolescents it is. But others never question their predefined roles and travel through adolescence without anxiety; for these individuals, adolescence is not dramatically turbulent (Ornstein & Cartensen, 1991).

Adolescence is a period of storm and stress only if society makes it so; if society eases the transition from childhood to adulthood, adolescence is not tumultuous (Muuss, 1962; Zimbardo, 1979).

Consequently, with regard to the above definitions, adolescents can experience a spectrum of stresses, ranging from ordinary to severe (Masten et al., 1994). At the ordinary end are experiences that occur in most adolescent's lives and for which there are reasonably well defined coping patterns. But when more severe stress like illness, death etc occurs, healthy coping patterns for this stressful experience are not spelled out well (Sanstroek, 1996). In many instances, more than one stress occurs at a time in

adolescent's lives. Researchers have found that, when several stresses are combined, the effects may be compounded (Garmezy & Rutter, 1983). Adolescents experiencing frequent or intense negative emotions and who are unable to express the same are more likely to rely on maladaptive coping mechanisms that alter emotions directly and operate quickly rather than more contemplative, intellectualized or plan-focused responses. Adolescent who adopt such strategies as preferred style of coping with negative emotions and stressors were more likely to engage in risky or problem behavior (Westen, 1994).

Achenbach (1989) noted that "Stress and coping are inextricably tied to every aspect of involvement with the health care system. Both exposure to stressful life events and dispositional coping style differences have been implicated in the onset of diseases ranging from ulcers to cancer". The literature on stress and coping in adolescent populations is limited by a focus on negative indicators of mental health (i.e., psychopathology), with less attention paid to important positive indicators of adolescent functioning (e.g., academic achievement, life satisfaction). Importantly, the absence of mental illness does not equate to the presence of mental health; instead, "the absence of disease may constitute a necessary, but not sufficient, criterion for mental health" (Jahoda, 1958).

Researchers (Bartle-Haring et al., 2002; Ferrer-Wreder et al., 2002; Gonzales et al., 2001) have noted that importance of reducing stress by helping youth develop positive perceptions of the self in order to avoid catastrophic socio-emotional outcomes such as suicidal behavior. Indeed, exposure to stress by youth has been linked to severe psychological problems, a known precursor to suicide (American Psychiatric Association, 1998).

For youth, stressors may also include poor grades, drug and alcohol abuse, and increases pressures (Felts et al., 1992), which in turn, puts young students at increased risk for suicide (Harkavy et al., 1987; Thompson et al., (1994). Suicidal ideation is connected to unbearable psychological pain (Shneidman, 1996) and aversive self awareness (Baumeister, 1990) which tend to be the result of high emotional distress and negative self concept. In a study focused on suicidal ideation, Huff (1999) reported that the degree and recency of stress was significant predictor of suicidal ideation.

Exposure to stressful events (stressors) represents significant sources of risk to the healthy development of adolescents, and stressors are experienced in different intensities and durations of arousal in adolescence (Compas & Reeslund, 2009). However, when faced with the same stressor(s), the stress process and the impact from stress vary individually and lead to different health outcomes; this depends on individual and environmental vulnerabilities and resources, as well as the ability to cope effectively with the stressors (Compas & Reeslund, 2009).

Understanding the role and nature of stressors in the lives of adolescents, how experience of stress is associated with different health outcomes, as well as identifying potential protective factors in this context is crucial for helping adolescents capitalize on the many changes taking place in their lives, and equip them with tools to make their journey through adolescence a positive growth-oriented experience (Grant et al., 2006).

Understanding the role of stress is also important to the identification of those adolescents most in need of early intervention, whereas clarification of factors that promotes health and well-being and moderate the negative health effects of stress can be used to form interventions to strengthen adolescent development in general, as well as to support those with potential risk (Compas & Reeslund, 2009; Grant et al., 2003). A major

source of variation in the effects of stress on adolescents' psychological health and well-being is the result of the ways that adolescents cope with stress (Compas & Reeslund, 2009).

Thus, coping strategies are potentially important moderators and mediators in the bidirectional relation of psychosocial stress to depression and suicidal ideation (Seiffge-Krenke, 2006). Coping styles, in particular, play an important role in physical and psychological wellbeing. This role is especially evident when individuals are confronted with negative or stressful life events. The attempt to understand the relationship between coping and negative life events has had a long history. For example, Freud (1993), in an early discussion on coping, utilized the concept of a "defense mechanism". Various defenses such as repression, rationalization, and projection were proposed as unconscious processes used by the individual to cope with threat and anxiety. Freud's view that coping is primarily an unconscious process was supported by Vaillant (1977) and Haan (1982).

In the late 1970s and early 1980s, coping has been primarily conceptualized as a response to external stressful or negative events (rather than internally motivated threat). The responses to these external stressful or negative events usually involve conscious strategies or styles on the part of the person (Billings & Moos, 1984; Folkman & Lazarus, 1980; Folkman & Lazarus, 1984). In addition, some people may have particular preferred coping styles or patterns in their responses to different stressful situations (Fleishman, 1984; Miller et al., 1988).

Coping describes the transactional processes through which people deal with actual problems in their everyday lives (Aldwin, 1994; Skinner & Zimmer-Gembeck, 2007). Coping encompasses a range of emotional regulation strategies, thought processes, and behaviors. This means that coping is founded in an individual's physiological

responses to stress, their appraisals of events, their attention, and their goals or the outcomes they desire. Coping also depends on social contexts and interpersonal relationships. Validated conceptualizations of coping have highlighted the importance of two processes: stress reactions, which are largely involuntary and might include behavioral and emotional impulses, and action regulation, which is purposeful and serves to modulate or boost reactivity to stressful events (Skinner & Zimmer-Gembeck, 2007). Most interventions target intentional ways of coping, but the ability to cope well depends on coordinating all of these systems under conditions of threat, challenge, or loss (Lazarus & Folkman, 1984; Skinner & Zimmer-Gembeck, 2007).

It is important to know that coping is a process that we as individuals employ every day. We engage in coping when we feel under stress or want to manage a taxing situation. Lazarus (1993) defined coping as a process in which cognitive or behavioral efforts are made to manage specific internal and/or external sources of psychological stress. The process of coping involves two components, appraisal and coping (Lazarus, 1966). Appraisal is the act of perceiving a stressor and analyzing one's own ability to deal with the stressor. Appraisal can be made in three different conditions: when we have experienced a stressor, when we anticipate a stressor and when we experience a chance for mastery or gain (Lazarus, 1966). Once we appraise a stressful situation we must decide how we will respond or 'cope' with the stressor, either choosing to master it, reduce it or tolerate it. The coping style we engage in is ultimately determined by whether we believe we have the resources to resolve the stressor (Lazarus, 1966).

The three main coping styles (Endler & Parker, 1999) that people employ when attempting to resolve or remove a stressor are problem-focused coping, emotion-focused coping, and avoidant coping. Problem focused coping involves altering or managing the problem that is causing the stress and is highly action focused. Individuals engaging in

problem-focused coping focus their attention on gathering the required resources (i.e. skills, tools and knowledge) necessary to deal with the stressor (Lazarus & Folkman, 1984). Emotion-focused coping can take a range of forms such as seeking social support, acceptance and venting of emotions etc (Carver et al., 1989). Although emotion-focused coping styles are quite varied, they all seek to lessen the negative emotions associated with the stressor, thus emotion-focused coping is action-orientated (Admiraal et. al., 2000; Folkman & Lazarus, 1980). Lastly, avoidant coping can be described as cognitive and behavioral efforts directed towards minimizing, denying or ignoring dealing with a stressful situation (Holahan et al., 2005). Although some researchers group avoidant coping with emotion-focused coping, the styles are conceptually distinct. Avoidant coping is focused on ignoring a stressor, and is therefore passive, whereas emotion-focused coping is active (Admiraal et al., 2000; Holahan et al., 2005).

The most widely used categories of coping are problem-focused and emotion-focused coping (Compas et al., 2001). The breadth of these categories has led to individual research on many specific coping behaviors, including: problem solving, cognitive restructuring, catastrophizing, physical activities, self-criticism, humor, social withdrawal, resigned acceptance, alcohol or drug use, seeking social support, use of religion, etc. (Compas et al., 2001). The inconsistency in researchers' categorizations of these specific behaviors prevents accurate comparisons between studies.

Maddi and Kobasa (1984) talked about two forms of coping: transformational coping involves altering the events so they are less stressful, whereas regressive approach includes a strategy wherein one thinks about the events pessimistically and acts evasively to avoid contact with them. Coping can have an effects to three kinds of outcomes at the psychological, social, and physiological (Bradburn, 1969; Rennee, 1974).

Rutter (1989) found that individuals who were under two chronic life stressors were four times more likely to eventually need psychological services as those who only had to cope with one chronic stressor. Thus, a desirable coping technique is important for the growth of an individual. The ability to cope successfully with a stressful situation depends on a number of factors. Primary among these are the resources one brings to the stressful situation. These resources include one's personality, age, income, education, previous experiences, social support, and physical and mental health. Features of the situation are also important in shaping coping resources. Failing to cope with these stressful situations may deteriorate individual's wellbeing and may result in psychological problems, such as depression, anxiety, aggression etc which may result to bring suicidal ideation.

However, when faced with stressful situations, one's way of coping (making use of environmental factors, successful adjustment) plays an important role in enhancing the wellbeing of individuals. Suicide seems to occur when stress, cognitive immaturity, and lack of emotional bonding interact and overwhelm an individual's ability to cope and to reason clearly. In one study, adolescents who had attempted suicide reported significantly more stress related to parents, lack of adult support outside the home, and sexual identity (Wagner et al., 1995).

Suicide has been defined as 'not a disease, but a death that is caused by self inflicted, intentional action, or behavior (Silverman & Maris, 1995). Meanwhile, suicide ideation and suicide attempt are generally considered as non fatal suicidal behavior. Across different cultures, the prevalence on non fatal suicidal behavior has been found to be alarmingly high among adolescents (Siddhartha & Jena, 2006). Previous studies have also showed that suicide rate increased at the late teens and continued to rise until the

early twenties (Gould & Kramer, 2001). In addition, the prevalence of nonfatal suicidal behavior, including suicide thoughts, suicide plans, deliberate self-harm, and attempted suicide, are also common in 15–24 year old adolescents (Evans et al., 2005).

Suicidal ideation has been defined as “the domain of thoughts and ideas about: death, suicide, and serious self injurious behaviors, including thoughts related to the planning, conduct, and outcome of suicidal behavior” (Reynolds, 1998). Schotte and Clum (1982) suggested that there is a demonstrated relationship between the frequency of suicidal ideation and the likelihood of suicide attempt. Suicidal ideation represents a key variable in the development of more serious suicidal behavior in college students (Bonner & Rich, 1987; Rich & Bonner, 1987).

The seriousness of suicidal ideation as a symptom and indicator of psychiatric illness and markers of distress and poor functioning (Reinherz et al., 1995) has been confirmed by finding from the earlier study (Aherns et al., 2000). Groleger et al. (2003) also found that deficits in behavioral functioning were associated with suicidal ideation with both adolescents and adults. However, there is evidence that even among adolescents with severe ideation; most do not actually make attempts (Carlson & Cantwell, 1982). Therefore, Levy and Beykin (1989) opined that suicidal thoughts do not predict more serious suicidal behavior; and ideation alone does not involve self-destructive behavior (Marcenko et al., 1999).

Experts in suicidology suggested that it is useful to view suicidal ideation, suicide intent, suicide attempt and completed suicide in adolescents as part of a hierarchical continuum of suicidal cognitions and behavior (Reynolds, 1988; Silverman & Maris, 1995; DeWilde, 2000; Hovey & King, 2000) embedded in a larger continuum of self-destructiveness (King et al., 2003). In this scheme, suicidal ideation is considered a potent

precursor, marker or risk factor for more serious suicidal problems such as suicidal intent, suicidal attempt, and suicidal completion (Reynolds, 1998; Nugent & Williams, 2001).

Placing the discussion of suicidal thoughts within the context of adolescent development may offer a fuller understanding of why ideation increases dramatically at this point in the life span (Bolger et al., 1989; Holinger & Luke, 1984).

Back in 1980's and 1990's, lifetime prevalence estimates of suicidal ideation among nonclinical populations of adolescents generally range from 60% (Smith & Crawford, 1986; Harkavy Friedman et al., 1987; Strang & Orlofsky, 1990) to 75% (Rich & Bonner, 1987). Given the sensitive nature and the stigma attached to suicide, it is likely that ideation is under-rather than over reported among young people. Therefore, it is probable that higher prevalence rates more realistically approximate the actual level of ideation, particularly among randomly selected non-clinical populations of adolescents (Marcenko et al., 1999).

Grunbaum et al. (2004) also concluded that the prevalence of suicidal ideation in adolescence is approximately 15–25%, ranging in severity from thoughts of death and passive ideation to specific suicidal ideation with intent or plan. The latter is much less frequent, with annual incidence rates of 6.0% and 2.3% in adolescent girls and boys, respectively (Lewinsohn et al., 1996). Longitudinal studies have shown that the more severe (high intent or planning) and pervasive (high frequency or duration) the suicidal ideation, the more likely such ideation is to eventuate in an attempt (Lewinsohn et al., 1996). Attempters who show persistent suicidal ideation, particularly with a plan or high intent to commit suicide or both, are at increased risk to reattempt (Goldston et al., 1999; Lewinsohn et al., 1996). Suicide ideation is considered to be an important precursor to

later attempted and completed suicide (Brent et al., 1993; Gili-Planas, et al., 2001; Reinherz, et al., 1995) and is of major public health issues.

When a person is going through such stressful life events, one is bound to have certain ill effects of these. It can affect the general wellbeing as well as quality of life. General wellbeing is linked to self confidence, self esteem, self respect, and the right attitude to face life. General wellbeing refers to the subjective feelings of contentment, happiness, satisfaction with life experiences and of one's role in the world of work, sense of achievement, utility, and belongingness with no distress, dissatisfaction and worry (Verma, et al., 1989). Ellison and Smith (1991) revealed that to the extent that various subsystems are functioning harmoniously, consistently with the divine design of creation, the result is wellbeing.

Related to general wellbeing is spiritual wellbeing. Religion and spirituality has been increasingly supported as relevant to both physical and mental health. When spiritual and religious involvements have been measured, they have consistently been found to be positively related to health and inversely related to physical and mental disorders (Cooper, 2003). Spirituality is fundamental to understanding the ways in which a person finds purpose in life. Traditionally spirituality was closely related to or synonymous with the concept of religiousness. However, over the years, despite much work been done, little consensus has been reached about what these two terms actually mean (Zinnbauer et al., 1997). Various definitions of the two concepts have been suggested by different scholars with diverse views ranging from a polarization of the two concepts to the interrelationship of spirituality and religion, with some scholars suggesting one to be the sub domain and the other scholars suggesting the opposite. These various views are aptly summed up by Reich (1996) who mentioned four possible ways in describing the relationship between religiousness and spirituality: they are separate

domains, they are distinct but overlapping domains, they are synonymous, and one is a sub domain of the other.

Kelly (1995) posited that spirituality is a subjective experience of the transcendental nature of the universe whilst religion is perceived to be the institutional and religious expression of spirituality. Spirituality is a universal experience, less constrained by the doctrines associated with specific religions (Polanski, 2003). Benson et al. (2003) support the possibility that there is significant overlap between religion and spirituality, but that both religious development and spiritual development have dimensions that fall beyond the domain of the other. Similarly, Wagener and Malony (2006) suggest that spirituality has the potential to address the ultimate questions that are intrinsic to the experience of being human. Spirituality includes experiences of transcendence, good and evil, belonging and connectedness, meaning and purpose. It is an integrative function leading to an experience of personal wholeness and defines the links between the self and the rest of creation, locating the individual within a transcendent system of meaning. Religion, on the other hand, is a shared belief and social structure within which spirituality is primarily shaped for most but not all people. Emmons (1999) suggested that a typical definition of spirituality encompasses a search for meaning, for unity, for connectedness, for transcendence, and for the highest of human potential.

Pargament (1997) defines religion in its broadest sense, as a multidimensional construct including both institutional religious expressions, such as dogma and ritual, and personal religious expressions, such as feelings of spirituality, beliefs about the sacred, and religious practices. In contrast to Pargament (1997), Hodges (2002) considers spirituality to be the broader concept, representing transcendent beliefs and values that may or may not be related to a religious organization. Religiosity on the other hand refers to rituals and creeds, which may be demonstrated in the context of a religious institution.

Spirituality may be expressed in a religious context but a person's religiosity is not always because of spirituality. Considering the varied definitions of spirituality and religion mentioned above, it might be prudent to consider the position of Singleton, Mason and Webber (2004) in offering their definition of spirituality. They define spirituality as "a conscious way of life based on a transcendent referent".

Fisher and colleagues (Fisher et al., 2000) are contended that spiritual health is reflected by the person's spiritual well-being, manifested in relationships with oneself (personal), others (communal), nature (environment), and God (or transcendental other). The definition of spirituality put forward by Elkins et al. (1988) aptly reflect Fisher and colleagues (Fisher et al., 2000) conceptualization of spiritual wellbeing. They view spirituality as "a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate". With the view of the above definitions, the terms have been used interchangeable.

Bufford et al. (1991) describe spiritual wellbeing (SWB) as a combination of religious wellbeing (RWB), which is defined as a person's relationship to God, and existential wellbeing (EWB), which is defined as a person's relationship to the world and includes a sense of meaning, satisfaction, and purpose in life. Paloutzian (1982) contends that spiritual wellbeing and its component parts, religious wellbeing and existential wellbeing, are integral to a person's perception of the quality of life.

The seminal work on the role of religion in suicide is based on the work of Durkheim (1951), who posited that religion acts as a deterrent against suicide because it enhances social integration and normalizes submission or adherence to regulation. Several researchers (Pescosolido & Georgianna, 1989; Stark & Lester, 1991; Stark et al.,

1983) have noted that ties to religious institutions in general serve as a protective barrier against suicidal behaviors because religious organizations that provide an important source of positive effect, emphasizing social ties, and enhancing group cohesiveness are easily available. One factor that has been found to be particularly protective against suicide in the general population is religiosity.

The term spiritual wellness originates in the medical wellness and health promotion literature (Westgate, 1996). According to Westgate (1996) “spiritual wellness represents the openness to the spiritual dimension that permits the integration of one’s spirituality with the other dimensions of life, thus maximizing the potential for growth and self actualization”. He further suggested that the spiritually well person is one who experiences meaning and purpose in life and who has an intrinsic value system which influences both life and decisions.

Karstens (2006) revealed that adolescents believe that spiritual values are important when considering meaning in life as well as lifestyle choices. She further concluded that the construct remains salient in the lives of most adolescents. The National Interfaith Coalition on Aging (NICA; 1975) proposed one of the earliest attempts at a wide definition of spiritual well-being. The NICA perceived spiritual well being to be an affirmation of life in a relationship with oneself (personal), others (communal), nature (environment), and God (or transcendental other) (Ellison, 1983; Fisher et al., 2000; Gomez & Fisher, 2003, 2005). Ellison (1983) viewed spiritual well-being as an expression of an underlying state of spiritual health. He compared this situation to the color of a person’s complexion and pulse rate as expressions of his/her health.

By integrating these concepts, Gomez and Fisher (2003) define spiritual well-being in terms of “a state of being, reflecting positive feelings, behaviors, and cognitions

of relationships with oneself, others, the transcendent and nature, that in turn provide the individual with a sense of identity, wholeness, satisfaction, joy, contentment, beauty, love, respect, positive attitudes, inner peace and harmony, and purpose and direction in life”

Literally hundreds of studies have examined the role of religion/spirituality and health outcomes in adolescents without a chronic illness (Bridges & Moore, 2002; Cotton et al., 2006). In general, adolescents with higher levels of religiosity and spirituality have better health behaviors (e.g., less drug and alcohol use, later sexual initiation) and improved mental health outcomes (Wong et al., 2006; Bridges & Moore, 2002; Cotton et al., 2006).

Research is clearly identifying spiritual wellbeing as a health promoting and protective factor. Kaldor et al. (2004) found that a spiritual orientation is positively linked to various aspects of wellbeing. De Souza et al. (2003) reported that spiritual expression of 16–20 year olds is linked to connectedness to family and friends and promotes a sense of self-worth; helping youth to find meaning and purpose. Welding et al. (2005) reported that spirituality can be life sustaining, preventing suicide and providing meaning in life. Webb (2005) identified from personal experience and research that spirituality is central to recovery from suicidal thoughts. Smith and Kim (2003) reveals that growing up religious makes a positive difference to the way adolescents relate to society and to their emotional wellbeing. In addition they found that those in early adolescence who live in families that participate in religious practices with one another demonstrated stronger family relationships.

Adolescence is one of the most important and most sensitive periods of development; it is period for establishment of healthy relationships with others, social

skills, understanding of healthy, effective and meaningful life and how to enjoy it (Haghighi et al., 2006). The adolescent period consists of the exploration of various identities and culminates with the commitment to one final identity. This final identity results in a subjective sense of an invigorating sameness and continuity (Erikson, 1968). While most adolescents successfully develop a consistent identity during adolescence, others fail to develop such an identity thereby leading to identity confusion.

Identity formation involves making decisions about some of important aspects of life: work, love and religious ideology and political priorities. Hence, identity formation is an autonomous process and is achieved by diagnosis of strengthening and integrating a unique set of ideals and goals and combinations countless roles in life (Schwartz, 2001). To achieve a stable and fixed identity style, not only will cause personal and integration emotional, but make future developments and also provides balance and harmony in life (Erikson, 1968).

Erikson (1950) was one of the first writers to develop a theory of identity. He posited identity development as a lifelong process – but one that comes to ascendance during the adolescent years. According to Erikson (1968), adolescence was the time when young people were given opportunities to reflect on what career they would choose, what kind of social and romantic relationships they would enter into, and what values and beliefs they would hold. Erikson (1968) referred to this time of reflection as the psychosocial moratorium, where individuals were afforded opportunities to consider potential life choices without being expected to engage in full-time work, enter into committed romantic relationships, or become parents. The adolescent years, according to Erikson, were “set aside” for identity work (Schwartz et al., 2008).

Erikson (1980) asserts that the adolescent experiences biological and psychosocial changes, thereby creating a developmental crisis. He also believed that adolescents who have successfully resolved childhood issues of trust, autonomy, initiative, and industry are well prepared to take on young adult challenges of crafting a personal identity. The developmental history of the person varies depending on the extent to which trust was established in early attachments, a view that is well established later (Bowlby, 1988).

Failure to establish trust contributes to insecurity and poor adjustment in later life. Similarly, failure to establish autonomy leaves the individual subject to shame and doubt, which again can be carried over to the next stage. These may be seen as part of the maladjustment problems of children who internalize or externalize their anger. Anger emerges when socio-emotional needs are not met in the contexts where development takes place, and this anger precedes violence. The antecedents of life-threatening behavior thus appear related to what may be regarded as a developmental sequence or syndrome rather than to any one specific experience (Portes et al., 2002).

Identity has been defined by many academics such as Erikson (1950 & 1968), Marcia (1980) and Waterman (1984). Many similarities exist between these definitions of identity. Each definition serves to provide continuity between past, present and future, integrate behaviors in multiple areas of life, and explain one's motivation for behaviors as developing a sense of identity (Waterman, 1984).

Erikson (1968) assumed that identity crisis occurs in early adolescence and is resolved by age 15-18. Contrary to this optimistic age norms, Meilman (1979) reported that while adolescents shows developmental progression, majority of them were identity diffused or foreclosed and have not reach moratorium status or stable identities until the age of 21. The adolescent's progress towards identity is influenced firstly by cognitive

development: which plays an important role in identity achievement and the ability to raise and resolve identity issues corresponds to intellectual maturity (Boyes & Chandler, 1992; Waterman, 1992); secondly by parenting: the adolescent-parent relationship can affect the adolescent's progress in identity formation (Markstrom-Adams, 1992; Waterman, 1982); thirdly by scholastic: Attending college seem to push individuals toward setting career goals and making stable occupational commitments (Waterman, 1982), and fourthly by sociocultural influences: Raising and resolving identity issues is strongly influenced by the social and historical context (Shaffer, 1996) in which it occurs. Individuals in plural societies are confronted to the situation of making commitments towards either of culture of origin or the culture of settlement in raising and resolving identity issues (Spencer & Markstrom-Adams, 1990; Phinney & Rosenthal, 1992).

Marcia (1980) employed structured interview technique on the adolescents' commitments to occupation, religious ideology, sexual orientation and set of political values and classify the adolescents' developmental status of identity into the following four identity statuses: (a) *identity diffusion*, identity status wherein individuals have not thought about identity issues or have not committed themselves to an identity, (b) *foreclosure*, a status characterizing individuals prematurely committed themselves to occupations or ideologies without the thought about their commitments, (c) *moratorium*, a status characterizing individuals who are actively exploring occupational and ideological positions to invest themselves with identity crisis while experiencing identity crisis, and (d) *identity achievement*, a status where individuals made firm commitment to occupation and ideologies with careful consideration of identity issues. Archer (1992) reported no difference in the identity formation of males and females.

Regarding gender differences in identity development, while some research suggests that men may develop their identities at a faster rate than women (Adams &

Fitch, 1982; McIntosh et al., 2005), other studies have found no difference in the rate of identity development (Shaw et al., 1995). Similarly, some studies indicate that men and women follow the same pattern of identity development (Streitmatter, 1993), while others suggest that this developmental pattern may differ for women (Adams & Fitch, 1982). In a study of college students, both genders were equally likely to experience positive advancement of identity, yet females had a higher tendency to remain stable in their identity development while males were slightly more likely to regress (Adams & Fitch, 1982). Some academics suggest that females and males may in fact develop their identity at the same rate, however argue that the tools currently used to measure identity do not accurately assess the ways in which female identity development occurs (Gilligan, 1982).

Gilligan (1982) suggests that the identity formation of women relies more on relationships with others than that of men. She believes that current identity measures do not have enough focus on social relations and thereby do not validly assess women's true identity (Gilligan, 1982). Many inconsistent conclusions still exist regarding gender and identity and more research is needed in this area to clarify any gender differences that may exist (Campbell, 2007).

Berzonsky (1990) proposed that individuals may use one of three styles when encountering with identity issues: informational orientation, diffuse/avoidant orientation, and normative orientation:

Individuals who utilize an *information oriented style* deliberately seek out, evaluate, and use information regarding their identity when encountered with a crisis (Berzonsky & Ferrari, 1996).

In contrast, individuals who engage in *diffuse or avoidant strategies* often display reluctance to examining identity issues (Berzonsky & Ferrari, 1996). These

individuals may become defensive and typically only explore their identity for brief periods of time with the use of external rewards. They are primarily categorized as being in the identity diffusion stage (Berzonsky & Ferrari, 1996).

Normative identity style, on the other hand, typically conforms to the expectations of others and may rely greatly on their relationships with others for their self-definition. These individuals protect their existing identity by failing to explore any information that may threaten aspects of their self. They usually fall into Marcia's (1966) category of identity foreclosure (Berzonsky & Ferrari, 1996). All adolescents are capable of utilizing each of the three identity orientations, however influences such as situational factors and personal preference may impact which orientation is used (Berzonsky & Ferrari, 1996). And this identity styles have implications for how adolescents engage in coping and problem solving (Berzonsky & Kulk, 2000), that can increase enhance or reduce the wellbeing of the individual.

According to Erikson (1950 & 1968), identity confusion primarily occurs as a result of the adolescent's failure to commit to an occupational or sexual identity. Characteristics of identity confusion include delinquent and psychotic incidents, over-identification with others, isolation, mild depression, and inability to concentrate. Identity development involves experimentation with a wide variety of identities, receiving feedback from others, and consciously deciding on an identity based on this feedback as well as internal responses. It has been suggested that individuals may choose the method they prefer in the formation of their identity (Waterman, 1984).

A task facing adolescents is that of constructing a coherent and stable identity, which includes gender, sexual, moral, political, religious, and vocational components

(Erikson, 1959; Kroger, 2003). A coherent sense of self is one in which the individual is comfortable with who and where the self is headed (Erikson, 1959 & 1968) and includes both a “conscious sense of individual uniqueness as well as an unconscious striving for continuity of experience” (Kroger, 2003). Identity exploration and commitment are important and even necessary for healthy identity development (Kroger, 2003).

As a consequence, one of the first approximations to the adolescents is to figure out how to handle one’s personal development: to reach a sense of unity and coherence within oneself, to learn the fundamental definitions of one’s life, and the key aspects of one’s relationship with reality. This attainment of personal development called identity will allow the individual to project himself/herself to a personal and social level (Waterman, 1984). However, this growth must continue its transformation: to grow, one must overcome the daily problems associated with change, stages of crisis which show themselves in various degrees of disorganization and confusion that may result in stress which could further contribute to having idea of suicide.

Individual possessing different personality traits may use different coping styles, when faced with different types of stress. Personality is easy to observe but hard to pin down. To paraphrase Allport (1937 & 1961), personality is the dynamic organization within the person of the psychological and physical systems that underlie that person’s patterns of actions, thoughts, and feelings. What dynamics are assumed, however, and what systems are proposed to underlie those dynamics vary greatly across theoretical viewpoints. Personality is not just who we are, Allport (1937) described two major ways to study personality: the nomothetic and the idiographic. Nomothetic psychology seeks general laws that can be applied to many different people, such as the principle of self-actualization, or the trait of extraversion. Idiographic psychology is an attempt to understand the unique aspects of a particular individual.

Carver and Scheier (2000) stated, 'personality is the dynamic organization, inside the person, of psychophysical systems that create a person's characteristic patterns of behavior, thoughts, and feelings'. To explain personality of an individual, researchers have proposed five dimensions of personality (Fiske, 1949; Norman, 1963; McCrae & Costa, 1987). The psychology of personality is a very broad topic, to which people have taken diverse theoretical approaches (Caspi et al., 2005; Cervone, 2005; Funder, 2001; McAdams & Olson, 2010; Mischel, 2004; Ryan & Deci, 2001).

Personality may also refer to the patterns of thoughts, feelings, social adjustments, and behaviors consistently exhibited by an individual over time that strongly influence our expectations, self-perceptions, values and attitudes, and predicts our reactions to people, problems, and stress (Winnie & Gittinger, 1973; Krauskopf & Saunders, 1994).

Adolescence in human life is as mentioned earlier, a stage where rapid changes take place. The individual's physical, mental, social, moral, and spiritual outlook undergo revolutionary changes. Due to this change, human personality develops new dimensions and the individual wants to take independent decisions in various situations of his experiences. Gradually the adolescent starts to control his desire according to standards set by the society and starts to realize his social responsibilities. Failure to this attempt leads to development of many defects in personality (Chaube, 2002).

According to McCrae and Costa (1990) "Personality traits are a dimension of individual differences in tendencies to show consistent patterns of thoughts, feelings, and actions". McCrae and Costa (1986) also distinguished between "basic tendencies" and "characteristic adaptations". The basic tendencies refer to the abstract underlying potentials of the individual, whereas attitudes, roles, relationships, and goals are

characteristic adaptations that reflect the interaction between basic tendencies and environmental demands accumulated over time.

The Big Five framework of personality traits from Costa and McCrae (1992) emerged as a robust model for understanding the relationship between personality and various academic behaviors (Paropat, 2009). The factors of the Big Five and their constituent traits have been summarized by Atkinson et al. (2000) as “Openness to experience (inventive / curious vs. consistent / cautious); Conscientiousness (efficient / organized vs. easy-going / careless); Extraversion (outgoing / energetic vs. solitary / reserved); Agreeableness (friendly / compassionate vs. cold / unkind); Neuroticism (sensitive / nervous vs. secure / confident)”.

Hurrelmann (1986) describes an interdisciplinary approach for understanding the relationships between personality and social structure. Hurrelmann (1990) considers adolescents as productive actors in forming their lives. In adolescence, one can develop a “personal concept” through social contacts with all the important values, interests, behavioral patterns that are characteristic of the individuals. The individualization and integration processes go together with a mixture of stimulation and stress for the individuals. If these processes become out of balance, a crisis may occur. Moreover, the antagonistic dynamics of these processes may cause a tension in adolescence, and in order to ease the tension or to solve a crisis, personal coping mechanisms are necessary. However, personal coping strategies cannot succeed without an effective social support from relevant others. For successful personality and social development, it is important that the society has a supporting social and political structure. Finally, it should be stated that adolescence should be considered as a separate and sovereign phase in one’s life-span curriculum in our industrial society.

To summarize, personality development in adolescence takes place in a social and ecological context that influences the individuals and at the same time is also influenced and altered by the individuals. This developmental approach is a cumulative approach and it stresses the mutual influence between society, environment, and individuals. It sees adolescents as active (and acting) individuals who are in the development of their identity. In adolescence one must fulfill demands and resist hassles, one has a unique chance to individualization and integration, one needs to develop coping strategies but also needs social support from attachment persons and one depends on the social structural settings of the environment (Hurrelmann, 1990).

The relationship between suicidal ideation and personality traits has received limited research attention (Berg et al., 2003). Neuroticism, a personality trait characterized by a temperamental tendency to experience a more prolonged and severe range of negative affect in response to stress, has been linked with youth suicide attempts and suicidal ideation (Beautrais et al., 1999; Benjaminsen et al., 1990; Enns, Cox, & Inayatulla, 2003; Fergusson et al., 2000). Neuroticism has particularly strong discriminative power in case-control studies, is associated with familial suicide, and in one large birth cohort study predicts eventual suicide attempts, even after controlling for other significant risk factors (Beautrais et al., 1999; Fergusson et al., 2000; Roy, 2002). Studies have consistently indicated that neuroticism is positively related to suicidal thinking (Kerby, 2003; Lolas et al., 1991; Velting, 1999). Increased suicidal ideation has also been associated with low levels of extraversion, which reflects a low propensity to experience positive emotions (Kerby, 2003; Lolas et al., 1991). Studies have also reported that psychoticism is significantly related to suicide (Kerby, 2003).

It is observed that the individuals in their twenties appear to be at high risk for suicidal behaviors and it seems that certain personality traits may increase individual

vulnerability to suicidal behavior (Singh & Joshi, 2008). Some of the traits with possible predisposing effects for suicidality are neuroticism, impulsivity, affect dysregulation, and extroversion (Brent, 1994; Dean & Range, 1996; Castrogiovanni et al., 1998; Duberstein et al., 2000; Roy, 2002; Esposito et al., 2003; Dumais et al., 2005). Brezo et al. (2006) in a study of suicidal ideation among young adolescents, found that several traits related to low agreeableness and low extroversion make independent contributions to suicidal outcomes. Also, they conclude that given the pervasive and substantial correlations with traits contributing to emotional dysregulation and, somewhat less to dissocial behavior traits, it appears that vulnerability to suicidality may not be due to any one narrow personality trait.

Also, among the personality traits, suicidal behavior is linked to enhanced impulsive behavior that increases the likelihood of acting out on suicidal ideation (Apter et al., 1990 & Mann et al., 1999). As given by Costa and McCrae (1985), impulsiveness is the facets of neuroticism that refers to the inability to control cravings and urges. Desires are perceived as being so strong that the individual cannot resist them, although he or she may later regret the behavior (Costa & McCrae, 1985). Thus, Impulsivity may play a role in the relation between suicide and personality disorders such as anti-social personality disorders.

Impulsivity is an aspect of behavior which adds important color to everyday life. Most people, at some time or another, have engaged in impulsive behavior – such banal examples as taking one more drink, an extra purchase at the supermarket or just stopping and chatting to a friend met unexpectedly in the street. But, even if it is easy to identify examples of impulsive behavior, there is considerably more difficulty in defining impulsivity precisely and there is likely to be a great deal of disagreement as to what differentiates socially acceptable impulsive behavior from the unacceptable – that varies

from one culture to another, from one era to another, and depends upon the age of the person involved. These differences do not usually matter so much for everyday life, except perhaps when cultures clash (Evdenden, 1999).

Impulsivity appears to be a common characteristic of children exhibiting a variety of behavioral problems. The term impulsive has been used in reference to the hyperactive, hyperkinetic, and learning disabled child. In addition, impulsivity as often had been associated with poor problem solving ability and intelligence test performance. While impulsivity appears to be a problem of considerable practical importance, it has no clear definition (Paulsen & Johnson, 1980). Block et al. (1974) suggested several indicators are necessary to cover a concept as broad as impulsivity. This broadness may mean that assessment of impulsivity should cover more than one behavior and not rely on the typical single test strategy of most researchers in this area. However, some researchers made an attempt to define impulsivity as swift action without forethought or conscious judgment (Hinslie & Shatzky, 1940), behavior without adequate thought (Smith, 1952), and the tendency to act with less forethought than do most individuals of equal ability and knowledge (Dickman, 1993). Eysenck and Eysenck (1977) related impulsivity to risk taking, lack of planning, and making up one's mind quickly.

Within the psychological literature, several behavioral models of impulsivity have been developed on the basis of findings from laboratory tasks used to measure impulsivity. These tasks fall into three broad categories: i) punished and/or extinction paradigms, in which impulsivity is defined as the perseverance of a response that is punished or unrewarded (Matthys et al., 1998); ii) reward-choice paradigms, in which impulsivity is defined as preference for a small immediate reward over a larger delayed reward (Ainslie, 1975); and iii) response disinhibition/attentional paradigms, in which

impulsivity is defined either as making responses that are premature or as the inability to withhold a response (Doherty et al., 1999; Halperin et al., 1991).

Socially, impulsivity has been thought of as a learned behavior, coming from a family environment in which the child learns to "react immediately to obtain what is desired for gratification" (L'Abate, 1993). In this conceptual framework, impulsive individuals do not have the capacity to weigh the consequences of actions, either for themselves or for others. Thus, a definition that includes the social aspects of impulsivity needs to incorporate the fact that impulsivity often has an impact, not only on the impulsive individual, but also on others.

Dickman (1990) has distinguished two different types of impulsivity: dysfunctional impulsivity defined as the tendency to act with less forethought than do most people which leads the subject into difficulties, and functional impulsivity, which is the tendency to act with little forethought when the situation is optimal. Dickman (1993) has also reviewed evidence for the involvement of cognitive processes in impulsivity, and proposed that differences in impulsivity between individuals may reflect differences in the mechanisms which allocate attention. Even though impulsive individuals claim to act with less forethought, they often respond more slowly in experimental tasks than non-impulsive individuals (Dickman, 1985). Perhaps highly impulsive individuals actually spend less of that preparation time focusing on the task in hand. Low impulsives are superior on tasks which require fixation of attention; whereas Dickman (1993) suggests that high impulsives could potentially perform better on tasks where attention needs to be switched rapidly.

Barratt (1985) composed three sub traits of impulsiveness measuring specific types of impulsivity. Certain items on the questionnaire are keyed to each of these

subscales. The impulsive non-planning subscale measures a person's lack of consideration for the future as well as present orientation. In other words, the focus of this subscale is the respondent's attention to detail. An additional subscale focuses on motor impulsivity or the tendency to act on the spur of the moment without thinking. The final subscale measures attentional impulsivity or the ability to focus on the task at hand. This subscale is concerned with the respondent's future-oriented thinking and coping abilities.

Many suicide attempts arise from the background of impulsivity and have been associated with suicidal behavior in many studies (Soloff et al., 1994). Impulsivity (or impulsiveness) is a multifactorial construct (Evdenden, 1999) that involves a tendency to act on a whim, displaying behavior characterized by little or no forethought, reflection, or consideration of consequences (VandenBos, 2007). Impulsive actions typically are "poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation that often results in undesirable consequences", (Daruna & Barnes, 1993) which imperil long term goals and strategies for success (Madden & Johnson, 2010). A functional variety of impulsivity has also been suggested, which involves action without much forethought in appropriate situations that can and does result in desirable consequences (Dickman, 1990). Thus, the construct of impulsivity includes at least two independent components: (1) acting without an appropriate amount of deliberation, (Daruna & Barnes, 1993) which may or may not be functional and (2) choosing short-term over long-term gains (Rachlin, 2000).

Impulsivity is a multidimensional concept. Buss and Plomin (1975) concluded that "impulsivity consists of more than one dimension of control" and considered that inhibitory control lies at the core of impulsivity, but that decision time, persistence and boredom or sensation seeking are other important aspects of impulsivity. It involves the tendency to act quickly and without reflection, having something to do with restraining

one's behavior, handling of different emotions, rapid processing of information, novelty seeking, and ability to delay gratification. The balance of countervailing forces determines the resulting behavior. It does not seem to depend on an impaired critical judgment, but on the loss of control over one's cravings, and has been described as a process over and above particular drives. Psychologists view it as a tendency to act on the spur of the moment, neither thinking, nor planning, nor considering potential risks and alternative modes of action (Plutchik & van Praag, 1995).

Murray (1938) described it as the tendency to respond quickly to a given stimulus and without enough reflection about consequences. The impulsive is a do-er, not a thinker (Barratt, 1972). Douglas (1972) related it to inability to sustain attention, while Lorr and Wunderlich (1985) stresses two major bipolar components: a) resisting urges vs. giving in to urges; and b) responding immediately to a stimulus vs. planning before making a move.

Psychiatrists consider impulsivity in a broader way, as a tendency to perform acts that are harmful to self or others (DSM-IV, 1994). It has been recognized as a general process that underlies some socially important problems such as drug abuse, aggressive behavior, and suicide (Horesh et al., 1997; Ripke, 2005). Ainslie (1975) described three models of impulsive behavior: People obeying impulses may ignore the consequences of their behavior; know the consequences but obey a 'lower' principle; or know the consequences but value them in a distorted way. We may call the last two processes 'true' impulsivity, although acknowledging that other processes (e.g., ignorance, reward sensitivity, attention) may also result in impulsive behavior. White et al. (1994) analyzed different measures of impulsivity and found that they were grouped in two distinct axes, a 'behavioral' impulsivity that strongly correlated with delinquency, and a 'cognitive' impulsivity negatively correlated with IQ.

Arffa (1983) suggested that suicidal individuals are more impulsive and more susceptible to the control of external stimuli than non suicidal individuals. On the contrary, Patsiokas et al. (1979) found that suicidal individuals are not more impulsive than other individuals. Impulsivity also contributes to problem solving difficulty in adolescents (Kashden et al., 1993). Suicide attempts are often impulsive and many studies have identified impulsivity as a common correlate and risk factor for suicidal behavior (Horesh et al., 1997; Horesh et al., 1999; Wu et al., 2009). The relationship between impulsivity and suicidal behavior was found across different nosological entities (Giegling et al., 2009; Soloff et al., 2000; Zouk et al., 2006; Anestis et al., 2007), and is also true of non-psychiatric populations (Dougherty et al., 2004).

Studies also identify impulsivity and aggression as correlates of a history of suicide attempts (Mann et al., 1999; Brodsky et al., 1997). Impulsivity is regarded as a trait that predisposes an individual to engage in self destructive behavior in response to suicidal thoughts. A diathesis stress model of suicide has been proposed in which impulsivity coupled with aggression is part of the diathesis that interacts with stressors triggering the person to act (Mann et al., 1999). Fischer & Mosquera (2001) maintained that aggression is often viewed as a natural instinct of men, which is what it is not. Webster (1990) defined the term aggressive as “boldly hostile; quarrelsome; self assertive; and aggregate”. Thus aggression is the act of making an unprovoked attack; a hostile action or behavior.

The term ‘aggression’ may be applied to a specific behavior such as killing. It can mean causing another injury or creating destruction, attacking another, or simply engaging in fighting. It can refer to strong, assertive behavior (an aggressive lover), to self-imposition or an offensive-besetting manner (an aggressive salesman), or a particular quality or style (an aggressive commercial, an aggressive driving style, an aggressive

chess player). It can refer to a disposition (an aggressive personality) or an action. It may be used to refer to a host of emotional and attitudinal states such as anger, hate, hostility, etc. It may be conceived of as a personality trait, a learned habit, a stereotyped reflex, or an underlying biological process. It may refer to motivation or intention without regard to consequences, or to the consequences (e.g. injury) without regard to motivation. It can be self-assertive, or sado-masochistic. It can be instrumental or ritualistic, playful or spontaneous. It can be benign or malignant, positive or negative. In addition to all these, there is the usual dictionary definition which is concerned mainly with the moral justification or legitimation of an act (Johnson, 1972; Rummel, 1977).

Traditionally, aggression has been stressed as intention to harm another living being (Baron & Richardson, 1994), and not simply the delivery of harm (a manifest response "aimed at the injury of a target" (Berkowitz, 1989; Dollard et al., 1939; Feshbach, 1964). This intention seems clear in some kinds of aggression, but in others the perpetrators of the harm might be able to deny any intent to cause harm; for example, aggression would simply be the infliction of harm on others, in a behaviorist approach ("that delivers noxious stimuli to another organism" (Buss, 1961), or, as we have described elsewhere, "the delivery of any form of definite and observable harm giving behavior towards any target", without mentioning the eventual intention of the actor (Ramirez, 2000; Ramirez & Ranada, 1996; Reynolds & Andreu, 1999).

Spielberger (1983) does not include the intention either, when he says that the concept of aggression "implies destructive or punitive behavior directed towards other persons or objects". An analysis by Anderson and Bushman (2002) tried to clarify these different definitions, distinguishing between proximate and ultimate goals. Intention to harm is viewed as a necessary feature in any kind of aggression, but only as a proximate goal (as in purely hostile aggression models). At the level of ultimate goal, though, there

is a clear difference between different types of aggression. Thus, both robbery and physical assault are acts of aggression because both include intention to harm the victim at a proximate level. However, they typically differ in ultimate goals, with robbery serving primarily profit-based goals and assault serving primarily harm-based goals. In short, this distinction allows the discussion of the commonalities in different kinds of aggression and the distinctions between them, while including aggression with mixed motives.

Aggression consists of several phenomena which may be similar in appearance but have separate genetic and neural control mechanisms, show diverse phenomenological manifestations, have different functions and antecedents, and are instigated by different external circumstances (Ramirez & Andreu, 2005).

Early work by Buss (1961), thinking in terms of the way of doing it (how) distinguished three, not quite independent, but rather overlapping, dimensions (Yudofsky et al., 1983), on which one might categorize types of aggression: physical-verbal, active-passive, and direct-indirect. The physical verbal dimension distinguishes between whether one uses physical means or words to harm another person (Berkowitz, 1994; Bjorkqvist, 1994). The active passive dimension refers to the extent to which the aggressor actively engages in a behavior aimed at harming someone, with passive aggression referring to causing harm by not doing something. The direct-indirect dimension is also relevant (Bjorkqvist, 1994; Bjorkqvist et al., 1992; Buss 1961 & 1971). Direct aggression involves face-to-face confrontation between the aggressor and the target. It is defined as any behavior aimed at the goal of harming another living being (Baron & Richardson, 1994).

Consistent with Buss original formulation, this form of aggression may be either verbal or physical; for example, direct aggression might involve screaming at another person or hitting that person. Indirect aggression is defined as any behavior aimed at the goal of harming another living being that is delivered circuitously through another person or object, even if it must nevertheless be intended to harm someone (Richardson & Green, 2003). It is a mode of aggression that avoids counterattack. According to Buss (1961), it may involve both 'round about' aggression (the hated person is not attacked directly, but by devious means) and 'undirected' aggression (wherein there is discharge of negative affect against no one in particular).

Feshbach (1969) defined it as "responses which result in pain to a stimulus person through rejecting and excluding him", including such actions as ignoring or denying requests. It also may be either physical or verbal; for example, indirect aggression might involve causing harm to someone's property, or talking behind someone's back. Other researchers have also considered non-direct forms of aggression that cause harm by disrupting relationships (Richardson & Hammock, 2003).

Crick and Grotpeter (1995) defined relational aggression as "harming others through purposeful manipulation and damage of their peer relationships"; including behaviors such as exclusion and telling the target they won't be friends anymore. These forms of relationally oriented aggression include both direct and indirect behaviors. For example, telling a target they won't be friends is a direct, verbal approach, and denying a request is similarly direct. This form of aggression also involves primarily verbal aggression that causes harm by disrupting relationships. Buss and Perry (1992) considered aggression to have four sub traits- verbal, physical, anger, and hostility. Physical and verbal aggression represents instrumental or motor components, anger

represent the emotional or affective component and hostility represent the cognitive component.

Tedeschi et al. (1974) argued that the term 'aggression' is inadequate for use in describing or classifying human behaviors. Instead they propose the concept of "coercive action in terms of threat and punishment" which provides a "more discriminating, denotative, and value-free language with which to construct a theory of harm-doing actions. If a person cannot persuade, bribe, manipulate, or otherwise induce a target individual to comply with the source's wishes, and compliance is sufficiently important to the source, then the latter's power may ultimately rest upon his ability to restrain, transport, immobilize, injure or destroy the target".

One of the most robust findings in aggression research is that aggression tends to cause retaliatory aggression (Berkowitz, 1993; Buss, 1961). This can sometimes cause escalating cycles of aggression and counter-aggression (Waller, 1993). The relationship between aggression/violence and suicidal behavior is without a doubt present in the West (Zhang et al., 2012). A study concluded that aggressive/violent outbursts and depression or withdrawal were two characteristics of people who were more vulnerable to suicide tendencies in 1970s (Shaffer, 1974).

Cui et al. (2010) stated that adolescents revealed that the special problems related to peer relationships, especially physical fighting and lack of peer association, were significantly related to suicide behavior. A suicidal temperament/personality theory has suggested that impulsiveness, aggressiveness, anger, and hostility are crucial predispositions mediating suicidal behavior (Hirvikoski & Jokinen, 2011; Pompili et al., 2008; Giegling et al., 2009). Gamrison et al. (1993) also found association between suicidal ideation and aggressive behavior.

Multiple epidemiologic, clinical, retrospective, prospective, and family studies have identified a strong link between aggression and suicide (Conner et al., 2009; Romanov et al., 1994). Research suggests a common neurobiology of suicide and other forms of aggressive behavior (Mann & Currier, 2009). Lower levels of central serotonin are associated with suicide attempts and specifically more lethal suicide attempts after controlling for psychiatric illness (Mann & Malone, 1997; Ninan et al., 1984). While the research relating aggression to the presence of suicidal behavior shows consistent findings, the relation between aggression and the severity of the suicidal attempt is variable.

The present study will investigate the variations due to demographic variables on the measured under study, as well as the significant predictors of Suicidal Ideation and Spiritual Wellbeing among the variables measured variables.

Chapter – II

**STATEMENT
OF
THE PROBLEM**

Suicide is a rare event, but it remains one of the leading causes of death during the adolescent period (Lacourse et al., 2000). However, the prevalence and risk factors for the immediate precursors to suicide- suicidal ideation, plans and attempts-are not well known, especially in low-and middle-income countries (Nock et al., 2008). Suicidal ideation is believed to be part of a constellation of suicidal behaviors that culminates in suicide. There is little information on the cross-national prevalence of suicidal ideation or of serious suicidal ideation in-spite of its likely public health importance (Casey et al., 2008).

Suicidal ideation which is a common experience among adolescents denies ideation (Marcenco et al., 1999). According to Vijayakumar & Rajkumar (1999), data on suicide is not available for roughly half the countries (53%) of the world and one third (27%) of the population. Seventy-three percent of suicides in the world occur in developing countries, though data is unavailable for 73% of countries. More than half the suicides (54%) in the world occur in China and India. Considering that under-reporting of suicide prevention is evident. Phillips et al (2002) found that in developing countries the highest rate of suicidal behavior is found in the youth below 30 years, and the male/female ratio in India is 1.4:1.

Adolescents in today's society have, to a great degree, the best and the worst of all worlds. First, they are born into a society that couldn't be more revolutionary and innovative. They have all these gadgets at their disposal that their parents dreamt of and their grandparents couldn't even imagine. They have an incredible amount of information to aid their development. They also have opportunities galore to express themselves, to extend their reach, to discover their potential and to enhance their life quality. The mobile, the video and Internet which can have a bad influence to individuals in the present world are easily accessible. There are so many things expected of them that they

have to cope with, and teach their parents as well, it must be kind of heavy to deal with, when all they want is to be looked after themselves. Many are confused about their identity, their ability, potential and direction. They have little guidance on innovations and, on top of that, many are kept back in their own development because of their parents' fear of this new world; the mental barriers the parents might have erected in their bid to cope with a new and threatening environment; one that has partially robbed them of their confidence and authority.

Adolescents are increasingly operating within a world of their own through technology, especially with the new games, often lacking human warmth and comfort. They occupy a suspicious world where hugs and basic affection come with questions, doubts and caution. Many of them go through each day missing out on a simple cuddle, a word of praise, a hug, an affirmation of how wonderful they are and without understanding, affection and value. Without the extended family of friends and neighbors who used to affirm us and look after us, many youth now feel isolated, excluded and unloved. This increases the deviant tendency among them as many struggle to deal with their anger and pain. Adolescents live in a remarkable world compared to the one of yesteryear, but one which is slowly losing social connections while it traps the young in an oasis of insularity and virtual reality.

Pearson (2007) revealed that suicide rates have increased by 5-62% across the world in the last two decades. Almost every country is experiencing this problem, with a special finding that more young people are killing themselves than ever before. Heerington and colleagues (2000) found that suicidal behavior is never attributable to one single reason. Flisher et al. (1993) report that 85.7% of those who make a suicide attempts have seriously thought about doing so. King et al. (2003) concur that “there are many developmental paths into adolescent suicidal ideation, attempts, or completion and no

single explanatory account is likely to fit all cases”. Adolescents are cognitively capable of considering in response to their developmental crisis in suicide. Not only are they cognitively able to imagine their own death, but the adolescent’s search for identity and pre-occupation with the meaning of life may lead them to consider suicide (Marcenko et al., 1998). In the present scenario, adolescents face demands and expectations, as well as risks and temptations, that appears to be more numerous and complex than those face only a generation ago. Thus, they could be highly stressed and may be incompetent to cope with the situation. This may lead to mental and physical abnormal functioning. In addition impulsivity dimension of personality and the general tendency for aggression may put more pressure to them.

Holmbeck and Updegrave (1995) observed that adolescence is characterized by more biological, psychological, and social role changes than other life changes except infancy. As noted by Peterson and Hamburg (1995), the number and extent of changes that occur simultaneously during adolescence present major challenges. Ineffective coping strategies may contribute to a variety of problem behaviors during adolescent development. Further, failures in adolescent development may result in psychopathology manifested during later life stages. At this age, there is also a greater probability of drug abuse and alcohol abuse, or mental problems such as schizophrenia, eating disorder and depression. The emotional instability among adolescents also sometimes causes youth crime.

The issues of suicidal ideation and behavior of adolescence studied by Friedman et al. (1987) on 300 high school students who were anonymously surveyed regarding their experiences with suicidal ideation and behaviors. Roughly 53% of them had thought about killing themselves, this sample stated that they had thought about killing themselves but did not actually try, and 9% of the total sample stated that they had

attempted suicide at least once. This finding indicated that suicidal ideation is relatively common among adolescents, but also suggested that actual suicide attempts were disturbingly frequent. In this regard, Kimmel and Weiner (1995) noted that suicide is the third most common cause of death for adolescents aged 15- 19. Suicide is the third leading cause of death among 15-to-24 year olds (Anderson & Smith, 2005) and the second leading cause of death among college students (Schwartz, 2006). Suicide among the youth has emerged as a major public health issue in many low and middle income countries (Pillai et al., 2009). And it is considered a worldwide problem by many mental health professionals (Wilburn & Smith, 2005).

According to National Mental Health Association (1997), ‘Adolescent suicide is a worldwide problem, making it the third leading cause of death among adolescents and the second leading cause of death among the college-age population’ . These alarming statistics have stimulated great concern in the public at large and have led social scientists to warn of an impending rise in the number of suicides and suicidal attempts among adolescents (Berman & Jobes, 1994; Griffiths et al., 1986; Watt & Sharp, 2002). Much of the research literature appears to be focused on suicide per se. However, professionals are increasingly paying attention to the antecedent behaviors. According to Bush & Pargament (1995), suicidal behavior is often preceded by thoughts, threats, and unsuccessful attempts at suicide.

Similarly, Cole et al. (1992) noted that suicide was the completed process of a continuum that began with suicidal ideation, followed by an attempt at suicide, and finally completed suicide. Suicidal ideation is a preoccupation with intrusive thoughts of ending one's own life (Cole et al., 1992; Harter et al., 1992) while suicide is the completed act of taking one’s life (National Mental Health Association, 2002). Because

of this progression from thought to action, it is fitting that researchers explore the notion of suicidal ideation in greater depth.

Many studies have been carried out to determine the risk factors of suicide and suicidal behaviors. An important risk factor of suicide is the presence of past and current suicidal ideation and attempts (Tousignant et al., 1998). However, from the review of available literature, it was seen that very few studies have been carried out in India (Sharma et al., 2008), particularly in Mizoram. It has been observed by Shaffer et al. (1996) that after puberty, rate of suicide increases with age until it stabilizes in young adulthood. This increase in suicide may be associated with the onset and increase in depressive and other disorders during adolescents as compare to childhood as well as greater suicidal intent with age (Brent et al., 1999). As compare to adult males, adolescent males complete suicide at rates approximately five times higher than rates for adolescent females (Kochanek et al., 2004). The reason for the lower rates of death in females than in males is due to less lethal preferred method of attempt for suicide.

Suicide rates in India have shown a gradually increasing trend (Singh & Joshi, 2008). In Mizoram, the case of suicide reported by CID Crime Branch in 2011 is 88 while this statistic has shown an increase in 2012 by a total number of 91 cases reported. However, incidence of suicide is under reported in the world due to a number of reasons: In some instances, and for different reasons, (for example religious and/or social reasons) suicide as the cause for death might be hidden; in some areas it is completely unreported (Bertolote & Fleishman, 2002). In many countries around the world, particularly those that are less developed (Vijayakumar et al., 2003) basic data on the prevalence and risk factors for suicide and its immediate precursors—suicidal ideation, plans and attempts—are unavailable. Therefore real figures may be higher than reported (Nock et al., 2008).

Thus, a need is felt to have an accurate study regarding suicidal ideation among the Mizo adolescent.

Kessler et al. (1999) reported that rates of attempted suicide rise precipitously during adolescence. Borst et al. (1991) postulate that with the advent of puberty, social-cognitive changes lead to more internal than external attributions of unhappiness. This shift in attributional style leads to more self-blame in response to interpersonal stressors and in some adolescents results in suicidal behavior.

Gould et al. (1996) reported that stressful life events have been associated with completed suicide in adolescence even after controlling for psychiatric symptoms. Death of a parent and early parental loss in general seem to be particular life events that increase the risk of attempted and completed suicide (Agerbo et al., 2002; Overholser 2003). The types of life events that are related to suicidal behaviors vary with the age. Younger attempters reported more family/parent conflicts, whereas older adolescents reported interpersonal stressors (Overholser, 2003). There is equivocal evidence that suicidal adolescents experience more stressful life events as compare to the nonsuicidal counterparts (Overholser, 2003). Studies have indicated that depression, due to academic pressures, among adolescents is on the rise (Verma et al., 2002; Katyal & Vasudeva, 1996). The inability to find appropriate vocational avenue, lack of information and social pressures further compound this trend. These psychological problems along with stress and strain of the growing years lead to aggression, deviancy and anti social behaviour (Kashyap, 1996).

Exposure to stressful events (stressors) represents significant sources of risk to the healthy development of adolescents, and stressors are experienced in different intensities and durations of arousal in adolescence (Compas & Reeslund, 2009). However, when

faced with the same stressor(s), the stress process and the impact from stress vary individually and lead to different health outcomes; this depends on individual and environmental vulnerabilities and resources, as well as the ability to cope effectively with the stressors (Compas & Reeslund, 2009).

Understanding the role and nature of stressors in the lives of adolescents, how experience of stress is associated with different health outcomes, as well as identifying potential protective factors in this context is crucial for helping adolescents capitalize on the many changes taking place in their lives, and equip them with tools to make their journey through adolescence a positive growth-oriented experience (Grant et al., 2006). Understanding the role of stress is also important to the identification of those adolescents most in need of early intervention, whereas clarification of factors that promotes health and well-being and moderate the negative health effects of stress can be used to form interventions to strengthen adolescent development in general, as well as to support those with potential risk (Compas & Reeslund, 2009; Grant et al., 2003).

Several studies (Adams et al., 1994; Clum & Febbraro, 1994; Peck, 1989; Simonds et al., 1991) have also found that suicide attempts among adolescents do tend to increase as stress levels increase. Academic pressure, work related problems, interpersonal difficulties, death of loved ones, illnesses, and loss of relationships have been found to be significant stressors on young people (Butler et al., 1994; Kurtz & Derevensky, 1993; Mullis et al., 1993).

To prevent suicidal behavior, it is important to better understand those personality traits associated with suicidal ideation and suicide attempts, and completed suicide. Involvement of personality traits in susceptibility to suicide has been the subject of research since the 1950's (Brezo et al., 2006). In a study done by Chioqueta and Stiles

(2005), suicidal ideation was positively predicted by Neuroticism, and among neuroticism facets, depression positively predicted suicidal ideation, while self consciousness negatively predicted suicidal ideation. According to Andrew and Lewinsohn (1992) as well as Gould et al. (2003) depression showed a direct effect on suicidal ideation for adolescent. There is substantial evidence suggesting that certain personality traits may increase individual vulnerability to suicide (Brezo et al., 2006). Impulsive personality characteristics are well documented risk factor for serious suicidality (Joiner et al., 2004). Contrarily, Shafii et.al. (1985) suggests that an impulsive act does not necessarily have interfered with suicidal ideation. High scorers on neuroticism have less ability to control their impulses, and try to cope more poorly than others with stress (Costa & McCrae, 1992). A positive correlation was also found between personality domains of neuroticism with suicidal ideation (Meesters et al., 2007; Enns et al., 2003).

Aggression was also found to be consistently related to higher rates of suicidal ideation (Ilgen et al., 2009). Regarding factors that may underlie these problems, previous research has documented the association between aggressive behaviour in adolescence and particular individual and social factors, these later relating mainly to the family and school contexts, the most important social contexts for development and psychosocial adjustment in this period of life (Musitu & Garcia, 2004). Prior studies examining the link between individual variables and aggressive behaviour in adolescence have demonstrated, for instance, that aggressive adolescents are normally unable to anticipate the negative consequences of their behaviours for the victim, showing lower levels of empathy (Dykeman et al., 1996; Evans, Heriot, & Friedman, 2002; Olweus, 2005).

Adolescent is a period when occur physical, mental, psycho-motor, social and emotional changes and vocational development and includes development tasks that individuals have to achieve (Gander & Gardiner, 2001). It is reported that adolescents are

inadequate life skills such as problem-solving, conflict resolution, communication, anger management (Breunlin et al., 2002; & Weir, 2005). Therefore, it can be said that adolescents are often faced with various developmental problems during this period and these problems may lead to aggression due to the absence of alternative behaviors. There are also views that suggest aggression to be formed from the interaction of individual characteristics like low self-esteem, peer rejection and academic failure and environmental characteristics like poverty, limited social support (Coie et al., 1993; Miller, 1994).

The concept of social contact plays an important role in mental health maintenance. There is considerable evidence that both qualitative aspects of social networks, such as the extent to which they can be relied upon to provide social support, and the structural aspects of social networks, such as their size, can affect psychological well-being and the integral part of engagement coping (Cohen & Wills, 1985; Lin et al., 1986). Qualitative dimensions of social networks generally influence well-being by operating as a stress buffer (Cohen & Wills, 1985).

In a study by Borowsky et al. (2001), it was found that adolescents who possess a greater number of relationships with family members, friends, co-workers, and neighbors report less distress and better coping mechanisms than those who possess fewer of these relationships, regardless of their levels of stress. Limited research suggests that family support, family cohesion (Harris & Molock, 2000; Kimbrough et al., 1996; O'Donnell et al., 2004), religious coping (Ray & Molock, 1999; Greening & Stoppelbein, 2002), and, in some cases, negative attitudes toward suicide may protect adolescents from suicidal behaviors (Marion & Range, 2003). Indeed, exposure to stress by youth has been linked to severe emotional and psychological problems (Bartle-Haring et al., 2002; Gonzales et al., 2001), a known precursor to suicide (Teen suicide, 1998).

Researchers (Bartle-Haring et al 2002; Ferrer-Wreder et al., 2002) have noted the importance of reducing stress by helping youth develop positive perceptions of the self in order to avoid catastrophic socio-emotional outcomes such as suicidal behavior. Different measures of identity styles inventory and the domains of personality has been found to be related with each other. Information oriented and normative identity has a positive correlation with extraversion, agreeableness, and conscientiousness, Openness has a positive correlation with information oriented but has a negative correlation with normative identity. Neuroticism has a positive correlation with diffused avoidant identity while agreeableness and conscientiousness has a negative correlation with diffuse or avoidant identity (Clancy, 1995).

Adolescents may become more vulnerable to suicidal ideation when they do not have an insufficient support. Adolescents' developmental environments consist of a variety of context such as peer groups, family, and culture. The society in which they live may also play an important role in identity development. Grotevant (1987) suggested that societies affect the process of identity formation by shaping their members' expectations of and beliefs about the options available, and by regulating access to alternatives. The region where adolescents live, that is, in urban or rural environments, is a societal factor that may have an important impact on their identity development. It might be expected, for example, that these environments differ in the educational opportunities and career prospects they provide.

Adolescents in rural areas may well be socialized into more traditional types of values and roles than those in urban the environments. These differences might be expected to be reflected in identity development. For example, it may be that an age-related increase in identity exploration and in commitments related to education and occupations takes place only in urban environments where there is a wide variety of

educational options and good career prospects. On the other hand, traditional values typical of rural environments might be expected to be reflected in the importance of family related topics in identity work.

Besides being affected by various socio-cultural environments, identity development may also progress differently among boys and girls. It has been suggested, for example, that interpersonal issues are more closely associated with girls' identity formation than with that of boys (Bilsker et al., 1988; Marcia, 1980), although the findings are contradictory (Archer, 1989; Patterson et al., 1992; Streitmatter, 1993). However, it is also possible that there is variation in sex roles across societies and urban and rural areas, and this may influence some of the gender differences in identity exploration and commitment (Nurmi, 1991).

The search for identity, a naturally stressful demand on youth can be overwhelming to some adolescents and predispose them to thoughts of suicide (Teen suicide, 1998). Hence, the high incidence of adolescent suicide is assumed to be indicative of societal stress in the lives of young people (Griffiths et al., 1986; & Turner, et al., 2002). A different situations faced by adolescent may involve the use of different coping styles, wherein spiritual style of coping strategies is common among adolescents age group (Turner, et al., 2002).

Related with spiritual style of coping is religious coping style which was significantly related to suicidal behaviors: Self- directed coping was related to increased depression, suicide attempts, and collaborative coping was related to increased reasons for living (Molock et al., 2006). Taliaferro et al. (2009) found that neither involvement in organized religion nor religious well-being significantly contributed to suicidal ideation.

On the other hand, it is now generally agreed that one's religious beliefs and behaviors are part of an individual's 'psychological reality' (Spilka et al., 1985) and a 'central theme of their identity' (Ozer & Benet-Martinez, 2006). The 'search for the divine' as Pargament and Mahoney (2002) put it or 'spiritual striving' has been identified as an integral part of one's motivational system (Emmons, 2005). Religion provides a framework for setting personal goals and suggests preferred ways of achieving them (Park, 2005).

The spiritual dimension is one of human health aspects and its unique force which harmony physical, mental and social aspects and helps to cope; so that people who improve their mental health, more deal effectively with events and have more skills in life (Rezaei et al., 2008). Spiritual health is specified with characteristics of stability, peace, feeling a close relationship with self, God, society and environment (Safayi Rad et al., 2010; Carven & Hirnle, 2003) and having meaning and purpose in life (Gomez & Fisher, 2003).

Adolescent development is a complex combination of biological, emotional, cognitive, social and cultural domains. It is a time of tremendous change that occurs at a rate that is unmatched since infancy. Spiritual beliefs are often tied to values, which often guide an adolescent's decision making and behavior. Irwin (2002) defines identity as: the process by which we become less dependent on other for maintaining our self esteem. As young children we are entirely at the mercy of our parents and of others to reward and punish us, but we soon take over this process for ourselves and internalize it so that we become our own instruments of reward and punishment. At first, morality and control operate via external reinforcements. Later, we rely on guilt, activated internally. In adulthood, we rely on ideological self-esteem and self-definition to serve as barometers of

control. More and more of the social world becomes internalized to the point the whole court and jury, both the police and the priesthood, resides in the mind (Irwin, 2002).

The emergence of spiritual issues in adolescence is, in part, due to their ability to think abstractly (Piaget, 1972). They are increasingly capable of contemplating social, moral, political issues in depth (Bruce & Cockreham, 2004). In Erickson's (1968) fifth developmental stage, identity vs. identity confusion, adolescents are aware that they are becoming a contributor to society and their search for who they are drives their actions and thoughts. They attempt to differentiate their beliefs and values from those of their parents or caregivers. Identity achievement is a crucial developmental milestone as it enables the teen to make positive contributions to their community and prevent identity diffusion. Ideological frameworks provide adolescents with clear values, beliefs, and worldviews that serve as a cornerstone of a teen's identity (Muuss, 1988). Faith traditions can offer adolescents a worldview composed of specific values and beliefs. These traditions, in turn, can sustain a teen with a sense of identity, purpose and belonging during their transition to adulthood. However, as teens think more abstractly, they may perceive and understand their past and current experiences differently (Phelps, 2006).

Numerous studies have shown that religiosity and spirituality function as a protective factor in adolescence (Benson et al., 2003; Bridges & Moore, 2002; Kerestes & Youniss, 2003). Many studies have been conducted into the links between religiousness and personality (Emmons & Paloutzian, 2003), given that adolescence is a time of transition, and given the unique challenges faced by adolescents (Smetana et al., 2006), it is appropriate to determine to what extent religious values are implicated in adolescents' psychological functioning (Heaven & Ciarrochi, 2007). Saroglou (2002) conducted the first meta-analysis of the relationships between religion and the Big Five factors, in which religion was subdivided into 'general/intrinsic religiosity', 'open/mature religiosity and

spirituality', 'religious fundamentalism' and 'extrinsic religiosity'. General and intrinsic religiosity was related most strongly to agreeableness (A) and conscientiousness (C), whereas open, mature religiosity was most strongly related to openness to experience (O), extraversion (E) and agreeableness (A). Contrary to expectations, religious fundamentalism was significantly related to A, low N and low O. Finally, extrinsic religiosity was significantly related to N.

Our personality and the way we cope with stress are two factors that are important in the development of psychological distress. Attending Church and engaging in church activities may be a common way of coping employed by the Mizo adolescents, due to the societal position it has in the Society. Coping is a process that we as individuals employ every day. We engage in coping when we feel under stress or want to manage a taxing situation. The process of coping involves two components, appraisal and coping (Lazarus, 1966). Appraisal is the act of perceiving a stressor and analyzing one's own ability to deal with the stressor. Appraisal can be made in three different conditions: when we have experienced a stressor, when we anticipate a stressor and when we experience a chance for mastery or gain (Lazarus, 1966). Once we appraise a stressful situation we must decide how we will respond or 'cope' with the stressor, either choosing to master it, reduce it or tolerate it. The coping style we engage in is ultimately determined by whether we believe we have the resources to resolve the stressor (Lazarus, 1966). Different personality traits may employ different coping styles when confronted with stressful situations.

Spirituality is perhaps best defined as 'the way in which people understand their lives in view of their ultimate meaning and value' (McClain et al., 2003). Many individuals turn to religion for answers to these difficult questions, but others find support through their spiritual beliefs outside the context of organized religion. However, in Mizo

close knit society, wherein majority of the population follow Christianity, gathering at Church may have become a routine. Thus, the teaching of Christianity may have influence the everyday living of the people. Christian believed that suicide is still a serious sin against God. According to the Bible, suicide is murder; it is always wrong. Serious doubts could be raised about the genuineness of faith of anyone who claimed to be a Christian yet committed suicide. There is no circumstance that can justify someone, especially a Christian, taking his/her own life. Christians are called to live their lives for God, and the decision on when to die are God's and God's alone. Spiritual well-being can have a positive influence on the lifestyle choices made by adolescents (Jacobs et al., 2012).

Many research studies have concluded that religiosity, specifically intrinsic religiosity, has a positive association with psychological health (Genia & Shaw, 1991; Fehring et al., 1997; Koenig & Larson, 2001). However, multiple studies have failed to find or found negative relationships between religiosity and mental health (Nelson et al., 2002; Woods et al., 1999; Fitchett et al., 1999; Pargamant et al., 1998). Several researchers have also demonstrated that higher levels of spiritual wellbeing are associated with lower levels of psychological distress variables such as depression, hopelessness, desire for hastened death and suicidal ideation among severely ill patients (Nelson et al., 2002; Woods et al., 1999; Fitchett et al., 1999; Pargamant et al., 1998; McClain et al., 2003)

No consistent research has been done on the field of these psychological measures on the target population. Thus, a need is felt to have a thorough study on the contributing psychological variables leading to suicidal ideation and spiritual wellbeing for the Mizo adolescent.

In view of the above theoretical foundations and empirical findings, the present study attempted to explain the underlying dimensions of personality traits, identity orientation, and aggressive behavior in explaining the level of intensity of Suicidal Ideation and the role of differing coping patterns. In addition, the contrasting characteristic of personality traits, identity orientation and aggressive behavior as the determinants of spiritual wellbeing shall be attempted to be elucidated with the role of coping patterns. Thus, this outcome of the study will not only provide information pertaining to the expected contrasting outcomes due to the personality traits, identity orientation, and aggressive behavior on suicidal ideation and spiritual wellbeing, but enable to determine risk factors and warning signs for the recognition of adolescence suicidal behavior. Beside, the result will go a long way in providing empirical foundation to the prevention of adolescent's suicide.

Given the theoretical and methodological foundations pertaining to the measurement of: Identity Styles Inventory (ISI3; Berzonsky, 1992); NEO- Five Factor Inventory (NEO FFI; Costa & McCrae, 1992); Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton, Stanford, and Barratt, 1995); Aggression Questionnaire (AQ; Buss & Perry, 1992); Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999); Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paloutzian & Ellison, 1982), the present study is designed with manifold objectives to highlight the psychological correlates of Suicidal Ideation and Spiritual Wellbeing among the Mizo adolescents wherein the samples were divided into four cells 'urban-male', 'rural-male', 'urban-female', and 'rural-female'.

The main objectives of the study were:

- 1) To discern the patterns of similarities and differences that exists along gender and locality variables on the behavioral measures- Identity Styles Inventory (ISI3; Berzonsky, 1992)- Information, Normative, and Commitment; NEO- Five Factor Inventory(NEO FFI; Costa & McCrae, 1992)- Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness; Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995)- Attentional, Motor, and Non-Planning; Aggression Questionnaire (AQ; Buss & Perry, 1992)- Physical, Verbal, Anger, and Hostility; Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999)- Task, Emotion, and Avoidance; Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paluotzian & Ellison, 1982).
- 2) To elucidate variation due to demographic variables: age, socio-economic status, father's occupation, mothers occupation, religious involvement, societal involvement, numbers of siblings, and birth order on bahavioural measures: Identity Styles Inventory (ISI3; Berzonsky, 1992)- Information, Normative, and Commitment; NEO- Five Factor Inventory(NEO FFI; Costa & McCrae, 1992)- Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness; Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995)- Attentional, Motor, and Non-Planning; Aggression Questionnaire (AQ; Buss & Perry, 1992)- Physical, Verbal, Anger, and Hostility; Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999)- Task, Emotion, and Avoidance; Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paluotzian & Ellison, 1982).
- 3) To illustrate predictability of Suicidal Ideation from demographic variables: age, socio-economic status, father's occupation, mothers occupation, religious

involvement, societal involvement, numbers of siblings, and birth order and: behavioural measures of Identity Styles Inventory (ISI3; Berzonsky, 1992)- Information, Normative, and Commitment; NEO- Five Factor Inventory(NEO FFI; Costa & McCrae, 1992)- Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness; Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995)- Attentional, Motor, and Non-Planning; Aggression Questionnaire (AQ; Buss & Perry, 1992)- Physical, Verbal, Anger, and Hostility; Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999)- Task, Emotion, and Avoidance.

- 4) To illustrate predictability of Spiritual Wellbeing from demographic variables: age, socio-economic status, father's occupation, mothers occupation, religious involvement, societal involvement, numbers of siblings, and birth order and: behavioral measures of Identity Styles Inventory (ISI3; Berzonsky, 1992)- Information, Normative, and Commitment; NEO- Five Factor Inventory(NEO FFI; Costa & McCrae, 1992)- Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness; Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995)- Attentional, Motor, and Non-Planning; Aggression Questionnaire (AQ; Buss & Perry, 1992)- Physical, Verbal, Anger, and Hostility; Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999)- Task, Emotion, and Avoidance.

In view of the theoretical foundations and empirical findings highlighted above pertaining to the psychological correlates of Spiritual Wellbeing and Suicidal Ideation among the Mizo adolescents. The following hypotheses are put forth to be tested:

- 1) Age, Socio-economic status, Father's Occupation, Mother's Occupation, Societal Involvement, Religious Involvement, Number of Siblings, and Birth Order are expected to have an effect on Identity Styles Inventory (ISI3; Berzonsky, 1992)- Information, Normative, and Commitment; NEO- Five Factor Inventory(NEO FFI;

Costa & McCrae, 1992)- Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness; Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995)- Attentional, Motor, and Non-Planning; Aggression Questionnaire (AQ; Buss & Perry, 1992)- Physical, Verbal, Anger, and Hostility; Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999)- Task, Emotion, and Avoidance; Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paloutzian & Ellison, 1982).

- 2) 'Gender' is expected to have an effect on Information Oriented Identity, Normative Oriented Identity, Personality domain of Neuroticism and Extraversion, Attentional Impulsiveness, Physical aggression, Verbal aggression, Anger aggression, Emotion oriented coping, Spiritual Wellbeing and Suicidal Ideation.
- 3) 'Locality' is expected to bring an effect on Task Oriented Coping, Emotion Oriented Coping, Avoidance Oriented Coping, Spiritual Wellbeing, and Suicidal Ideation.
- 4) 'Locality x Gender is' expected to have an effect on Suicidal Ideation and Spiritual Wellbeing.
- 5) It is expected that the demographic variables of Socioeconomic Status, Religious Involvement, Societal Involvement, subscales of: ISI3, NEO-FFI, BIS-11, AQ, and CISS will show predictable level Suicidal Ideation of over the levels of analyses.
- 6) It is expected that the demographic variables of Socioeconomic Status, Religious Involvement, Societal Involvement, subscales of: ISI3, NEO-FFI, BIS-11, AQ, and CISS will show predictable level of Spiritual Wellbeing over the level of analyses.

Chapter – III

METHODOLOGY

SAMPLE

On the basis of multi-stage random sampling procedure, firstly two districts (Aizawl and Lunglei) were identified based on fishbowl techniques from the eight districts of Mizoram. Further, Higher Secondary Schools and Colleges in these two districts were selected by means of computer generated random number from the Annual Report of Mizoram Board of School Education and list of colleges within Mizoram. As a result, 7 Higher Secondary Schools and 4 colleges were selected from the district of Aizawl, and 5 Higher Secondary Schools and 2 Colleges were selected from Lunglei districts.

Consequently, four groups of subjects with differing 'locality' and 'gender' backgrounds were identified considering the primary objectives of the study on Spiritual Wellbeing and Suicidal Ideation. The groups of subjects were referred to as 'urban-males', 'urban-females', 'rural-males', and 'rural-females'. The 'urban' / 'rural' samples were strictly separated by their permanent address as indicated on the demographic profile. The background information like age, academic qualification, religious involvement, societal involvement, and socio-economic status are also recorded.

Large numbers of respondents falling under the sampling frame within the four groups of the main design, keeping in view the objectives of the study, receives a booklet containing the demographic information and the psychological measures that are completed in the presence of the researcher. The sample characteristics along the 'gender x locality' variables are highlighted in Table-1.

Table-1: Sample characteristics table for the N=533 Mizo adolescents on 2x2 ‘Gender x Locality’ cells of the main design.

		Gender		
		Male	Female	Total
Locality	Urban	132	160	292
	Rural	127	114	241
Total		259	274	533

Finally, 533 Mizo adolescent between the ages of 15-22 years served as participants for the present study. The selected subjects were screened from the total number of respondents based on i) the subjects falling outside of 15 to 22 years of age, ii) uncertainty of the demographic characteristics, and iii) incomplete response to the psychological measures.

DESIGN OF THE STUDY

The study shall incorporate 2x2 (2 gender x 2 locality) factorial designs to be imposed on the psychological measures of Identity, Personality, Impulsiveness, Aggression, Coping, Suicidal Ideation, and Spiritual Wellbeing. The demographic variables of Age, Socio-Economic Status, Fathers Occupation, Mothers Occupation, Religious Involvement, Societal Involvement, Number of Siblings, and Birth Order shall

be concomitantly employed as covariates for the effect of ‘Gender’ and ‘Locality’ on the measured psychological variables.

In addition, correlational design to determine the predictability of Suicidal Ideation and Spiritual Wellbeing from the demographic variables of Age, Educational Qualification, Socio-Economic Status, Father’s Occupation, Mother’s Occupation, Religious Involvement, Societal Involvement, Number of Siblings and Birth Order and the measured variables of Identity Styles Inventory (ISI3; Berzonsky, 1992); NEO Five Factor Inventory (NEO FFI; Costa & McCrae, 1992); Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995); Aggression Questionnaire (AQ; Buss & Perry, 1992); Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999); Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paluotzian & Ellison, 1982) shall be imposed separately under each cells of the main design (levels of analyses).

Keeping in view the objectives of the study, the methodological refinements are aimed in a step-wise manner. Firstly, for the overall samples, a psychometric checks of the behavioral measures of: Identity Styles Inventory; NEO Five Factor Inventory; Barratt Impulsiveness Scale, Version 11; Aggression Questionnaire; Coping Inventory for Stressful Situations); Adult Suicidal Ideation Questionnaire; and Spiritual Wellbeing Scale) for measurement purposes of the target population. The results are analyzed for the whole sample in an effort to evolve consistency in the observed major trends of the findings.

Secondly, item analysis and selection of items for each of the scales/subscales was done. The corrected item total correlation coefficient greater than .40 serves as the criterion for inclusion of item in the scales/subscales of the behavioural gamut. On the

other hand, item exclusion criteria involves exclusion of item with the ‘Cronbach’s alpha if item deleted’ improves the overall internal consistency of the scales/subscales of the behavioural gamut.

Thirdly, bivariate relationship between the behavioural measures with that of the other demographic variables (age, socio-economic status, fathers occupation, mothers occupation, religious involvement, societal involvement, number of siblings, birth order) to consider other demographic variables as covariate in the Analysis of Covariance (ANCOVA). Prior to the ANCOVA, Levene's test for homogeneity of residual variances is performed. ANCOVA is then employed to see the effect of ‘gender’ and ‘locality’ with demographic variables as the covariate on the behavioral measures for the overall sample.

Bi-variate correlation matrix was employed to describe the nature of the relationships existing between the demographic variables and the measured variables to provide evidences for successful predictability of Spiritual Wellbeing and Suicidal Ideation from the demographic variables and the other measured variables over the levels of analyses.

Series of multiple regression analyses was employed to check the predictability of Spiritual Wellbeing from demographic variables and the measured variables for each of the four cells (urban-males, rural-males, urban-females, and rural-females) of the main design. And finally, in case of Suicidal Ideation, binary logistic regression analysis was employed to check the predictability of Suicidal Ideation from demographic variables and the other measured variables for each of the four cells, in view of the fact that the Levene’s test of equality in the analysis of covariance emerged significant and that it does not rely on distributional assumption.

For the multiple linear regression and binary logistic regression over the levels of analyses employed to elucidate consistent pattern of predictability of Suicidal Ideation and Spiritual Wellbeing with the background demographic variables were first entered as the predictors (Model-1), followed by the addition of the measured variables of the scales and subscales of : Identity Styles Inventory (ISI3; Berzonsky, 1992); NEO Five Factor Inventory (NEO FFI; Costa & McCrae, 1992); Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995); Aggression Questionnaire (AQ; Buss & Perry, 1992) as predictors (Model 2); and finally, the subscales of Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999) was entered as a predictors (Model-3).

PSYCHOLOGICAL MEASURES

The following series of behavioral measures of: Identity Styles Inventory (ISI3; Berzonsky, 1992); NEO Five Factor Inventory (NEO FFI; Costa & McCrae, 1992); Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton, Stanford, and Barratt, 1995); Aggression Questionnaire (AQ; Buss & Perry, 1992); Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999); Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paluotzian & Ellison, 1982) have been aimed to be incorporated to achieve the objectives of the study.

The multiple psychological measures as employed for the present study were translated by employing ABBA method of translation. This is with the expectation that the behavioral measures emerged to show their applicability for psychological measurement on the Mizo adolescents. The behavioral measures are described hereunder to make lucid the behavioral components that are aimed to be highlighted.

- 1) Identity Styles Inventory (ISI3; Berzonsky, 1992): The ISI3 is a measure to assess different identity styles which consists of 40 items- information oriented (11 items), normative oriented (9 items), diffuse oriented (10 items), and Commitment oriented (10 items). All the 40 items are to be rated on 5-point Likert scale from not at all like me (1) to very much like me (5). The summated subscales scores can be used to determine the preferred identity style, the higher subscale score indicate the identity style. (A specimen copy of the ISI3 may be seen at Appendix-I).

- 2) NEO Five Factor Inventory (NEO FFI; Costa & McCrae, 1992): This personality inventory is a psychological personality inventory consisting of 240 items of the Big Five Model: extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience. Additionally, the test measures six subordinate dimensions (known as facets) of each of the "FFM" personality factors. The short version, the NEO-Five Factor Inventory (NEO-FFI), has 60 items (12 items per domain). Each item is answered on a 5-point likert scale ranging from 'strongly agree' to 'strongly disagree' and gives the participants domain level and a strength based description of three levels (high, medium, and low) in each domain. For example, low N (neuroticism) reads 'secure, hardy, and generally relaxed even under stressful conditions', whereas high N reads 'sensitive, emotional, and prone to experience feelings that are upsetting'. For profile interpretation, facets and domain scores are reported in T scores and are recorded visually as compared to the appropriate norm group, much like other measures of personality. (A specimen copy of the NEO FFI may be seen at Appendix- II).

- 3) Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995): This scale is a 30 items scale which is most widely used self report measure of impulsivity personality traits, which is design mainly to assess general impulsiveness taking into account the multi-factorial nature of the construct. The structure of the instrument allows for the assessment of attentional impulsiveness (attention and cognitive instability) having 8 items, motor impulsiveness (motor and perseverance) having 11 items, non-planning impulsiveness (self control and cognitive complexity) having 11 items. A total score on impulsivity is obtained by summing all the scores on the subscales. The items are scored on a four point likert scale ranging from never (1) to Always (4). (A specimen copy of the BIS-11 may be seen at Appendix-III).
- 4) Aggression Questionnaire (AQ; Buss & Perry, 1992): This Questionnaire evaluates several components of construct: anger (7 items), verbal (5 items), physical (9 items), and hostility (8 items), which are defined as follows: Physical and verbal aggression, which involve hurting or harming others, represent the instrumental or motor component of behavior. Anger, which involves physiological arousal and preparation for aggression, represents the emotional or affective component of behavior. Hostility, which consists of feelings of ill will and injustice, represents the cognitive component of behavior” (Buss & Perry, 1992). It is a 29 item questionnaire where participants rank certain statements along a 5 point continuum from "extremely uncharacteristic of me" to "extremely characteristic of me. The total score for Aggression is the sum of the factor scores. (A specimen copy of the AQ may be seen at Appendix-IV).

- 5) Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999): This inventory was developed as a consequence of extending the interaction model of anxiety (Endler, 1983) to include coping variables- the interactional model of stress, anxiety, and coping (Endler, 1997). This inventory was designed to assess how person cope with their stresses and anxiety. The CISS has three basic scales comprising of 48 total items: Task oriented (16 items), emotion oriented (16 items), and avoidance oriented coping (16 items). Each item is rate on a 5-point frequency scale. Scoring is done by adding the three raw scores, which is converted into standard scores and percentiles from the hand scored profile form. (A specimen copy of the CISS may be seen at Appendix-V).
- 6) Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1991): This questionnaire is a self report measure to assess specific aspect of suicidal behavior- thoughts about suicide, and to provide useful information for making decisions about the mental health of individuals. The ASIQ consists of 25 items. Each item measures the specific suicidal behavior or thought. The respondent rates each item on a 7-point scale. The raw total score is 150 with higher score indicating more numerous and/or more frequent suicidal thoughts. (A specimen copy of the ASIQ may be seen at Appendix-VI).
- 7) Spiritual Wellbeing Scale (SWBS; Paloutzian & Ellison, 1982): This scale is a general indicator of the subjective state of wellbeing. It provides the overall measure of the perceived spiritual quality of life, as understood in two senses- a religious wellbeing (RWB) and existential wellbeing (EWB) (Moberg, 1979; Moberg & Brusek, 1978). In addition to the spiritual wellbeing scales total scores

providing an overall measures of one's SWB, RWB subscales provides a self assessment of one's wellbeing in a religious sense, while the EWB subscales gives a self assessment of one's sense of life purpose and life satisfaction. This scale has 20 items: 10 odd numbered items assess RWB and contain the word 'God'. Another 10 even numbered items assess EWB and have no religious connotations; these statements asked about such things as life satisfaction and direction. Each item is answered on a 6- point Likert scale. And is scored from 1 to 6, with a higher number representing greater wellbeing. Negatively worded items are reversed scored. Summing up the ten odd numbered items compute the RWB subscale score; summing up the ten even numbered items compute the EWB subscale scores. The overall SWB score is computed by summing responses to all twenty items. (A specimen copy of the SWB may be seen at Appendix-VII).

PROCEDURE

The subjects were initially required to give their background information on address, gender, age, educational qualification, socio-economic status, father's occupation, mother's occupation, their religious and societal involvement, number of siblings and birth order. Then, they were tested on Identity Styles Inventory (ISI3; Berzonsky, 1992); NEO Five Factor Inventory (NEO FFI; Costa & McCrae, 1992); Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995); Aggression Questionnaire (AQ; Buss & Perry, 1992); Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999); Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paloutzian & Ellison, 1982).

All the subjects (rural and urban; and males and females subjects) were tested in classroom settings in the presence of the researcher. Proper instruction for each psychological measure was given to the subjects to complete the requirements of the study.

Each subject receives a booklet containing the background information sheet (Appendix-VIII) and the booklet containing the psychological measures. The subjects were requested to fill out their responses completely, and assuring confidentiality and anonymity the subjects were required to give free and unbiased information to minimize the potential influence of desired response set. The responses of the subjects were screened, tabulated, and coded for analyses, and the analyses were done by employing computer software programmes. The outcomes of the overall analyses are presented in the following chapters.

Chapter – IV

**RESULTS
AND
DISCUSSION**

RESULTS

Sample characteristic table for N=533 based on 'gender' x 'locality' is presented in Table-I. For the present study 259 males and 274 females from rural and urban areas respectively, of Mizoram served as participants. As envisioned the age of the participants, a Mizo adolescent ranges from 15 to 22 years with the mean age of 18 and σ of .28. 95.50% of the participants reported to be in the middle class of the socio-economic status with the remainder dispersed above and below. As indicated by the responses of the participants 48%, 17%, and 35% of the fathers belongs to high, middle, and low occupational status, respectively. Conversely, 18%, 2%, and 80% of the mother of the participants are reported to be high, moderate, and low respectively.

In terms of religious (91%) and societal (98%) involvement, the participants reported high percentage of moderate level of involvement, with the remainder dispersed more or less equally in the upper and lower end. Besides, 21%, 30%, and 19% of the participants reported that they have two, three, and four siblings respectively, with the remainder of the participants are dispersed along the report of having no siblings to as much as having eleven siblings. In terms of birth order, 28%, 26%, and 22% reported that they are the first born, second born, and third born with the order tapering to as much as the eleventh born.

The results (Table-2) highlight the Mean and σ of the scales/subscales of: Identity Styles Inventory (Berzonsky, 1992) and its subscales- Information, Normative, Diffuse, and Commitment; NEO-FFI (Costa & McCrae, 1992) and its subscales- Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness; Barratt Impulsiveness Scale (Patton et al., 1995) and its subscales- Attentional, Motor, and Non-Planning;

Aggression Questionnaire (Buss & Perry, 1992) and its subscales- Physical, Verbal, Anger, and Hostility; Coping Inventory for Stressful Situations (Endler & Parker, 1999) and its subscales- Task, Emotion, and Avoidance; Spiritual Wellbeing Scale (Paloutzian and Ellison, 1982); and Adult Suicidal Ideation Questionnaire (Reynolds, 1991).

Table-2: Mean and standard deviation of the scales/sub-scales of the behavioral Measures for the overall sample (N=533).

Behavioral Measures		Mean	Standard Deviation
Identity Style	Information	31.60	5.79
	Normative	30.76	5.27
	Diffuse	25.64	6.48
	Commitment	21.16	5.42
Personality Domain	Neuroticism	24.61	6.58
	Extraversion	15.20	3.85
	Openness	11.78	2.51
	Agreeableness	16.84	4.42
Impulsivity	Conscientiousness	29.16	6.27
	Attentional	13.22	3.16
	Motor	12.46	3.50
Aggression	Non-Planning	18.60	4.13
	Physical	20.51	6.46
	Verbal	5.88	2.01
	Anger	16.27	4.34
Coping Orientation	Hostility	14.58	3.35
	Task	49.66	9.19
	Emotion	48.90	8.51
Spiritual Wellbeing	Avoidance	41.01	8.91
	Suicidal Ideation	90.64	11.31
Suicidal Ideation		48.67	25.02

The results (Table-3) portrayed the bi-variate correlational coefficients of the entire variable under study as well as the reliability coefficient (Cronbach's alpha). Closer observation revealed patches of low significant correlation coefficient among the demographic variables with high positive relationship between number of siblings and birth order as well as between religious involvement and societal involvement. Information oriented identity, Normative oriented identity, and Commitment oriented identity that are

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significant and positively correlated show positively significant relationship with personality domain of Extraversion and Conscientiousness, Task oriented Coping, and Spiritual Wellbeing as well as negative and significant relationship with all the subscales of Impulsiveness (Attentional, Motor, and Non-planning). Diffuse oriented identity style show significantly positive relationship with personality domain of Neuroticism, Extraversion, Openness, all the subscales of Impulsiveness, Physical aggression, Anger aggression, and Hostility aggression, Emotion oriented coping and Task oriented coping except for Verbal aggression and Task oriented Coping styles.

Diffuse oriented identity style also show negative and significant relationship with Commitment identity, personality domain of Agreeableness and Conscientiousness, as well as Spiritual Wellbeing. In addition, Information identity and Normative identity style show positively significant relationship with Emotion oriented Coping and Avoidance oriented Coping; Commitment identity also show positively significant relationship with Personality domain of Agreeableness and negatively significant relationship with personality domain of Neuroticism, Emotion oriented Coping and Avoidance oriented Coping.

Subscales of NEO-FFI (Neuroticism and Openness) that are positively correlated show positively significant relationship with Attentional impulsiveness, Motor impulsiveness, Anger aggression, Hostility aggression, Emotion oriented Coping, Avoidance oriented Coping, and with Suicidal Ideation; and also shows significantly and negatively correlation with Agreeableness (subscale of NEO-FFI). However, Agreeableness and Conscientiousness (subscales of NEO-FFI) that are related positively and significantly show positively significant correlation with Task oriented Coping and Spiritual Wellbeing as well as negatively significant relationship with all the subscales of Impulsive and with all the subscales of Aggression. In addition, patches of significant

correlation are observed for: Neuroticism positively correlated with Non-planning impulsiveness, and negatively correlated with Conscientiousness, Task oriented coping, and Spiritual Wellbeing; Extraversion show positive relationship with Openness and Conscientiousness, Motor impulsiveness, Verbal aggression, all the subscales of Coping styles (Task, Emotion and Avoidance), and Spiritual Wellbeing; negative relationship with Agreeableness and Non- Planning impulsiveness; and Conscientiousness to be negatively correlated with Emotion oriented coping, Avoidance oriented coping, and Suicidal Ideation.

Results (Table-3) also revealed that all the subscales of Impulsiveness that have a positive correlation show positively significant relationship with all the subscales of Aggression, Coping orientation of Emotion and Avoidance, and Suicidal Ideation. A negatively significant relationship was also found with Task oriented Coping and Spiritual Wellbeing, except for Non-Planning Impulsiveness with that of Emotion oriented Coping, Avoidance oriented Coping, and Suicidal Ideation wherein the correlation coefficient emerge insignificant.

All the subscales of Aggression that are positively correlated show positively significant relationship with Suicidal Ideation and negatively significant relationship with Task oriented Coping and Spiritual Wellbeing, except for the relationship between Verbal Aggression with Spiritual Wellbeing and Hostility Aggression with Task oriented Coping.

The subscales of Coping orientations shows positively significant correlation with each other and positive significant relationship emerged between Task oriented coping and Spiritual Wellbeing as well as Avoidance oriented coping and Suicidal Ideation.

Finally, Spiritual Wellbeing shows negatively significant correlation with Suicidal Ideation.

Table-4a: Levene' Test of Equality of Error Variances in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on the Behavioral Measures for the overall sample (N=533).

	F	df1	df2	Sig.
Information	1.93	3	529	.12
Normative	.34	3	529	.80
Diffuse	1.21	3	529	.30
Commitment	4.95	3	529	.00
Neuroticism	.88	3	529	.45
Extraversion	.45	3	529	.72
Openness	1.47	3	529	.22
Agreeableness	1.17	3	529	.32
Conscientiousness	.33	3	529	.80
Attentional	.70	3	529	.55
Motor	1.89	3	529	.13
Non-Planning	1.87	3	529	.13
Physical	.15	3	529	.93
Verbal	.55	3	529	.65
Anger	.44	3	529	.73
Hostility	.45	3	529	.72
Task	.40	3	529	.75
Emotion	2.24	3	529	.08
Avoidance	.35	3	529	.79
SpiritualWellbeing	2.15	3	529	.09
Suicidal Ideation	3.39	3	529	.02

A broad overview of the present study proposed for classification of variables along 'gender' and 'locality' to be imposed on the dependent measures. However, demographic variables other than 'gender' and 'locality' are expected to show their influence on the measured variables (Table-3). In view of results (Table-3), all the demographic variables indicated low or moderate relationship with 'gender' and 'locality' to qualify as covariates in the analyses. Thus, the study incorporated 2x2 ('gender x locality') design to be imposed on the scales/subscales of ISI3, NEO-FFI , BIS-11, AQ, CISS, SWBS, and ASIQ with the remaining demographic variables (age, socio-economic status, fathers occupation, mothers occupation, religious involvement, societal involvement, number of siblings and birth

order) as the covariate for the overall sample. Results (Table-4a) revealed that almost all the scales/subscales of the behavioural measures indicated homogeneity of variances along the four main cells of the design, except for Commitment orientation Identity Style and Suicidal Ideation. Therefore, the robustness of analysis of covariance (ANCOVA) is embedded in the interpretation of the results.

The results (Table-4b) revealed significant influence of 'age' on: Diffuse orientation identity style, Extraversion (subscale of NEO-FFI), Hostility aggression (a subscale of Aggression) and Task oriented coping with a very small effect size and healthy statistical power.

The results also revealed a significant influence of socio-economic status on: Conscientiousness (subscale of NEO-FFI) and Avoidance oriented coping with both showing a very small effect size and a healthy statistical power. Meanwhile, with fathers occupational status, a significant influence of a very small effect size and a healthy statistical power was found on Normative identity and Information identity and also on Task oriented Coping.

Only Motor Impulsiveness shows a significant influence of mothers occupational with a very small effect size and a healthy statistical power. A significant influence with a high effect size and a good healthy statistical power was found with Religious Involvement on Physical Aggression and Spiritual Wellbeing, while Diffuse Identity, Commitment Identity, Neuroticism and Agreeableness, Attentional Impulsiveness, Motor Impulsiveness, Non Planning Impulsiveness, and Suicidal Ideation are found to have a significant influence of small size effect and a healthy statistical power. A significant influence with a high effect size and a good healthy statistical power was found of Societal Involvement, on Information, Normative and Commitment; Conscientiousness; Non planning

Impulsiveness; and Spiritual Wellbeing. However, a significant influence of Societal Involvement on Attentional Impulsiveness and Task oriented coping was found with a relatively small effect size and a healthy statistical power. While, on Extraversion, the influence of a very small size effect and a healthy statistical power was found.

Table-4b: Effect of ‘Age’, ‘Socio-economic Status’, ‘Father’s Occupation’, ‘Mother’s Occupation’, ‘Religious Involvement’, ‘Societal Involvement’, ‘Number of Siblings’ and ‘Birth Order’ in the analysis of covariance for the effect of ‘Gender’ and ‘Locality’ with demographic variables as the covariate on the Behavioral Measures for the overall sample (N=533).

	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Observed Power
Age	Information	113.19	1	113.19	3.52	.06	.01	.47
	Normative	24.02	1	24.02	.93	.34	.00	.16
	Diffuse	206.88	1	206.88	5.01	.03	.01	.61
	Commitment	2.59	1	2.59	.09	.76	.00	.06
	Neuroticism	108.19	1	108.19	2.78	.10	.01	.38
	Extraversion	168.86	1	168.86	11.59	.00	.02	.92
	Openness	.48	1	.48	.08	.78	.00	.06
	Agreeableness	24.74	1	24.74	1.34	.25	.00	.21
	Conscientiousness	134.81	1	134.81	3.59	.06	.01	.47
	Attentional	18.82	1	18.82	2.02	.16	.00	.29
	Motor	45.22	1	45.22	3.89	.05	.01	.50
	Non-Planning	.07	1	.07	.00	.95	.00	.05
	Physical	69.39	1	69.39	1.90	.17	.00	.28
	Verbal	.03	1	.03	.01	.94	.00	.05
	Anger	42.79	1	42.79	2.42	.12	.00	.34
	Hostility	49.85	1	49.85	4.55	.03	.01	.57
	Task	353.71	1	353.71	4.47	.03	.01	.56
	Emotion	14.61	1	14.61	.21	.64	.00	.07
	Avoidance	61.03	1	61.03	.77	.38	.00	.14
Suicidal Ideation	8.36	1	8.36	.01	.91	.00	.05	
Spiritual Wellbeing	209.25	1	209.25	1.81	.18	.00	.27	
Socio-economic Status	Information	15.25	1	15.25	.47	.49	.00	.11
	Normative	58.56	1	58.56	2.27	.13	.00	.32
	Diffuse	47.31	1	47.31	1.15	.28	.00	.19
	Commitment	59.52	1	59.52	2.14	.14	.00	.31
	Neuroticism	56.74	1	56.74	1.46	.23	.00	.23
	Extraversion	1.07	1	1.07	.07	.79	.00	.06
	Openness	.90	1	.90	.14	.71	.00	.07
	Agreeableness	16.60	1	16.60	.90	.34	.00	.16
	Conscientiousness	175.67	1	175.67	4.68	.03	.01	.58
	Attentional	.82	1	.82	.09	.77	.00	.06
	Motor	5.98	1	5.98	.51	.47	.00	.11
	Non-Planning	.10	1	.10	.01	.94	.00	.05
	Physical	17.45	1	17.45	.48	.49	.00	.11
Verbal	.00	1	.00	.00	1.00	.00	.05	

	Dependent Variable	Sum of Squares	Df	Mean Square	F	Sig.	Eta Squared	Observed Power	
Socio-economic Status	Anger	63.72	1	63.72	3.60	.06	.01	.47	
	Hostility	12.80	1	12.80	1.17	.28	.00	.19	
	Task	65.21	1	65.21	.82	.36	.00	.15	
	Emotion	155.72	1	155.72	2.29	.13	.00	.33	
	Avoidance	353.65	1	353.65	4.48	.03	.01	.56	
	Suicidal Ideation	69.69	1	69.69	.12	.73	.00	.06	
	SpiritualWellbeing	1.76	1	1.76	.02	.90	.00	.05	
Father's Occupation	Information	237.62	1	237.62	7.39	.01	.01	.77	
	Normative	149.12	1	149.12	5.77	.02	.01	.67	
	Diffuse	16.84	1	16.84	.41	.52	.00	.10	
	Commitment	56.99	1	56.99	2.05	.15	.00	.30	
	Neuroticism	25.28	1	25.28	.65	.42	.00	.13	
	Extraversion	1.06	1	1.06	.07	.79	.00	.06	
	Openness	.53	1	.53	.08	.77	.00	.06	
	Agreeableness	37.30	1	37.30	2.02	.16	.00	.29	
	Conscientiousness	112.18	1	112.18	2.99	.08	.01	.41	
	Attentional	28.00	1	28.00	3.00	.08	.01	.41	
	Motor	23.13	1	23.13	1.99	.16	.00	.29	
	Non-Planning	13.77	1	13.77	.84	.36	.00	.15	
	Physical	56.11	1	56.11	1.54	.22	.00	.24	
	Verbal	3.21	1	3.21	.78	.38	.00	.14	
	Anger	.01	1	.01	.00	.98	.00	.05	
	Hostility	.17	1	.17	.02	.90	.00	.05	
	Task	616.00	1	616.00	7.79	.01	.01	.80	
	Emotion	15.75	1	15.75	.23	.63	.00	.08	
	Avoidance	278.29	1	278.29	3.52	.06	.01	.47	
	Suicidal Ideation	1199.82	1	1199.82	1.98	.16	.00	.29	
	SpiritualWellbeing	63.65	1	63.65	.55	.46	.00	.11	
	Mother's Occupation	Information	66.14	1	66.14	2.06	.15	.00	.30
		Normative	53.13	1	53.13	2.06	.15	.00	.30
Diffuse		11.63	1	11.63	.28	.60	.00	.08	
Commitment		.01	1	.01	.00	.99	.00	.05	
Neuroticism		.23	1	.23	.01	.94	.00	.05	
Extraversion		10.39	1	10.39	.71	.40	.00	.13	
Openness		2.91	1	2.91	.46	.50	.00	.10	
Agreeableness		49.88	1	49.88	2.70	.10	.01	.37	
Conscientiousness		36.24	1	36.24	.96	.33	.00	.17	
Attentional		23.61	1	23.61	2.53	.11	.00	.35	
Motor		50.21	1	50.21	4.32	.04	.01	.55	
Non-Planning		.43	1	.43	.03	.87	.00	.05	
Physical		103.16	1	103.16	2.83	.09	.01	.39	
Verbal		.00	1	.00	.00	.99	.00	.05	
Anger		.00	1	.00	.00	.99	.00	.05	
Hostility		5.07	1	5.07	.46	.50	.00	.10	
Task		148.97	1	148.97	1.88	.17	.00	.28	
Emotion		171.18	1	171.18	2.51	.11	.00	.35	
Avoidance		111.27	1	111.27	1.41	.24	.00	.22	
Suicidal Ideation		635.47	1	635.47	1.05	.31	.00	.18	
SpiritualWellbeing	29.71	1	29.71	.26	.61	.00	.08		

	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Observed Power
Religious Involvement	Information	.52	1	.52	.02	.90	.00	.05
	Normative	43.68	1	43.68	1.69	.19	.00	.25
	Diffuse	302.35	1	302.35	7.33	.01	.01	.77
	Commitment	137.98	1	137.98	4.95	.03	.01	.60
	Neuroticism	281.62	1	281.62	7.24	.01	.01	.77
	Extraversion	5.24	1	5.24	.36	.55	.00	.09
	Openness	.91	1	.91	.14	.70	.00	.07
	Agreeableness	145.18	1	145.18	7.86	.01	.01	.80
	Conscientiousness	88.98	1	88.98	2.37	.12	.00	.34
	Attentional	52.06	1	52.06	5.57	.02	.01	.65
	Motor	111.64	1	111.64	9.60	.00	.02	.87
	Non-Planning	122.55	1	122.55	7.51	.01	.01	.78
	Physical	489.44	1	489.44	13.42	.00	.03	.96
	Verbal	.58	1	.58	.14	.71	.00	.07
	Anger	21.92	1	21.92	1.24	.27	.00	.20
	Hostility	84.45	1	84.45	7.71	.01	.01	.79
	Task	213.37	1	213.37	2.70	.10	.01	.37
	Emotion	12.75	1	12.75	.19	.67	.00	.07
	Avoidance	16.86	1	16.86	.21	.64	.00	.07
	Suicidal Ideation	2959.16	1	2959.16	4.88	.03	.01	.60
Spiritual Wellbeing	2856.66	1	2856.66	24.77	.00	.05	1.00	
Societal Involvement	Information	366.61	1	366.61	11.40	.00	.02	.92
	Normative	399.11	1	399.11	15.46	.00	.03	.98
	Diffuse	35.64	1	35.64	.86	.35	.00	.15
	Commitment	387.11	1	387.11	13.90	.00	.03	.96
	Neuroticism	37.82	1	37.82	.97	.32	.00	.17
	Extraversion	89.01	1	89.01	6.11	.01	.01	.69
	Openness	5.07	1	5.07	.80	.37	.00	.14
	Agreeableness	41.46	1	41.46	2.24	.13	.00	.32
	Conscientiousness	429.76	1	429.76	11.44	.00	.02	.92
	Attentional	84.87	1	84.87	9.09	.00	.02	.85
	Motor	.18	1	.18	.02	.90	.00	.05
	Non-Planning	184.58	1	184.58	11.31	.00	.02	.92
	Physical	8.06	1	8.06	.22	.64	.00	.08
	Verbal	.17	1	.17	.04	.84	.00	.05
	Anger	3.19	1	3.19	.18	.67	.00	.07
	Hostility	.01	1	.01	.00	.98	.00	.05
	Task	756.63	1	756.63	9.57	.00	.02	.87
	Emotion	19.23	1	19.23	.28	.60	.00	.08
	Avoidance	160.98	1	160.98	2.04	.15	.00	.30
	Suicidal Ideation	738.62	1	738.62	1.22	.27	.00	.20
Spiritual Wellbeing	1216.91	1	1216.91	10.55	.00	.02	.90	

	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Observed Power
Number of Siblings	Information	45.03	1	45.03	1.40	.24	.00	.22
	Normative	.74	1	.74	.03	.87	.00	.05
	Diffuse	31.19	1	31.19	.76	.38	.00	.14
	Commitment	17.67	1	17.67	.63	.43	.00	.12
	Neuroticism	87.86	1	87.86	2.26	.13	.00	.32
	Extraversion	1.52	1	1.52	.10	.75	.00	.06
	Openness	4.46	1	4.46	.70	.40	.00	.13
	Agreeableness	75.89	1	75.89	4.11	.04	.01	.53
	Conscientiousness	8.10	1	8.10	.22	.64	.00	.07
	Attentional	13.17	1	13.17	1.41	.24	.00	.22
	Motor	.95	1	.95	.08	.77	.00	.06
	Non-Planning	18.51	1	18.51	1.13	.29	.00	.19
	Physical	6.46	1	6.46	.18	.67	.00	.07
	Verbal	.24	1	.24	.06	.81	.00	.06
	Anger	72.60	1	72.60	4.10	.04	.01	.52
	Hostility	26.28	1	26.28	2.40	.12	.00	.34
	Task	.93	1	.93	.01	.91	.00	.05
	Emotion	14.57	1	14.57	.21	.64	.00	.07
	Avoidance	.15	1	.15	.00	.97	.00	.05
	Suicidal Ideation	.06	1	.06	.00	.99	.00	.05
SpiritualWellbeing	97.73	1	97.73	.85	.36	.00	.15	
Birth Order	Information	7.61	1	7.61	.24	.63	.00	.08
	Normative	7.90	1	7.90	.31	.58	.00	.09
	Diffuse	.02	1	.02	.00	.98	.00	.05
	Commitment	36.58	1	36.58	1.31	.25	.00	.21
	Neuroticism	8.13	1	8.13	.21	.65	.00	.07
	Extraversion	2.39	1	2.39	.16	.69	.00	.07
	Openness	2.89	1	2.89	.46	.50	.00	.10
	Agreeableness	29.66	1	29.66	1.61	.21	.00	.24
	Conscientiousness	24.45	1	24.45	.65	.42	.00	.13
	Attentional	6.00	1	6.00	.64	.42	.00	.13
	Motor	41.15	1	41.15	3.54	.06	.01	.47
	Non-Planning	.00	1	.00	.00	1.00	.00	.05
	Physical	37.22	1	37.22	1.02	.31	.00	.17
	Verbal	.83	1	.83	.20	.65	.00	.07
	Anger	1.93	1	1.93	.11	.74	.00	.06
	Hostility	4.13	1	4.13	.38	.54	.00	.09
	Task	9.19	1	9.19	.12	.73	.00	.06
	Emotion	54.79	1	54.79	.80	.37	.00	.15
	Avoidance	10.05	1	10.05	.13	.72	.00	.06
	Suicidal Ideation	.14	1	.14	.00	.99	.00	.05
SpiritualWellbeing	26.12	1	26.12	.23	.63	.00	.08	

Observation of results (Table-3) revealed, increase in 'age' to indicate less Diffuse Identity orientation; Extraversion Personality; Hostility Aggression; and more Task oriented Coping. The higher the 'socio-economic status' results in higher Conscientiousness. It also

shows that increased in ‘fathers occupational status’ also results in decreased Normative Identity and Information Identity, as well as Task oriented coping. Increased in ‘mothers occupation’ results in increase in Motor Impulsiveness. The higher the ‘religious involvement’ reported, results in increase in Commitment Identity, Agreeableness, and Spiritual Wellbeing, while the reverse is found on Diffuse Identity, Neuroticism, all the subscales of Impulsivity, Physical Aggression, and Hostility Aggression, and Suicidal Ideation. However, with high ‘societal involvement’, an increase in Identity subscales (Information, Normative, Non-planning), NEO-FFI subscales (Extraversion and Conscientiousness), Task oriented Coping, and Spiritual Wellbeing; and a decrease in Attentional and Non-planning Impulsiveness was found. Results also indicated that increase in ‘numbers of siblings’ to indicate less Anger Aggression and increase in Agreeableness.

Table-4c: Effect of ‘Gender’ and ‘Locality’ in the analysis of covariance for the effect of ‘Gender’ and ‘Locality’ with demographic variables as the covariate on the Behavioral Measures for the overall sample (N=533).

	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Observed Power
Gender	Information	9.89	1	9.89	.31	.58	.00	.09
	Normative	275.10	1	275.10	10.65	.00	.02	.90
	Diffuse	.50	1	.50	.01	.91	.00	.05
	Commitment	.27	1	.27	.01	.92	.00	.05
	Neuroticism	1602.91	1	1602.91	41.23	.00	.07	1.00
	Extraversion	4.23	1	4.23	.29	.59	.00	.08
	Openness	6.01	1	6.01	.95	.33	.00	.16
	Agreeableness	1.01	1	1.01	.05	.82	.00	.06
	Conscientiousness	7.93	1	7.93	.21	.65	.00	.07
	Attentional	38.05	1	38.05	4.07	.04	.01	.52
	Motor	4.80	1	4.80	.41	.52	.00	.10
	Non-Planning	1.51	1	1.51	.09	.76	.00	.06
	Physical	1712.79	1	1712.79	46.97	.00	.08	1.00
	Verbal	.01	1	.01	.00	.97	.00	.05
	Anger	414.82	1	414.82	23.42	.00	.04	1.00
	Hostility	11.19	1	11.19	1.02	.31	.00	.17
	Task	135.23	1	135.23	1.71	.19	.00	.26
	Emotion	2217.87	1	2217.87	32.56	.00	.06	1.00
	Avoidance	.70	1	.70	.01	.93	.00	.05
	Suicidal Ideation	4756.10	1	4756.10	7.85	.01	.01	.80
Spiritual Wellbeing	308.50	1	308.50	2.68	.10	.01	.37	

	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	Observed Power
Locality	Information	146.77	1	146.77	4.56	.03	.01	.57
	Normative	95.84	1	95.84	3.71	.05	.01	.49
	Diffuse	5.36	1	5.36	.13	.72	.00	.06
	Commitment	.18	1	.18	.01	.94	.00	.05
	Neuroticism	75.86	1	75.86	1.95	.16	.00	.29
	Extraversion	.98	1	.98	.07	.80	.00	.06
	Openness	13.86	1	13.86	2.19	.14	.00	.31
	Agreeableness	43.89	1	43.89	2.38	.12	.00	.34
	Conscientiousness	2.74	1	2.74	.07	.79	.00	.06
	Attentional	8.01	1	8.01	.86	.35	.00	.15
	Motor	1.08	1	1.08	.09	.76	.00	.06
	Non-Planning	7.15	1	7.15	.44	.51	.00	.10
	Physical	67.67	1	67.67	1.86	.17	.00	.27
	Verbal	1.66	1	1.66	.40	.53	.00	.10
	Anger	1.90	1	1.90	.11	.74	.00	.06
	Hostility	13.13	1	13.13	1.20	.27	.00	.19
	Task	694.21	1	694.21	8.78	.00	.02	.84
	Emotion	424.02	1	424.02	6.22	.01	.01	.70
	Avoidance	25.91	1	25.91	.33	.57	.00	.09
	Suicidal Ideation	64.69	1	64.69	.11	.74	.00	.06
Spiritual Wellbeing	318.38	1	318.38	2.76	.10	.01	.38	
Gender * Locality	Information	14.43	1	14.43	.45	.50	.00	.10
	Normative	43.04	1	43.04	1.67	.20	.00	.25
	Diffuse	2.41	1	2.41	.06	.81	.00	.06
	Commitment	46.51	1	46.51	1.67	.20	.00	.25
	Neuroticism	5.14	1	5.14	.13	.72	.00	.07
	Extraversion	20.40	1	20.40	1.40	.24	.00	.22
	Openness	4.59	1	4.59	.72	.40	.00	.14
	Agreeableness	29.93	1	29.93	1.62	.20	.00	.25
	Conscientiousness	.46	1	.46	.01	.91	.00	.05
	Attentional	.10	1	.10	.01	.92	.00	.05
	Motor	.00	1	.00	.00	.99	.00	.05
	Non-Planning	1.18	1	1.18	.07	.79	.00	.06
	Physical	2.48	1	2.48	.07	.79	.00	.06
	Verbal	1.81	1	1.81	.44	.51	.00	.10
	Anger	.62	1	.62	.03	.85	.00	.05
	Hostility	.22	1	.22	.02	.89	.00	.05
	Task	75.70	1	75.70	.96	.33	.00	.16
	Emotion	3.00	1	3.00	.04	.83	.00	.06
	Avoidance	163.28	1	163.28	2.07	.15	.00	.30
	Suicidal Ideation	2943.18	1	2943.18	4.86	.03	.01	.59
Spiritual Wellbeing	269.56	1	269.56	2.34	.13	.00	.33	

	Dependent Variable	Sum of Squares	Df	Mean Square	F	Sig.	Eta Squared	Observed Power
Error	Information	16760.31	521	32.17				
	Normative	13453.02	521	25.82				
	Diffuse	21494.14	521	41.26				
	Commitment	14508.80	521	27.85				
	Neuroticism	20256.29	521	38.88				
	Extraversion	7590.61	521	14.57				
	Openness	3303.83	521	6.34				
	Agreeableness	9625.00	521	18.47				
	Conscientiousness	19571.40	521	37.57				
	Attentional	4866.00	521	9.34				
	Motor	6061.70	521	11.63				
	Non-Planning	8500.37	521	16.32				
	Physical	18997.54	521	36.46				
	Verbal	2137.13	521	4.10				
	Anger	9227.72	521	17.71				
	Hostility	5705.20	521	10.95				
	Task	41193.92	521	79.07				
	Emotion	35493.34	521	68.13				
	Avoidance	41170.97	521	79.02				
	Suicidal Ideation	315630.15	521	605.82				
Spiritual Wellbeing	60076.41	521	115.31					
Total	Information	17837.88	532					
	Normative	14785.78	532					
	Diffuse	22327.39	532					
	Commitment	15616.80	532					
	Neuroticism	23028.61	532					
	Extraversion	7879.52	532					
	Openness	3347.32	532					
	Agreeableness	10393.44	532					
	Conscientiousness	20942.08	532					
	Attentional	5318.75	532					
	Motor	6520.54	532					
	Non-Planning	9081.47	532					
	Physical	22185.19	532					
	Verbal	2151.07	532					
	Anger	10005.10	532					
	Hostility	5987.86	532					
	Task	44958.17	532					
	Emotion	38550.93	532					
	Avoidance	42220.98	532					
	Suicidal Ideation	332990.56	532					
Spiritual wellbeing	68088.56	532						

The independent and interaction effects of ‘gender’ and ‘locality’ on the scales/subscales of ISI3, NEO-FFI , BIS-11, AQ, CISS, SWBS, and ASIQ is presented in Table-4c. The results (Table-4c) revealed a significant independent effect of ‘gender’ on:

Figure-1: Graph depicting significant independent effect of 'Gender' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Normative' sub-scale of Identity Styles Inventory.

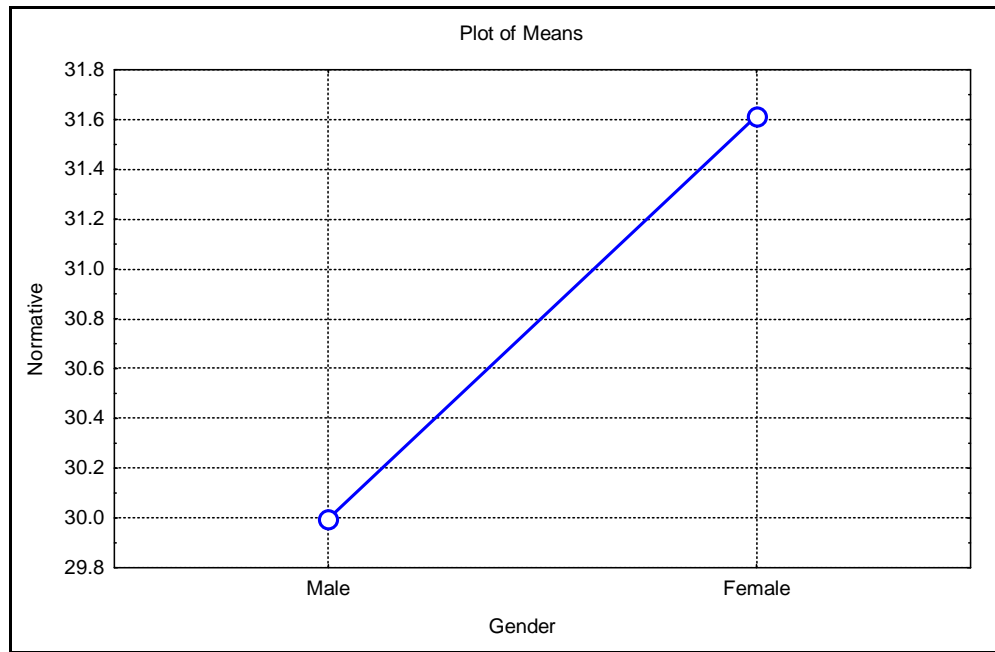


Figure-2: Graph depicting significant independent effect of 'Gender' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Neuroticism' sub-scale of NEO Five-Factor Inventory.

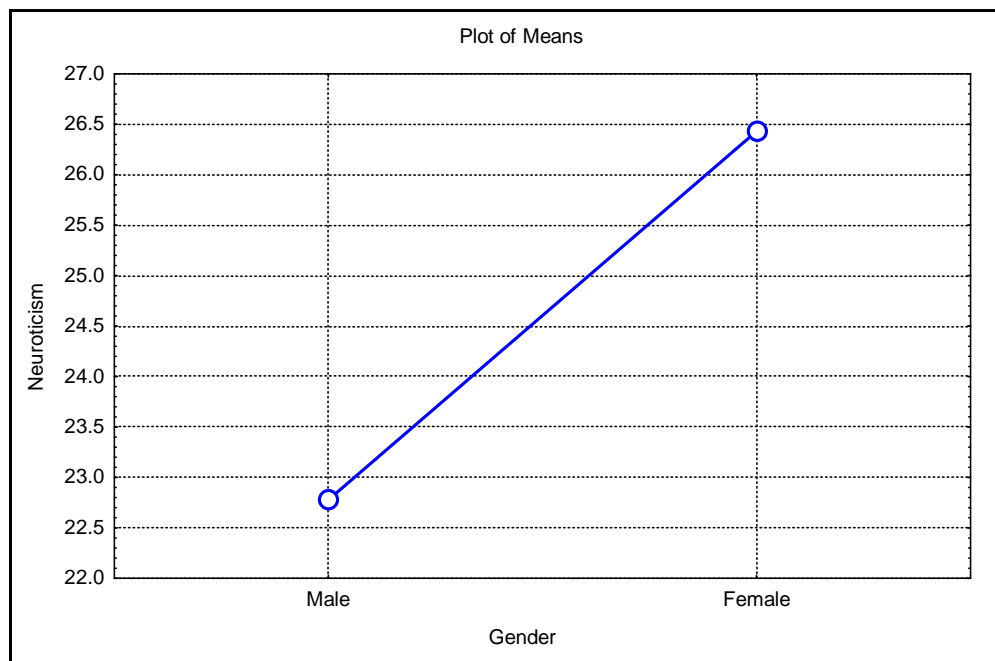


Figure-3: Graph depicting significant independent effect of 'Gender' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Attentional' sub-scale of Barratt Impulsiveness Scale.

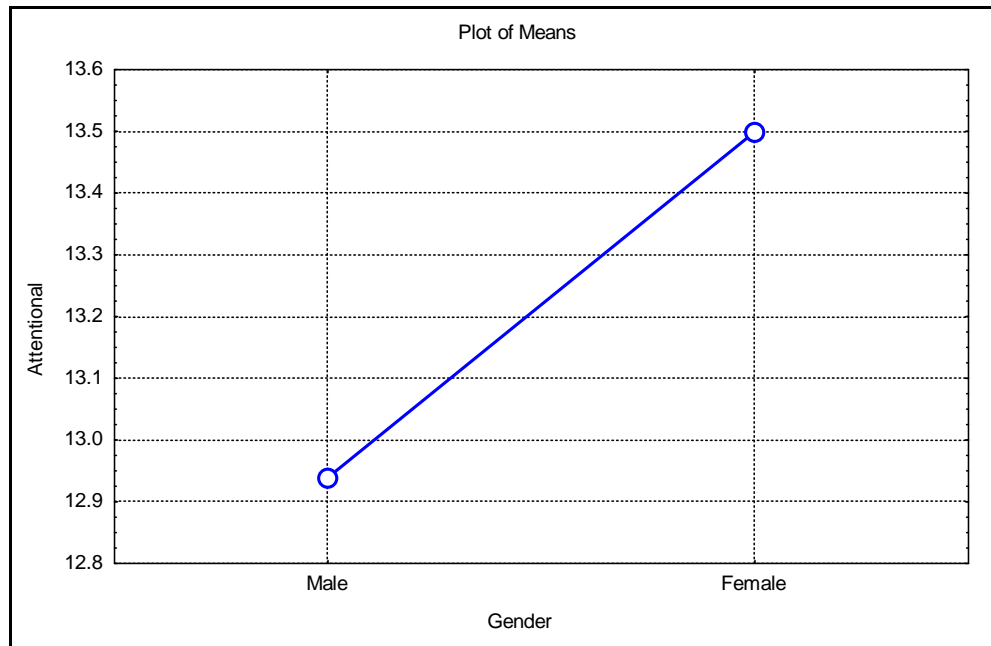


Figure-4: Graph depicting significant independent effect of 'Gender' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Physical' sub-scale of Aggression Questionnaire.

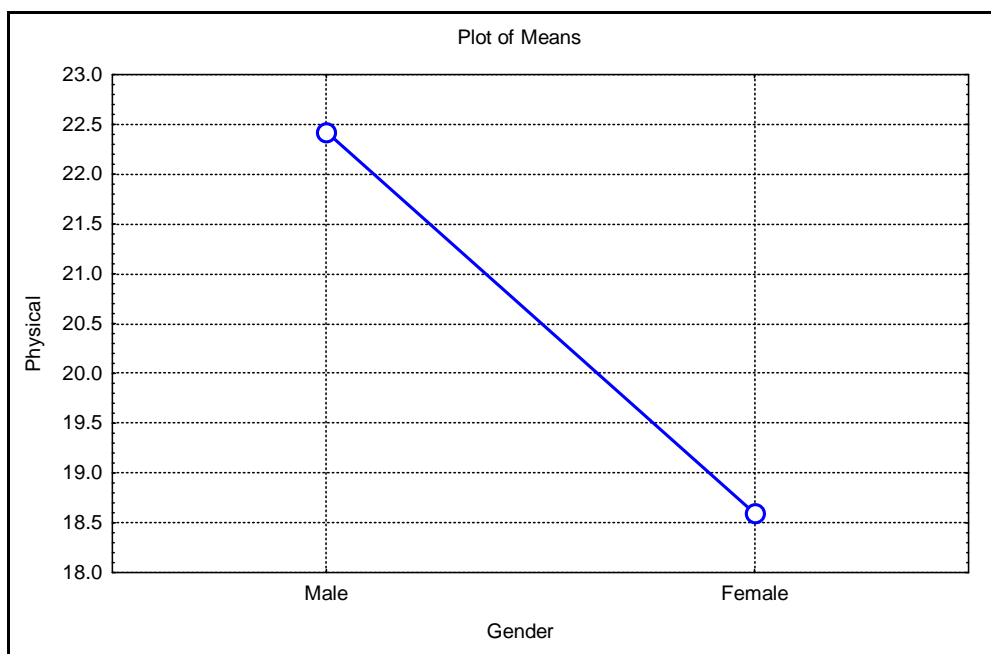


Figure-5: Graph depicting significant independent effect of 'Gender' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Anger' sub-scale of Aggression Questionnaire.

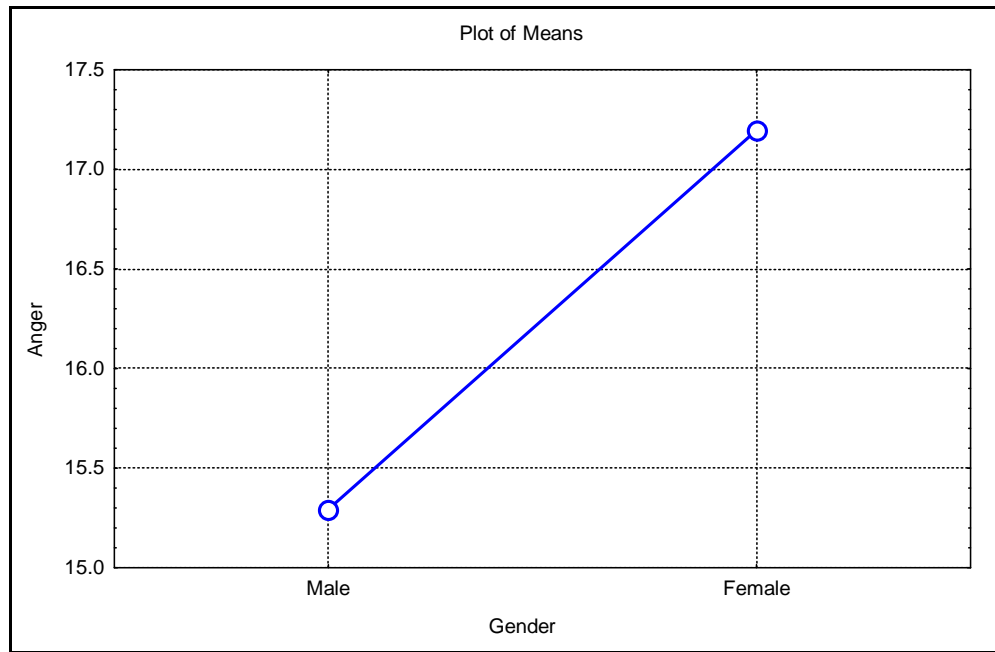


Figure-6: Graph depicting significant independent effect of 'Gender' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Emotion' sub-scale of Coping Inventory for Stressful Situations.

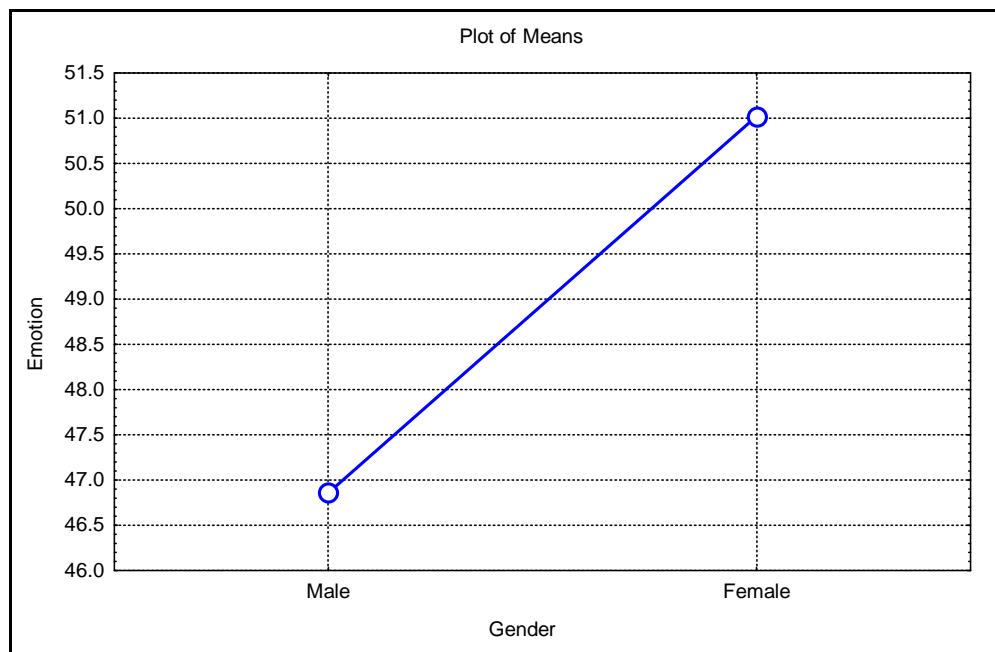


Figure-7: Graph depicting significant independent effect of 'Gender' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Suicidal Ideation' of Adult Suicidal Ideation Questionnaire.

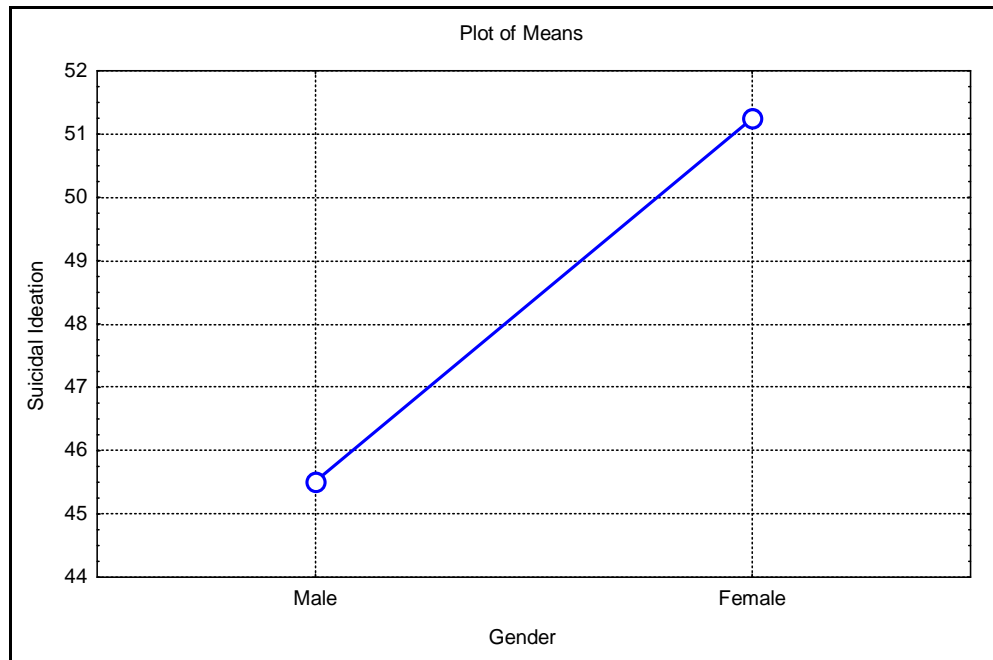


Figure-8: Graph depicting significant independent effect of 'Locality' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Information' sub-scale of Identity Styles Inventory.

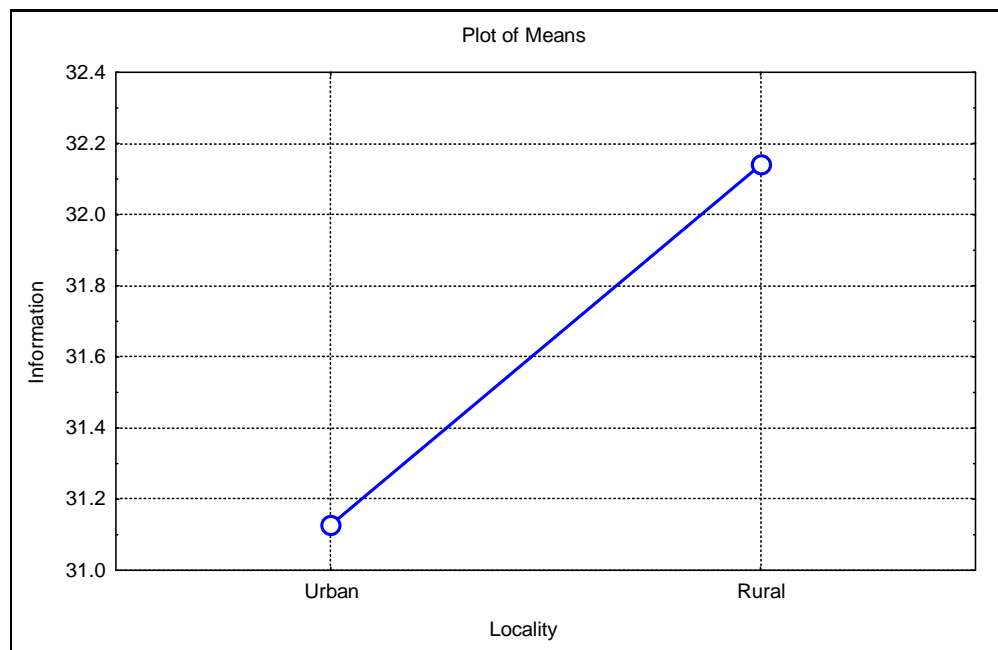


Figure-9: Graph depicting significant independent effect of 'Locality' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Task' sub-scale of Coping Inventory for Stressful Situations.

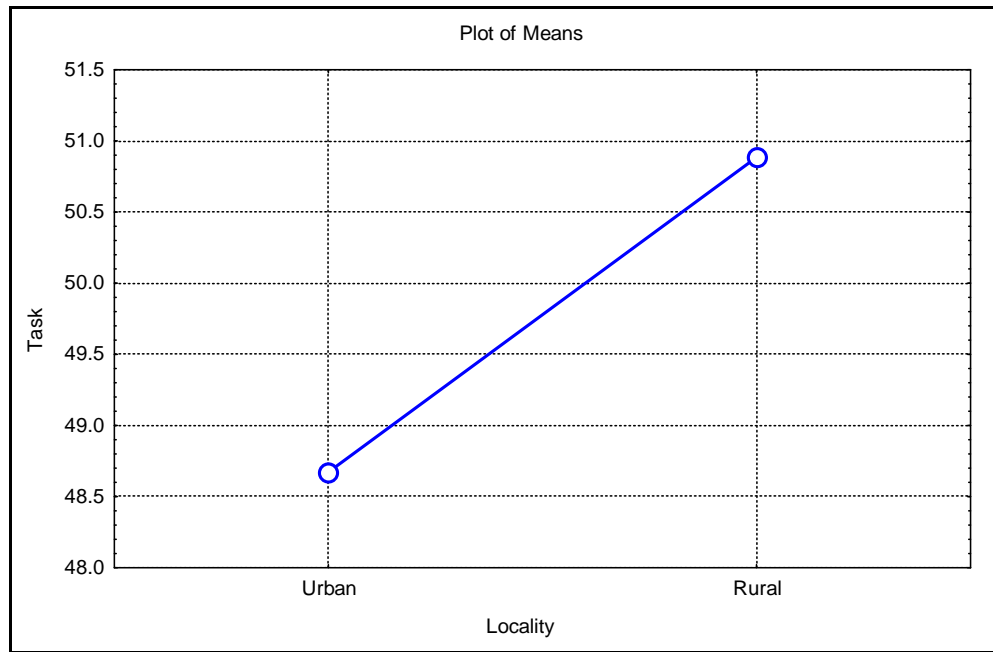
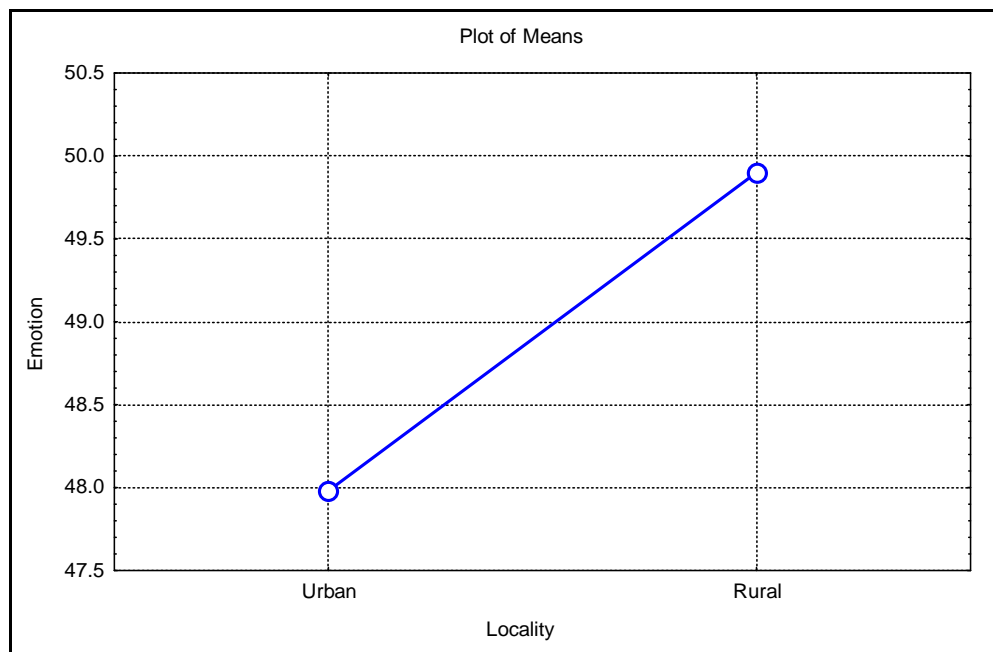


Figure-10: Graph depicting significant independent effect of 'Locality' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Emotion' sub-scale of Coping Inventory for Stressful Situations.



‘Normative’ styles of identity with small effect size and a very healthy statistical power, females ($\bar{x}=31.48$; $\sigma=5.29$) indicated a slightly higher mean scores as compared to males ($\bar{x}=29.99$; $\sigma=5.16$) as supported by Figure-1; ‘Neuroticism’ (a subscales of personality) with very high effect size and a very high statistical power, females ($\bar{x}=26.36$; $\sigma=5.92$) indicating a higher mean score as compared to males ($\bar{x}=22.76$; $\sigma=6.75$) as supported by fig.2; ‘Attentional’ impulsivity with very small effect size and a healthy statistical power, females ($\bar{x}=13.48$; $\sigma=3.20$) showing a higher mean score as compared to males ($\bar{x}=12.94$; $\sigma=3.11$) as supported by fig.3; ‘Physical’ aggression with a very high size effect and a very high statistical power, females ($\bar{x}=18.69$; $\sigma=6.09$) indicating a lower mean score as compared to males ($\bar{x}=22.43$; $\sigma=6.29$) as suggested by fig. 4; ‘Anger’ aggression with a very high size effect and a very high statistical power, females ($\bar{x}=17.19$; $\sigma=4.18$) indicating higher means as compared to males ($\bar{x}=15.29$; $\sigma=4.29$) as supported by fig. 5; ‘Emotion’ oriented Coping with a very high size effect and a very high statistical power, females ($\bar{x}=50.85$; $\sigma=7.90$) indicating higher mean score as compared to males ($\bar{x}=46.84$; $\sigma=8.67$) as supported by fig. 6; ‘Suicidal Ideation’ with a very high size effect and a very high statistical power, females ($\bar{x}=51.69$; $\sigma=25.96$) indicating a lower mean score as compared to males ($\bar{x}=45.47$; $\sigma=23.62$) as supported by Figure-7.

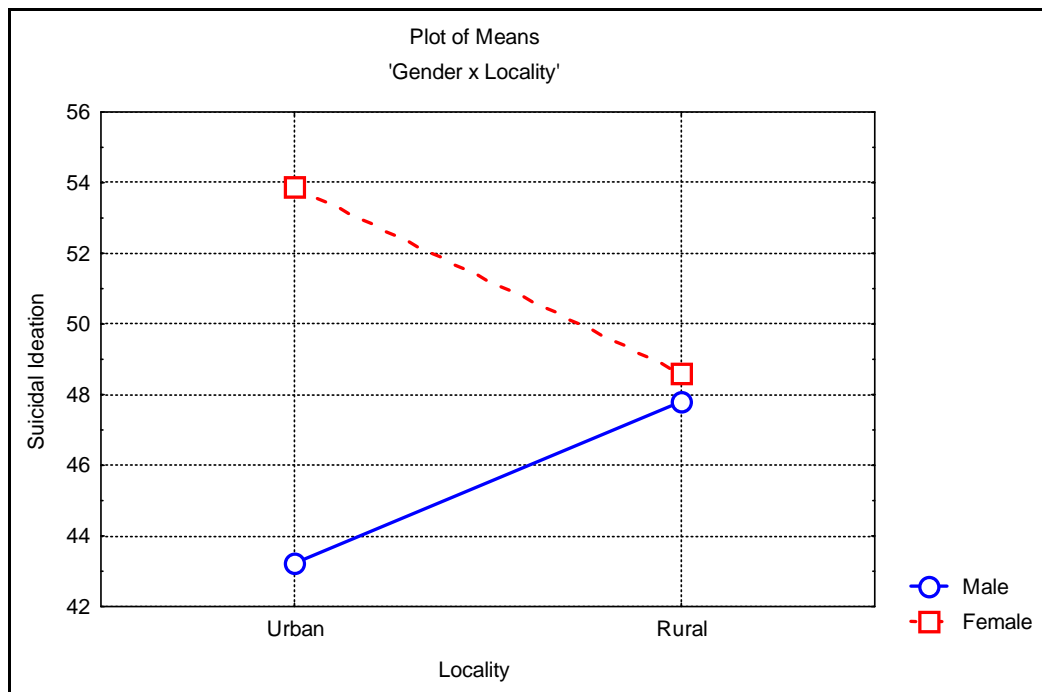
The results also revealed a significant effect of ‘locality’ on: ‘Information’ oriented identity with a small effect size and a high statistical power, rural ($\bar{x}=32.15$; $\sigma=5.70$) showing higher means as compared to urban ($\bar{x}=31.15$; $\sigma=5.83$) as supported by fig 8; ‘Task’ oriented Coping with small size effect and a high statistical power, rural ($\bar{x}=51.58$; $\sigma=8.56$) indicating higher means as compared to urban ($\bar{x}=48.67$; $\sigma=9.27$) as supported by fig 9; ‘Emotion’ oriented Coping with small size effect and a fine statistical power, rural ($\bar{x}=49.78$; $\sigma=8.64$) indicating higher mean score than males ($\bar{x}=48.17$; $\sigma=8.35$) as supported by fig 10. In addition, the result (Table- 4c) highlighted the

significant interaction effect of 'Gender' and 'Locality' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariates on the Behavioral Measures for the overall sample. The result also shows a significant effect of 'gender*locality' on Suicidal Ideation with a small effect size and a fair healthy statistical power.

Table-4d: Post-hoc multiple comparison (Scheffe Test) for the significant interaction effect of 'Gender x Locality' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on Suicidal Ideation.

	Means	43.23	47.80	53.87	48.62
Urban-Males	43.23	X			
Rural-Males	47.80	4.58	X		
Urban-Females	53.87	10.64**	6.07	X	
Rural-Females	48.62	5.40	0.82	-5.25	X

Figure-11: Graph depicting significant interaction effect of 'Gender x Locality' in the analysis of covariance for the effect of 'Gender' and 'Locality' with demographic variables as the covariate on 'Suicidal Ideation' of Adult Suicidal Ideation Questionnaire.



Post-hoc multiple comparison (Table-4d) employing Scheffe test elucidate the significant interaction effect of 'gender x locality' on Suicidal Ideation revealing that urban-females shows significantly greater mean score as compare to their male counterpart. The male and female participants from rural area indicated no reliable differences between them as well as the male and female from urban area as shown in fig. 11. Thus, it is worthwhile to reiterate the heterogeneity of variances for scores on Suicidal Ideation Questionnaire along the four cells of the main design as indicated by Levene's test of significance presented in Table-4a.

Binary Logistic Regression in the prediction of Suicidal Ideation over the levels of analyses:

The bivariate correlation coefficients of all variables under study as was envisioned are presented in Table 5a and Table 5b. The results (Table 5a & Table 5b) are the description of the inter-relationship between all the variables under study separately for the four cells (2 'gender' x 2 'locality') design. The results (Table 5a & Table 5b) provided sufficient evidences to show predictability of Spiritual Wellbeing as well as Suicidal Ideation from the demographic variables (age, socio-economic status, father's occupation, mother's occupation, religious involvement, societal involvement, number of siblings, and birth order) and other measured variables of the subscales of ISI, NEO-FFI, BIS-11, AQ, and CISS.

In view of the heterogeneity of variances for the scores on Suicidal Ideation along the four cells of the main design and the significantly large standard deviation ($\sigma=25.02$) against its mean value ($\bar{x}=48.67$) as presented in Table- 2, it is considered necessary to employ statistical analysis without the assumptions of normality and homogeneity of variances. Hence, Binary Logistic Regression was chosen for the prediction of Suicidal Ideation from demographic variables and other measured variables, in view of the fact that it does not rely on distributional assumption.

For the said purposes, Binary Logistic Regression was employed separately along the four cells of the main design with the criterion responses on Suicidal Ideation Questionnaire recoded as 'low' and 'high' scorers based upon mean-split to be predicted from demographic variables and other measured variables. Thus, the Binary Logistic Regression analysis was imposed separately for each of the four cells of the main design (2 'gender' x 2 'locality') to predict Suicidal Ideation with the demographic variables entered in the 1st Model; the measured variables of subscales of ISI, NEO-FFI, BIS-11, AQ added in the 2nd Model; and the subscales of CISS added in the 3rd Model.

Binary Logistic Regression analysis for the 'urban-male':

The Binary Logistic Regression analysis (Table 6a) for the 'urban-male' sample to predict Suicidal Ideation from the demographic variables entered in the 1st Model, revealed a satisfactory goodness of model-fit with HosmerLemeshow test ($X^2=8.07$; $p>.05$), predictability (Nagelkerke $R^2=.18$), and supporting evidence of 75% cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire. In the 2nd Model, measured variables of the subscales of Identity Styles Inventory, NEO-FFI, Barratt Impulsiveness Scale, and Aggression Questionnaire added to the demographic variables revealed satisfactory goodness of model-fit ($X^2=2.39$; $p>.05$), massively increased predictability (Nagelkerke $R^2=.41$), and 79.50% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire. Finally, the subscales of Coping Inventory for Stressful Situations are subsequently added in the 3rd Model that also revealed satisfactory goodness of model-fit ($X^2=6.79$; $p>.05$), slightly increased predictability (Nagelkerke $R^2=.44$), and 82.60% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire.

Table-6a: Beta-values and Exponential Beta-values in the logistic regression for the prediction of Suicidal Ideation from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the urban male samples.

Scales/ Sub-scales	Predictors	Block-1		Block-2		Block-3	
		Beta	Exp. (Beta)	Beta	Exp. (Beta)	Beta	Exp. (Beta)
Demographic Variables	Age	-.18	.83	-.06	.94	-.01	.99
	Socioeconomic Status	-.04	.97	.18	1.20	.03	1.03
	Father's Occupation	-.10	.90	-.09	.91	.00	1.00
	Mother's Occupation	.55*	1.74	.49	1.64	.41	1.51
	Religious Involvement	-1.05*	.35	-.97	.38	-1.01	.36
	Societal Involvement	-.02	.98	-.28	.76	-.16	.85
	Number of Siblings	-.12	.89	.07	1.07	.12	1.13
	Birth Order	-.02	.98	-.11	.89	-.22	.80
ISI	Information			.04	1.04	.04	1.04
	Normative			-.02	.98	-.03	.97
	Diffuse			-.03	.97	.00	1.00
	Commitment			.07	1.07	.03	1.03
NEO-FFI	Neuroticism			.09	1.10	.10	1.10
	Extraversion			-.06	.95	-.02	.98
	Openness			.00	1.00	.05	1.05
	Agreeableness			-.05	.95	-.05	.96
	Conscientiousness			-.01	.99	-.01	.99
BIS	Attentional			.13	1.14	.17	1.19
	Motor			.09	1.09	.07	1.07
	Non-Planning			-.07	.93	-.05	.95
AQ	Physical			.07	1.07	.08	1.08
	Verbal			.18	1.20	.19	1.21
	Anger			-.07	.93	-.08	.92
	Hostility			.10	1.10	.09	1.10
CISS	Task					.05	1.05
	Emotion					.00	1.00
	Avoidance					-.07	.93

***Significant at .01 level; * Significant at .05 level*

The results (Table-6a) for the binary logistic regression with the demographic variables entered in the 1st Model revealed low as compared to moderate, and moderate as compared to high responses of the participants on Mother's occupation significantly predicted 1.74 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. On the contrary, low as compared to moderate and moderate as compared to high responses of participants on religious involvement significantly predicted .35 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. However, this significant predictability of the scores on Suicidal Ideation Questionnaire from participants report of their Mother's occupation and their Religious Involvement was reduced to non-significance in the subsequent models.

Binary Logistic Regression analysis for the 'rural-male':

The Binary Logistic Regression analysis for the 'rural-male' sample to predict Suicidal Ideation from the demographic variables entered in the 1st Model, revealed a satisfactory goodness of model-fit ($X^2=9.85$; $p>.05$), predictability (Nagelkerke $R^2=.14$), and supporting evidence of 68.50% cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire. In the 2nd Model, measured variables of the subscales of Identity Styles Inventory, NEO-FFI, Barratt Impulsiveness Scale, and Aggression Questionnaire added to the demographic variables revealed satisfactory goodness of model-fit ($X^2=8.63$; $p>.05$), massively increased predictability (Nagelkerke $R^2=.61$), and 85.00% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire. Finally, the subscales of Coping Inventory for Stressful Situations are subsequently added in the 3rd Model that also revealed satisfactory goodness of model-fit ($X^2=11.40$; $p>.05$), very small increment of predictability (Nagelkerke $R^2=.62$), and 85.80% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire.

Table-6b: Beta-values and Exponential Beta-values in the logistic regression for the prediction of Suicidal Ideation from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the rural male samples.

Scales/ Sub-scales	Predictors	Block-1		Block-2		Block-3	
		Beta	Exp. (Beta)	Beta	Exp. (Beta)	Beta	Exp. (Beta)
Demographic Variables	Age	.17	1.19	.25	1.28	.30	1.35
	Socioeconomic Status	-.07	.94	-.59	.56	-.61	.54
	Father's Occupation	.57*	1.76	1.46**	4.30	1.48**	4.40
	Mother's Occupation	.26	1.30	-.14	.87	-.15	.86
	Religious Involvement	-1.00*	.37	-.81	.44	-.55	.58
	Societal Involvement	.48	1.61	.01	1.01	-.23	.79
	Number of Siblings	-.02	.98	-.35	.70	-.32	.73
	Birth Order	.13	1.14	.69*	2.00	.68*	1.97
ISI	Information			.15	1.16	.16	1.18
	Normative			-.13	.88	-.13	.88
	Diffuse			.01	1.01	.01	1.01
	Commitment			.16	1.17	.18	1.20
NEO-FFI	Neuroticism			.15*	1.16	.14*	1.15
	Extraversion			-.20*	.82	-.18	.83
	Openness			-.01	.99	-.05	.95
	Agreeableness			.09	1.09	.09	1.10
	Conscientiousness			.09	1.09	.10	1.11
BIS	Attentional			-.10	.91	-.11	.90
	Motor			.44**	1.56	.48**	1.62
	Non-Planning			-.04	.96	-.06	.94
AQ	Physical			.18*	1.20	.19*	1.21
	Verbal			.36	1.43	.35	1.43
	Anger			.03	1.03	.01	1.01
	Hostility			-.04	.96	-.03	.97
CISS	Task					-.05	.95
	Emotion					.03	1.03
	Avoidance					-.01	.99

***Significant at .01 level; * Significant at .05 level*

The results (Table-6b) for the binary logistic regression with the demographic variables entered in the 1st Model revealed low as compared to moderate, and moderate as compared to high responses of the participants on Father's occupation significantly predicted 1.76 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. On the contrary, low as compared to moderate and moderate as compared to high responses of participants on religious involvement significantly predicted .37 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. From these significant predictability of the scores on Suicidal Ideation Questionnaire from participants report of their Father's Occupation persist as significant predictor in the subsequent models, whereas, predictability from Religious Involvement was reduced to non-significance in the subsequent models.

In the 2nd Model, wherein the subscales of ISI3, NEO-FFI, BIS-11, and AQ added to the demographic variables revealed significant predictability of the scores on Suicidal Ideation Questionnaire from: low as compared to moderate and moderate as compared to high responses of participants on Father's Occupation that significantly predicted 4.30 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; low as compared to moderate and moderate as compared to high responses of participants on Birth Order that significantly predicted 2.00 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; unit increment on Neuroticism (subscale of NEO-FFI) that significantly predicted 1.16 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; unit increment on Motor (subscale of BIS) that significantly predicted 1.56 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal

Ideation Questionnaire; and unit increment on Physical (subscale of AQ) that significantly predicted 1.20 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. Conversely, unit increment along the scores on Extraversion (subscale of NEO-FFI) significantly predicted .82 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. From these significant predictability of the scores on Suicidal Ideation Questionnaire from participants report of their Father's Occupation, Birth Order, Neuroticism, Motor, and Physical persist as significant predictor in the 3rd Model, whereas, predictability from Extraversion was reduced to non-significance in the 3rd Model.

Finally, the subscales of CISS was entered in the 3rd Model that revealed significant predictability of the scores on Suicidal Ideation Questionnaire from: low as compared to moderate and moderate as compared to high responses of participants on Father's Occupation that significantly predicted 4.40 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; low as compared to moderate and moderate as compared to high responses of participants on Birth Order that significantly predicted 1.97 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; unit increment on Neuroticism (subscale of NEO-FFI) that significantly predicted 1.15 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; unit increment on Motor impulsiveness that significantly predicted 1.62 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; and unit increment on Physical Aggression that significantly predicted 1.21 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire.

Table-6c: Beta-values and Exponential Beta-values in the logistic regression for the prediction of Suicidal Ideation from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the urban female samples.

Scales/ Sub-scales	Predictors	Block-1		Block-2		Block-3	
		Beta	Exp. (Beta)	Beta	Exp. (Beta)	Beta	Exp. (Beta)
Demographic Variables	Age	-.03	.97	.02	1.02	.03	1.03
	Socioeconomic Status	-.03	.97	.02	1.02	-.01	.99
	Father's Occupation	-.20	.82	-.41	.67	-.41	.66
	Mother's Occupation	.00	1.00	.02	1.02	.02	1.02
	Religious Involvement	-.48	.62	-.12	.88	-.10	.90
	Societal Involvement	-.21	.81	.24	1.27	.23	1.26
	Number of Siblings	.10	1.10	.31	1.37	.31	1.36
	Birth Order	.00	1.00	-.09	.91	-.09	.92
ISI	Information			.04	1.04	.04	1.05
	Normative			-.04	.96	-.03	.97
	Diffuse			.04	1.04	.03	1.04
	Commitment			.05	1.05	.04	1.04
NEO-FFI	Neuroticism			.07	1.07	.07	1.07
	Extraversion			.02	1.02	.02	1.02
	Openness			.08	1.09	.08	1.08
	Agreeableness			-.04	.96	-.05	.96
	Conscientiousness			-.03	.97	-.03	.97
BIS	Attentional			.12	1.13	.12	1.13
	Motor			.00	1.00	.00	1.00
	Non-Planning			.03	1.03	.03	1.03
AQ	Physical			.07	1.07	.07	1.07
	Verbal			.02	1.02	.02	1.02
	Anger			.01	1.01	.00	1.00
	Hostility			.08	1.09	.08	1.09
CISS	Task					.00	1.00
	Emotion					-.01	.99
	Avoidance					.00	1.00

***Significant at .01 level; * Significant at .05 level*

Binary Logistic Regression analysis for the ‘urban-female’:

The Binary Logistic Regression analysis for the ‘urban-female’ sample to predict Suicidal Ideation from the demographic variables entered in the 1st Model, revealed a satisfactory goodness of model-fit ($X^2=3.94$; $p>.05$), predictability (Nagelkerke $R^2=.03$), and supporting evidence of 54.40% cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire. In the 2nd Model, measured variables of the subscales of ISI3, NEO-FFI, BIS-11, and AQ added to the demographic variables revealed satisfactory goodness of model-fit ($X^2=8.60$; $p>.05$), massively increased predictability (Nagelkerke $R^2=.36$), and 76.30% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire. Finally, the subscales of CISS are subsequently added in the 3rd Model that also revealed satisfactory goodness of model-fit ($X^2=10.67$; $p>.05$), no increment of predictability (Nagelkerke $R^2=.36$), and 76.30% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire.

The results (Table-6c) for the binary logistic regression with the demographic variables entered in the 1st Model, the subscales of Identity Styles Inventory, NEO-FFI, Barratt Impulsiveness Scale, and Aggression Questionnaire added to the demographic variables in the 2nd Model, and the subscales of CISS added in the 3rd Model failed to show any significant predictability of the criterion variable of the scores on Suicidal Ideation Questionnaire from the predictor variables.

Binary Logistic Regression analysis for the ‘rural-female’:

The Binary Logistic Regression analysis for the ‘rural-male’ sample to predict Suicidal Ideation from the demographic variables entered in the 1st Model, revealed a satisfactory goodness of model-fit ($X^2=4.63$; $p>.05$), predictability (Nagelkerke $R^2=.11$), and supporting evidence of 64.90% cases correctly classified as low and high scorers on

Suicidal Ideation Questionnaire. In the 2nd Model, measured variables of the subscales of ISI3, NEO-FFI, BIS-11, AQ added to the demographic variables revealed satisfactory goodness of model-fit ($X^2=6.97$; $p>.05$), massively increased predictability (Nagelkerke $R^2=.48$), and 76.30% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire. Finally, the subscales of CISS are subsequently added in the 3rd Model that also revealed satisfactory goodness of model-fit ($X^2=8.59$; $p>.05$), very small increment of predictability (Nagelkerke $R^2=.50$), and 81.60% of cases correctly classified as low and high scorers on Suicidal Ideation Questionnaire.

The results (Table-6d) for the binary logistic regression with the demographic variables entered in the 1st Model failed to show any significant predictability of the criterion variable of the scores on Suicidal Ideation Questionnaire from the demographic variables. However, in the 2nd Model wherein the subscales of ISI3, NEO-FFI, BIS-11, and AQ added to the demographic variables revealed significant predictability of the scores on Suicidal Ideation Questionnaire from unit increment of scores on: Information identity that significantly predicted 1.15 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; Anger aggression that significantly predicted 1.21 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; and Hostility aggression that significantly predicted 1.32 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. Conversely, unit increment along the score on Normative identity significantly predicted .85 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire.

Table-6d: Beta-values and Exponential Beta-values in the logistic regression for the prediction of Suicidal Ideation from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the rural female samples.

Scales/ Sub-scales	Predictors	Block-1		Block-2		Block-3	
		Beta	Exp. (Beta)	Beta	Exp. (Beta)	Beta	Exp. (Beta)
Demographic Variables	Age	-.07	.93	-.19	.83	-.14	.87
	Socioeconomic Status	.01	1.01	-.12	.88	-.16	.85
	Father's Occupation	.15	1.16	.22	1.24	.17	1.19
	Mother's Occupation	-.38	.69	-.49	.61	-.50	.61
	Religious Involvement	-.52	.60	-.78	.46	-.94	.39
	Societal Involvement	-1.05	.35	-1.39	.25	-1.41	.24
	Number of Siblings	.21	1.24	.15	1.17	.12	1.13
	Birth Order	-.17	.84	.09	1.10	.14	1.15
ISI	Information			.14*	1.15	.14*	1.15
	Normative			-.16*	.85	-.15*	.86
	Diffuse			-.04	.96	-.05	.95
	Commitment			.04	1.04	.07	1.07
NEO-FFI	Neuroticism			.04	1.04	.01	1.01
	Extraversion			.00	1.00	-.01	.99
	Openness			.10	1.10	.09	1.10
	Agreeableness			.15	1.16	.15	1.16
	Conscientiousness			-.02	.98	-.04	.96
BIS	Attentional			.10	1.11	.13	1.14
	Motor			-.13	.88	-.13	.88
	Non-Planning			-.20	.82	-.23*	.79
AQ	Physical			.03	1.03	.02	1.02
	Verbal			.07	1.07	.08	1.08
	Anger			.19*	1.21	.18*	1.19
	Hostility			.28*	1.32	.28*	1.33
CISS	Task					-.02	.98
	Emotion					.07	1.07
	Avoidance					-.02	.98

***Significant at .01 level; * Significant at .05 level*

Similar to the outcomes in the 2nd Model, the subscales of CISS were entered in the 3rd Model that revealed significant predictability of the scores on Suicidal Ideation Questionnaire from: Information identity that significantly predicted 1.15 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; Anger aggression that significantly predicted 1.19 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; Hostility aggression that significantly predicted 1.33 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; and unit increment along the score on Normative identity significantly predicted .86 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. In addition, unit increment on Non-Planning impulsiveness also emerged to significantly predict .79 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire.

Multiple Regression in the prediction of Spiritual Wellbeing separately over the levels of Analyses:

Multiple regression analysis was employed with the scores on ‘Spiritual Wellbeing’ scale as the criterion and the demographic variables as well as other measured variables as the predictors separately for each of the cells of the 2x2 (‘gender’ * ‘locality’) design for clarity and precision. For the said purposes, Multiple linear regression analyses was conducted separately along the four cells of the main design with the criterion responses on Spiritual Wellbeing Scale to be predicted from the demographic variables (age, socio-economic status, fathers occupation, mothers occupation, religious involvement, societal involvement, number of siblings and birth order) entered in the 1st Model; the measured variables of subscales of IS13, NEO-FFI, BIS-11, AQ added in the 2nd Model; and the subscales of CISS added in the 3rd Model.

Table-7a: Standardized Beta-values and t-values in the multiple linear regression for the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the urban male samples.

Scales/ Sub-scales	Predictors	Model-1		Model-2		Model-3	
		Beta	t	Beta	t	Beta	T
Demographic Variables	Age	-.11	-1.27	-.05	-.65	-.05	-.63
	Socioeconomic Status	.14	1.67	.00	-.06	.00	-.02
	Father's Occupation	-.12	-1.26	-.03	-.33	-.01	-.11
	Mother's Occupation	-.03	-.31	-.08	-1.01	-.09	-1.11
	Religious Involvement	.31	3.59**	.21	2.72**	.21	2.72**
	Societal Involvement	.17	1.83	.09	1.07	.09	1.04
	Number of Siblings	-.04	-.32	.04	.37	.05	.44
	Birth Order	.08	.78	-.03	-.32	-.04	-.40
ISI	Information			-.08	-.98	-.12	-1.35
	Normative			.31	3.46**	.30	3.23**
	Diffuse			-.19	-2.24*	-.18	-2.07*
	Commitment			-.02	-.23	-.02	-.17
NEO-FFI	Neuroticism			-.13	-1.47	-.14	-1.50
	Extraversion			.17	2.30*	.17	2.27*
	Openness			.19	2.65**	.19	2.49*
	Agreeableness			.07	.92	.08	.97
	Conscientiousness			.21	2.01	.20	1.84
BIS	Attentional			-.10	-.96	-.08	-.79
	Motor			.27	2.65**	.27	2.54*
	Non-Planning			.04	.39	.05	.53
AQ	Physical			-.22	-2.19*	-.21	-2.11*
	Verbal			-.06	-.78	-.06	-.80
	Anger			.01	.11	.01	.12
	Hostility			.06	.65	.04	.43
CISS	Task					.08	.83
	Emotion					.06	.60
	Avoidance					-.02	-.20

**Significant at .01 level; * Significant at .05 level

Multiple Regression to Predict SWB for urban-male:

Results (Table-7a) revealed the standardized beta values and its level of significance (t-values) in the multiple regressions for the prediction of Spiritual Wellbeing from Demographic Profiles and the scales/sub-scales of ISI3, NEO-FFI, BIS-11, AQ, and CISS for the urban-male samples. The analysis revealed significant predictability of 'Spiritual wellbeing by Model-1 ($R^2=.17$; $F=4.337$; $p < .001$), Model-2 ($R^2=.45$; $F=4.83$; $p < .001$), Model 3 ($R^2=.44$; $F=4.83$; $p < .001$). The Durbin's Watson statistic (.94) suggested for no serial correlation of the residuals and case wise outliers. Results (Figures-12 & 13) depicted the Histogram and P-P Plot for the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of ISI3, NEO-FFI, BIS-11, AQ, and CISS for the urban-male samples warranting for normality of the distribution and linearity in the prediction.

Figure-12: Histogram depicting the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the urban male samples.

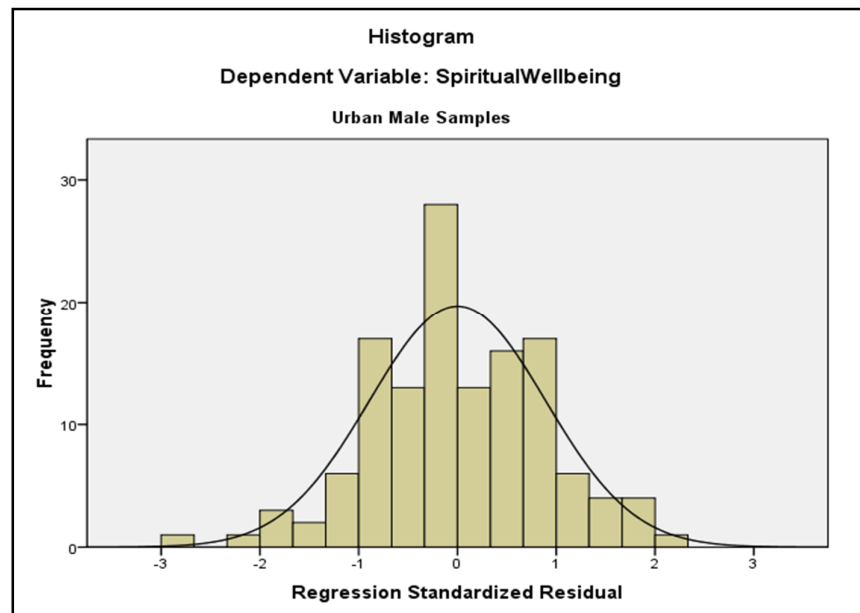
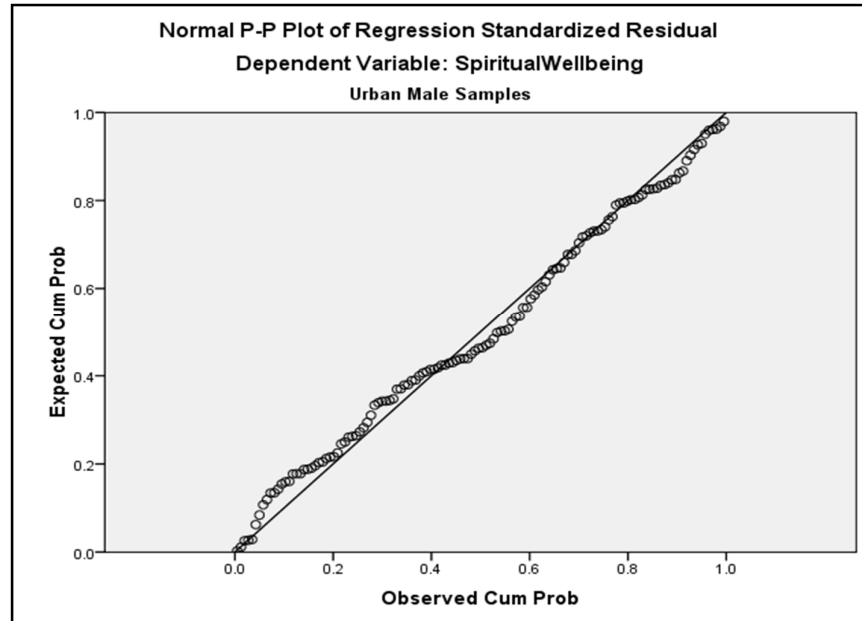


Figure-13: Normal P-P Plot of regression standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the urban male samples.



Closer observation of results (Table-7a) revealed highly significant predictability of increase in the scores on Spiritual Wellbeing from increase in the scores on Religious Involvement that persists throughout the Models, however, with subsequent reduction of Beta-values (Model-1=31%; Model-2=21%; & Model-3=21%). The increase in the scores on Spiritual Wellbeing predicted by increase in the scores on Religious Involvement was also supported by the increase in the scores on Normative Identity Orientation (Model-2=31%; & Model-3=30%), Extraversion (Model-2=17%; & Model-3=17%) and Openness (Model-2=19%; & Model-3=19%), and Motor Impulsiveness (Model-2=27%; & Model-3=27%) in the 2nd and 3rd Model. Conversely, decrease in the scores on Spiritual wellbeing predicted by increase in the scores on Diffuse form of Identity style (Model-2=19%; & Model-3=19%) and Physical Aggression (Model-2=22%; & Model-3=21%) emerged in the 2nd and 3rd Model for the urban-male.

Multiple Regression to Predict SWB for rural-male:

Results (Table 7b) revealed the standardized beta values and its level of significance (t-values) in the multiple regressions for the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of ISI3, NEO-FFI, BIS-11, AQ, and CISS for the rural-male samples. The analysis revealed significant predictability of 'Spiritual wellbeing by Model-1 ($R^2=.07$; $F=2.24$; $p< .001$), Model-2 ($R^2=.38$; $F=4.19$; $p< .001$), Model 3 ($R^2=.37$; $F=3.74$; $p< .001$). The Durbin's Watson statistic (.93) also suggested for no serial correlation of the residuals and case wise outliers. Results (Figures-14 & 15) depicted the Histogram and P-P Plot for the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of ISI, NEO-FFI, BIS-11, AQ, and CISS for the rural-male samples warranting for normality of the distribution and linearity in the prediction.

Observation of results (Table-7b) revealed significant predictability of increase of the scores on Spiritual Wellbeing from decrease of the scores on Socio-economic Status (Model-1=20%) and increase in the scores on Religious Involvement (Model-1=30%) in the 1st Model, that was reduces to non-significance in the subsequent models. In the 2nd and 3rd Models, the increase in the scores on Normative Identity Style (Model-2=32%; & Model-3=31%), as well as Extraversion (Model-2=23%; & Model-3=23%) serves to significantly predict increase in the scores on Spiritual Wellbeing, while reducing significant predictability of Spiritual Wellbeing from Socio-Economic Status and Religious Involvement that emerged in the 1st Model.

Table-7b: Standardized Beta-values and t-values in the multiple linear regression for the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the rural male samples.

Scales/ Sub-scales	Predictors	Model-1		Model-2		Model-3	
		Beta	t	Beta	t	Beta	T
Demographic Variables	Age	-.08	-.87	-.04	-.51	-.06	-.67
	Socioeconomic Status	-.20	-2.19*	-.15	-1.80	-.15	-1.74
	Father's Occupation	-.06	-.66	.01	.12	.02	.26
	Mother's Occupation	-.11	-1.20	-.01	-.08	-.01	-.18
	Religious Involvement	.30	3.14**	.17	1.84	.16	1.58
	Societal Involvement	.04	.41	-.14	-1.68	-.13	-1.47
	Number of Siblings	.05	.44	.00	.00	-.01	-.10
	Birth Order	-.04	-.39	-.06	-.66	-.05	-.50
ISI	Information			-.05	-.41	-.06	-.49
	Normative			.32	2.98**	.31	2.88**
	Diffuse			-.05	-.61	-.04	-.49
	Commitment			.07	.58	.05	.43
NEO-FFI	Neuroticism			.02	.21	.06	.58
	Extraversion			.23	2.43*	.23	2.34*
	Openness			-.11	-1.18	-.08	-.87
	Agreeableness			.06	.63	.05	.52
	Conscientiousness			.07	.64	.06	.54
BIS	Attentional			-.14	-1.39	-.13	-1.34
	Motor			.01	.13	.02	.15
	Non-Planning			-.03	-.26	-.01	-.10
AQ	Physical			-.06	-.59	-.06	-.61
	Verbal			.09	1.01	.09	.97
	Anger			.07	.59	.08	.64
	Hostility			-.18	-1.88	-.19	-1.88
CISS	Task					.13	1.05
	Emotion					-.05	-.47
	Avoidance					-.06	-.66

**Significant at .01 level; * Significant at .05 level

Figure-14: Histogram depicting the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the rural male samples.

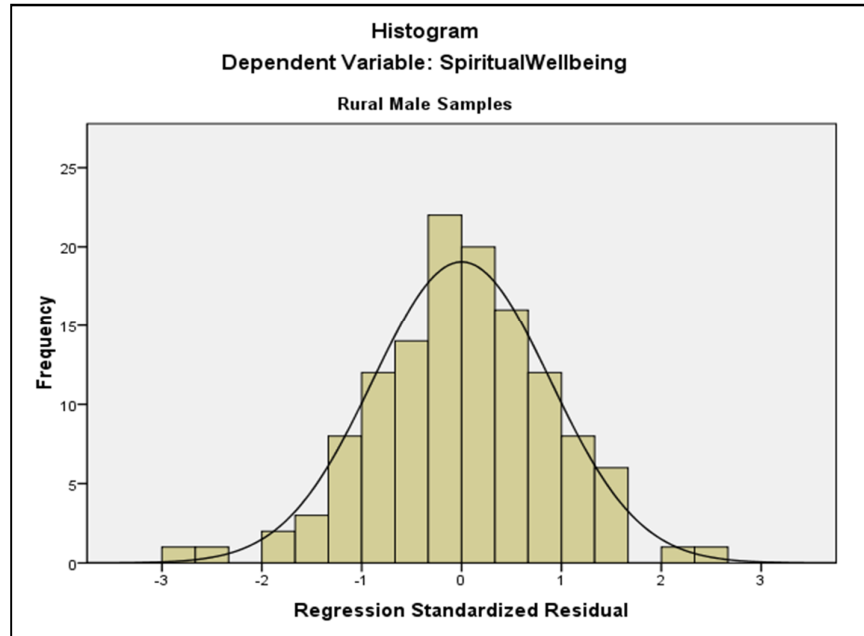
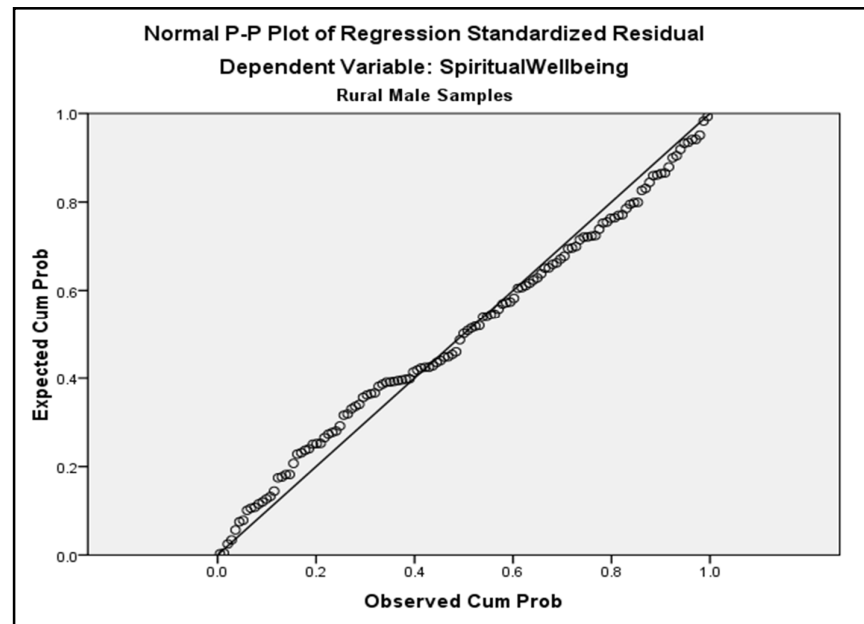


Figure-15: Normal P-P Plot of regression standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the rural male samples.



Multiple Regression to Predict SWB for urban-female:

Results (Table 7c) revealed the standardized beta values and its level of significance (t-values) in the multiple regressions for the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of ISI, NEO-FFI, BIS-11, AQ, and CISS for the urban-female samples. The analysis revealed significant predictability of 'Spiritual wellbeing by Model-1 ($R^2=.04$; $F=1.96$; $p< .001$), Model-2 ($R^2=.28$; $F=3.62$; $p< .001$), Model 3 ($R^2=.31$; $F=3.62$; $p< .001$). The Durbin's Watson statistic (1.91) also suggested for no serial correlation of the residuals and case wise outliers. Results (Figures-16 & 17) depicted the Histogram and P-P Plot for the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of ISI, NEO-FFI, BIS-11, AQ, and CISS for the urban-female samples warranting for normality of the distribution and linearity in the prediction.

Observation of results (Table-7c) revealed significant predictability of increase of the scores on Spiritual Wellbeing from increase of the scores on Religious Involvement (Model-1=18%) and Societal Involvement (Model-1=19%) in the 1st Model, that was reduced to non-significance in the subsequent models. In the 2nd and 3rd Models, the increase in the scores on Diffuse Identity Style (Model-2=28%; & Model-3=30%) as well as Neuroticism (Model-2=27%; & Model-3=26%) serves to significantly predict decrease in the scores on Spiritual Wellbeing, while reducing significant predictability of Spiritual Wellbeing from Religious Involvement and Societal Involvement that emerged in the 1st Model. In addition, the increase in the scores on Emotion Oriented Coping (Model-3=20%) that serves to significantly predict decrease in the scores on Spiritual Wellbeing emerged in the 3rd Model.

Table-7c: Standardized Beta-values and t-values in the multiple linear regression for the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the urban female samples.

Scales/ Sub-scales	Predictors	Model-1		Model-2		Model-3	
		Beta	t	Beta	t	Beta	T
Demographic Variables	Age	-.02	-.27	-.04	-.59	-.04	-.51
	Socioeconomic Status	.05	.54	-.04	-.48	-.05	-.62
	Father's Occupation	.11	1.35	.10	1.30	.11	1.43
	Mother's Occupation	.02	.26	-.03	-.44	-.04	-.48
	Religious Involvement	.18	2.17*	.14	1.81	.15	1.90
	Societal Involvement	.19	2.26*	.09	1.11	.06	.73
	Number of Siblings	.03	.29	-.06	-.59	-.05	-.50
	Birth Order	-.05	-.44	.02	.19	.04	.38
ISI	Information			.15	1.72	.13	1.27
	Normative			.07	.76	.05	.59
	Diffuse			-.28	-2.98**	-.30	-3.28**
	Commitment			.16	1.70	.16	1.57
NEO-FFI	Neuroticism			-.27	-2.91**	-.26	-2.86**
	Extraversion			.11	1.46	.07	.89
	Openness			.10	1.32	.09	1.17
	Agreeableness			-.11	-1.21	-.13	-1.44
	Conscientiousness			-.06	-.52	-.05	-.48
BIS	Attentional			-.09	-.87	-.08	-.76
	Motor			.12	1.00	.12	1.00
	Non-Planning			-.10	-1.05	-.08	-.77
AQ	Physical			.06	.61	.06	.68
	Verbal			-.05	-.60	-.04	-.45
	Anger			-.06	-.60	-.04	-.44
	Hostility			.08	.83	.06	.68
CISS	Task					.16	1.48
	Emotion					-.20	-2.04*
	Avoidance					.14	1.63

**Significant at .01 level; * Significant at .05 level

Figure-16: Histogram depicting the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the urban female samples.

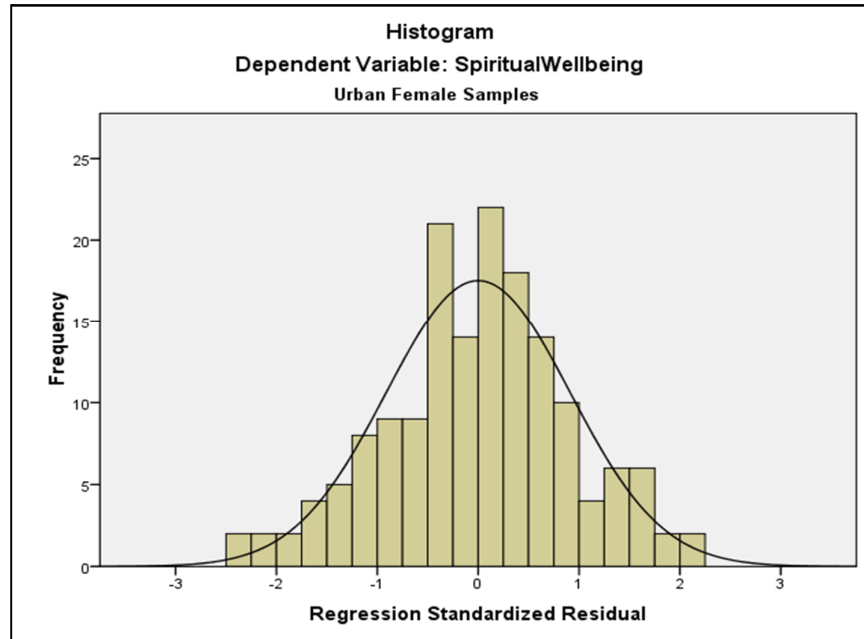


Figure-17: Normal P-P Plot of regression standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the urban female samples.

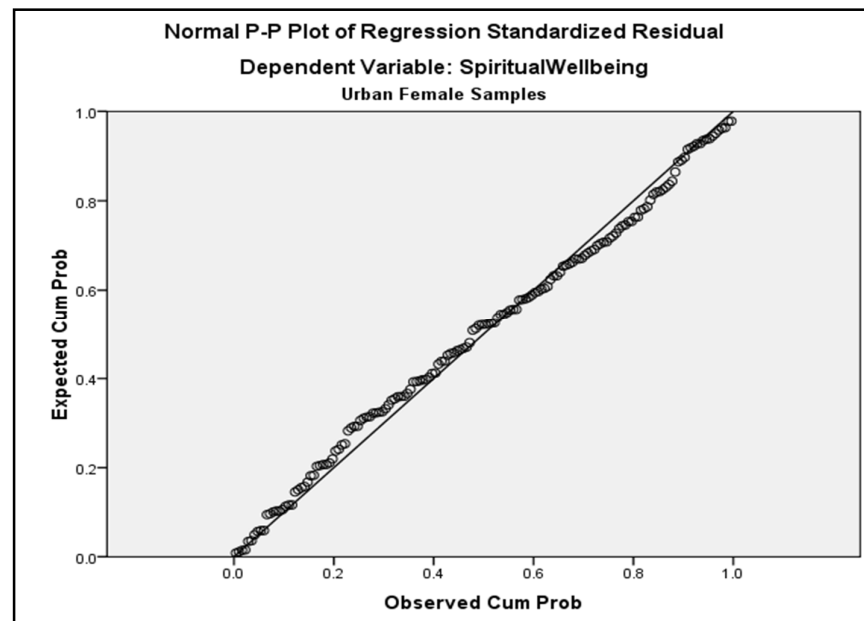


Table-7d: Standardized Beta-values and t-values in the multiple linear regression for the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory (ISI), NEO Five-Factor Inventory (NEO-FFI), Barratt Impulsiveness Scale (BIS), Aggression Questionnaire (AQ) and Coping Inventory for Stressful Situations (CISS) for the rural female samples.

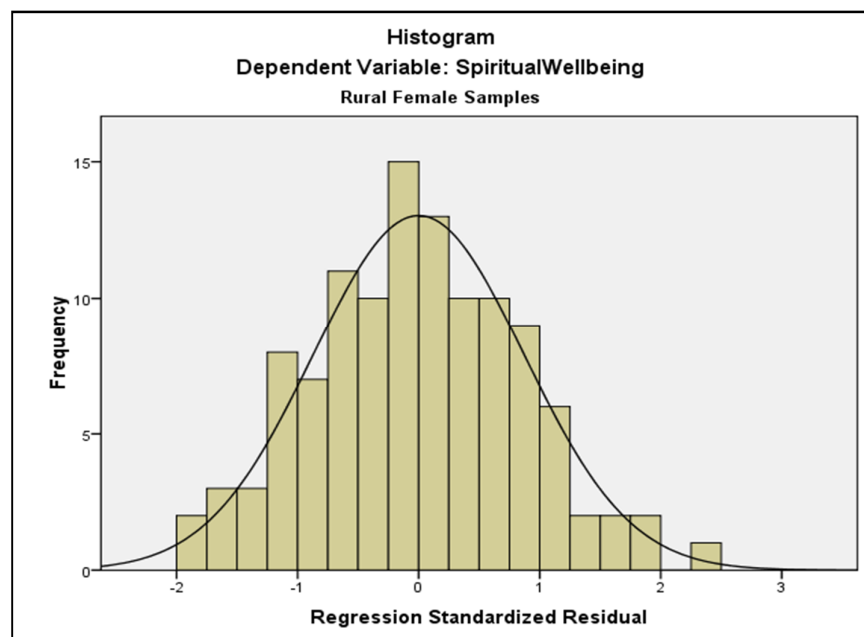
Scales/ Sub-scales	Predictors	Model-1		Model-2		Model-3	
		Beta	t	Beta	t	Beta	T
Demographic Variables	Age	-.03	-.28	.06	.59	.05	.54
	Socioeconomic Status	-.02	-.19	-.07	-.83	-.07	-.86
	Father's Occupation	-.10	-1.00	.03	.35	.02	.18
	Mother's Occupation	.02	.24	-.02	-.22	.00	-.03
	Religious Involvement	.15	1.52	.15	1.65	.11	1.24
	Societal Involvement	.25	2.51*	.08	.93	.09	.99
	Number of Siblings	.19	1.42	.10	.79	.10	.80
	Birth Order	-.09	-.62	-.02	-.15	.00	-.02
ISI	Information			.31	3.17**	.26	2.42*
	Normative			-.02	-.15	-.01	-.05
	Diffuse			-.01	-.11	-.06	-.46
	Commitment			.13	1.42	.16	1.68
NEO-FFI	Neuroticism			-.13	-1.29	-.19	-1.80
	Extraversion			.41	4.04**	.40	3.93**
	Openness			.18	2.03*	.19	2.15*
	Agreeableness			-.07	-.70	-.09	-.80
	Conscientiousness			.08	.62	.02	.14
BIS	Attentional			.00	.02	.03	.24
	Motor			-.10	-.91	-.08	-.76
	Non-Planning			.08	.67	.07	.61
AQ	Physical			.00	.00	-.01	-.13
	Verbal			-.05	-.49	-.06	-.60
	Anger			-.07	-.78	-.09	-.97
	Hostility			-.02	-.20	-.04	-.46
CISS	Task					.07	.64
	Emotion					.18	1.96
	Avoidance					-.09	-.87

**Significant at .01 level; * Significant at .05 level

Multiple Regressions to Predict SWB for rural-female:

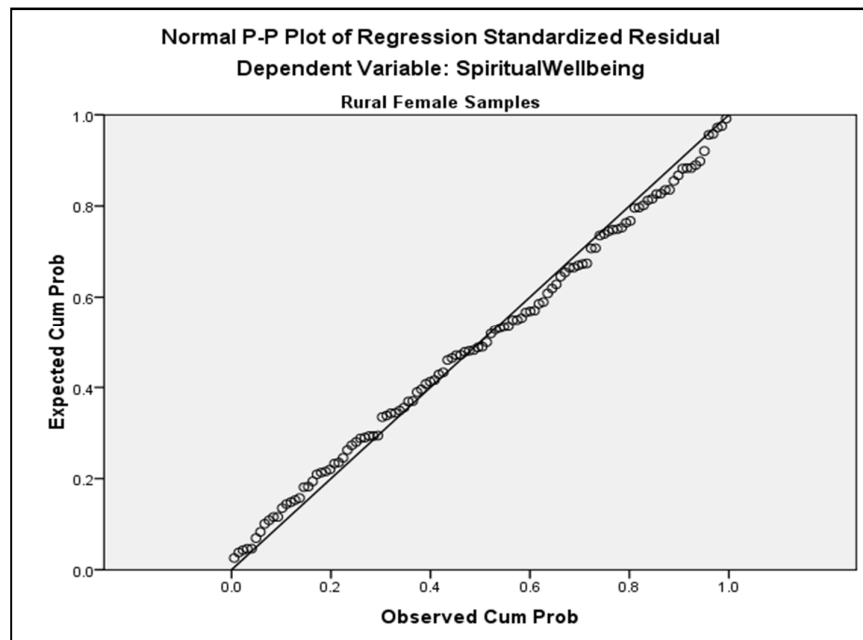
Results (Table-7d) revealed the standardized beta values and its level of significance (t-values) in the multiple regressions for the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of ISI, NEO-FFI, BIS-11, AQ, and CISS for the rural-female samples. The analysis revealed significant predictability of ‘Spiritual wellbeing by Model-1 ($R^2=.06$; $F=1.88$; $p< .001$), Model-2 ($R^2=.37$; $F=3.76$; $p< .001$), Model 3 ($R^2=.38$; $F=3.53$; $p< .001$). The Durbin’s Watson statistic (1.95) also suggested for no serial correlation of the residuals and case wise outliers. Results (Figures-18 & 19) depicted the Histogram and P-P Plot for the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of ISI, NEO-FFI, BIS-11, AQ, and CISS for the rural-female samples warranting for normality of the distribution and linearity in the prediction.

Figure-18: Histogram depicting the distribution of standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the rural female samples.



Closer observation of results (Table-7d) revealed significant predictability of increase of the scores on Spiritual Wellbeing from increase of the scores on Societal Involvement (Model-1=25%) in the 1st Model, that was reduced to non-significance in the subsequent models. In the 2nd and 3rd Models, the increase in the scores on: Information Identity Style (Model=2=31%; & Model-3=26%); Extraversion (Model-2=41%; & Model-3=40%); and Openness (Model-2=18%; Model-3=19%) serves to significantly predict increase in the scores on Spiritual Wellbeing.

Figure-19: Normal P-P Plot of regression standardized residual in the prediction of Spiritual Wellbeing from demographic profiles and the scales/sub-scales of Identity Styles Inventory, NEO Five-Factor Inventory, Barratt Impulsiveness Scale, Aggression Questionnaire and Coping Inventory for Stressful Situations for the rural female samples.



DISCUSSION

The aim of the present investigation was to study Psychological correlates of Suicidal ideation and Spiritual Wellbeing among Mizo adolescents. Thus for the purpose of the fulfillment of the present research - Identity, Personality, Aggression, Impulsivity, Coping, Suicidal Ideation, and Spiritual Wellbeing of an adolescents were taken into account. Adolescent is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another (Coleman & Roker, 1998). Since stress for adolescents can arise from strained family relationships, uncertainty of acceptance by peers, and mounting pressures from school as graduation nears. Individuals experiencing stressful situations may rely on various resources and strategies to alter these situations and mediate their impact. Mediators include social resources available through interpersonal networks (Elliott and Eisdorfer, 1982; Kaplan, 1983; Lazarus and Folkman, 1984). Adolescents who are not part of a supportive network and lack the appropriate psychological resources may feel depressed and isolated, and may turn to drugs and other maladaptive activities, as a means of managing their social and emotional problems.

The interpretability of ANCOVA for the effect of 'gender' and 'locality'

The significant independent effect of 'gender' in the ANCOVA for the effect of 'gender' and 'locality' in the analysis of covariance with demographic variables as the covariate on the behavioural measures for the overall sample observed firstly on Normative identity orientation, however with a very small effect size. This finally was supported by the bi-variate correlation. Independent effect of 'gender' is not found to be significant on Information, Diffuse, and Commitment Oriented Identity.

The analyses revealed significant difference between Males and Females on Normative Oriented Identity. This supported the hypothesis which expected to have an influence on Normative Oriented Identity. However, the findings did not support the hypotheses that expected 'gender' to show influence Information Oriented Identity; as well as Diffuse Oriented Identity. A large body of research on gender differences converges on the general conclusion that, in contrast to the original formulations by Marcia, there are few, if any, systematic differences between males and females in identity formation (Kroger, 1997; Waterman, 1993). In line with this conclusion is that it has been found that mean gender differences in identity style scores, if any, are small (Berzonsky, 1992).

However other finding (Soenens et al., 2005) suggest that females had higher normative scores than males, though the gender differences found in normative scores were statistically significant, they were small. Individuals with a normative style more automatically adopt and internalize the goals and standards of significant others and referent groups. A normative style is associated with high commitment levels, self-control, and a sense of purpose but also a need for structure and cognitive closure, authoritarianism, inflexibility, a foreclosed identity status and low tolerance for ambiguity (Duriez & Soenens, 2006; & Soenens et al., 2005). Individuals with high normative scores tend to define themselves in terms of collective self-attributes such as religion, family, and nationality (Berzonsky, 1994; Berzonsky et al., 2003; Lutwak et al., 1998). Meanwhile, study also revealed that adolescents can shift from one identity status to another until identity is achieved (Berk, 2001). There was no consistent pattern of gender differences across studies (Kroger, 2003). Some gender differences did appear in the identity-status distributions for the various identity content areas (or domains). However, no consistent patterns across studies could be observed with one exception. For the few

studies that included both gender and the content area of family/career priorities and/or sexual values, women generally predominated over men in moratorium and achievement-identity statuses. No gender differences appeared in the developmental pathways taken; both men and women showed increasing frequencies of moratorium and achievement ratings and decreasing foreclosure and diffusion ratings over time (Kruger, 2006).

Secondly, the independent effect of 'gender' was found to be significant on Neuroticism with a small effect size; and females showing higher neuroticism than males, which supported the hypotheses; and only negligible differences are found in Extraversion, Agreeableness, Openness, and Conscientiousness between males and females. Levels of neuroticism, agreeableness, extraversion, and conscientiousness were significantly higher among females than among males (Goodwin & Gotlib, 2004). Costa et al. (2001) found that women score higher on the Personality traits of Neuroticism and Agreeableness. The former reflects distress proneness and propensities toward the experience of a variety of negative affects, while the latter reflects amicability, altruism, trust, tender mindedness, and compliance. Gender differences on Extraversion (encompassing gregariousness, excitement seeking, and positive affect) and Openness to Experience (encompassing interest in novel people, ideas, and aesthetics) have been either inconsistent or of negligible magnitude in large, statistically well-powered samples (Feingold, 1994).

However, Costa et al. (2001) investigated gender differences across specific aspects of these personality domains, and found that men scored higher in some facets of Openness, such as Openness to Ideas, while women scored higher in others such as Openness to Aesthetics and Feelings. Men scored higher in some facets of Extraversion such as Excitement Seeking, while women scored higher in other Extraversion facets such as Warmth.

Although McCrae (2009) stated that gender differences are universal, and may be biologically based and however, that the differences are relatively small compared to variation within each gender. Studies on gender differences in personality traits in adolescence reported modest effects with partly inconsistent results across studies (Soto et al. 2011). Costa et al. (2001) summarized biological might explain gender differences in personality traits whereby biological theories point to hormonal differences and their effects on mood and personality, and to sex-linked differences in genetic predispositions to psychopathology. Furthermore Costa et al. (2001) also found evidence for socio-cultural differences in the magnitude of gender differences.

Generally women tend to score higher on Neuroticism and Agreeableness, whereas gender differences in the other Big Five traits have been either inconsistent or of negligible magnitude. Costa et al. (2001) had examined samples from 26 cultures and concluded that in the United States, women typically score somewhat higher than men on both Neuroticism and Agreeableness, as well as some moderately on Extraversion and Openness to experience. Men also score moderately on Extraversion and Openness to experience. There are few gender differences in Conscientiousness (Costa et al., 2001).

While no significant 'gender' influence are expected on the subscales of impulsivity, females are found to show a significantly higher score on attentional impulsivity than males, with a small size effect. However, contrary to the present finding gender differences in ratings of impulsivity have shown increased impulsivity in men (Waldeck & Miller, 1997). Premature errors were, however, greater in males than in females, suggesting greater impulsivity in males (Jentsch & Taylor, 2003). On the other hand, Feingold (1994), Patton et al. (1995) and Reynolds et al. (2006) opined that there do not appear to be consistent differences between men and women on impulsivity. Although it has become increasingly common to take as fact a sex gap in impulsivity,

there is little research on why this occurs. Research has found significant gender differences in impulsivity, and additional research and theory suggest the predictors of impulsivity, but none of these literatures attempts to explain why boys and girls have significantly different levels of impulsivity (Chapple & Johnson, 2007).

Among the subscales of aggression, anger and physical are found to have a significant difference between both males and females, though with a small effect size, also supported by the correlation coefficient; wherein females showed higher anger aggression than males; and males showed higher physical aggression than females, both of which supported the hypotheses. This finding shows similarities to the previous research findings that shows higher anger aggression on female and higher physical aggression on males (Cillessen & Borch, 2006; French, 1988, 1990; Guerra et al., 2004; Kuryluk et al., 2011).

Anger is an unpleasant or negative emotion that typically occurs in response to threat, disruption of ongoing behavior or deliberate and unjustified harm (Kring, 2000; Panksepp, 1998). Although anger may not be a necessary prerequisite for some forms of instrumental aggression, in reactive aggression it is a common emotional response to provocation. Few sex differences have been found in the frequency or intensity of anger, and those that do tend to favour women (Averill, 1982; Brody, 1997; Grossman & Wood, 1993; Kring, 2000; Sharkin, 1993). On the other hand Mirowsky and Ross (1995) conducted experimental studies which elicit anger through the presentation of film clips or slides do not generally find sex differences in anger intensity (Kring & Gordon, 1998; Wagner et al., 1993).

The present result may be because boys' aggressive behaviors are supported and their aggression is perceived as a sign of masculinity (Atay, 2004; Marangoz, 2004) and

also because there are more social sanctions (Borch et al., 2011) for girls' aggressive behaviors. Girls show higher level of positive social behavior and commitment to their peers more than boys (Gunaydin & Yondem, 2007). Therefore, they are perceived as more sincere and supportive by their peers (Kumru et al., 2004).

Previous findings also suggest that physical aggression shows stronger sex differences than verbal aggression and this is consistent across data sources and across nations (Archer, 2004). Sex differences are larger in real-world than in experimental settings and men are clearly over-represented in the more dangerous forms of aggression (Archer, 2004).

Researchers have found that while boys employ more direct aggression than girls, girls use more indirect aggression than boys (Borkgquist et al., 1992; Campbell et al., 1997; Crick & Grotpeter, 1995; Osterman, 1999; Owusu-Banahene, 2000; Tapper & Boulton, 2004). However, the reasons for the sex differences remain controversial (Tapper & Boulton, 2004). Whilst some authors suggest that sex differences may have a biological basis (Campbell et al., 1997), others place more emphasis on cultural influence (Eagly & Wood, 1999), the socialization process of children, and use of the effect/danger ratio (Osterman, 1999).

Women tend to view their aggression as expressive, while men tend to view their aggression as instrumental (Archer, 2004; Campbell 1999). For instance, Archer & Haigh (1997) reports that women tend to view aggression, particularly physical aggression in expressive terms, as a loss of control, whereas men tend to view it more instrumentally, in terms of having control over someone.

Although all adolescents appeared to use reasoning to resolve conflict, those with less social support and those exhibiting a forceful personality were more likely to report using verbal and physical aggression to resolve conflict (Kashani & Shepperd, 1990).

Although stress exists at every stage of human development, adolescence period can be especially stressful, due to the biological and social changes that accompany this developmental period (Arnett, 1999). The coping styles that emerge in adolescence have long-term consequences that influence coping styles and outcomes in adulthood (Compas et al., 2001). The most widely used categories of coping when faced with stressful circumstances are problem-focused and emotion-focused coping (Compas et al., 2001). Latha and Hanumanth (2006) found that the main sources of stress in both genders were getting up early in the morning, pressure to study, having to concentrate for too long during college hours, not having enough money to buy things, and long college hours. Prayer was the main coping strategy used by both gender.

An examination of gender differences and coping showed that, at the trend level, females used greater amounts of emotion-focused coping than males. While this finding is consistent with the results of past studies (Baker & Berenbaum, 2007), the current study did not find that males used more problem-focused coping than females. Females also reported using emotional support and instrumental support significantly more than males. The notion that males use more problem-focused coping might be a result of perceived gender roles or as a contrast to the finding that females use more emotion-focused coping (Nicholls & Polman, 2008).

Hampel and Peterman (2006) found that adolescent girls perceived more interpersonal stress, used more maladaptive coping strategies, and had more internalized problems than did adolescent boys. They did not differ from boys in regard to

externalized problems, which was rather surprising. Interpersonal stress was also related to anger management problems and emotional distress in female adolescents. The authors confirmed that adaptive coping strategies are inversely related to adjustment problems and maladaptive strategies. Problem focused coping strategies are less associated with poor adjustment problems, which support the notion that active strategies or approach strategies are a protective factor relative to internal disorders. Emotional coping strategies are related to less anxiety/depression and aggression problems. Maladaptive coping strategies constitute a risk factor. Adolescent girls react strongly to interpersonal stressors and make more efforts to adapt to social stressors than boys do.

An important consideration in understanding these gender differences is the differential use of various coping strategies by male and female youth. Generally, female youth report greater use of support seeking than males, who tend to rely more heavily on problem solving (Connor-Smith et al. 2000; Ebata & Moos 1994; Hampel & Petermann 2006; Seiffge-Krenke 1995; Taylor 2006; Zimmer-Gembeck & Skinner 2008).

The independent effect of 'gender' to Suicidal Ideation is also found to be significant in this study which is supported by the earlier studies (Andrew & Lewinsohn, 1992; Capuzzi & Gross, 2004; Hovey & King, 2002; Weiner, 1992). For suicidal ideation, it has been found that adolescent females are 1.5 to two times more likely to report suicidal ideation than are adolescent males (Hovey & King, 2002). However, Lim-Chua (2004) found in his study no significant sex differences in suicidal behaviors (suicide ideation and suicide attempt). Compared to males, the females reported more emotional problems and less self-esteem, parental support, and delinquent behavior (Simmons & Murphy, 1985).

However, rates of completed suicide for young females are lower than those for males in all countries for which data are systematically collected (Bridge et al. 2006). This is in contrast with suicidal ideation and suicide attempts, where females have much higher rates than males after puberty (Fergusson et al., 2000; Grunbaum et al., 2004). The gender difference in youth suicide is most likely due to the greater likelihood of males having multiple risk factors such as comorbid mood and alcohol abuse disorders, greater levels of aggression, and choice of more lethal suicide attempt methods, which make them more likely than females to make a lethal suicide attempt (Brent et al., 1999; Gould et al., 1996; Shaffer et al., 1996; and Shaffer & Pfeffer, 2001). Women have higher rates of negative affect and depression and poorer subjective health than men (Nydegger, 2004; Russo & Green, 1993).

There is the commonly held view that families consider it less important to educate a girl than a boy as boys are seen as breadwinners of the family. Girls are expected to get married, play the roles of a house-wife and mother and maybe take up a job that is complementary to these roles. Powerful conventions within the family and the broader society have tended to govern their aspirations and the choices that will realize them. Bounded by such norms of socialization, neuroticism or anxiety is seen more among females than males particularly to match the expectations related to their marriage and in their interpersonal relationships; in contrast, level of openness to experience was significantly higher among males (Goodwin & Gotlib, 2004) Sex differences in personality and temperament have been documented in many empirical studies (Buss & Plomin, 1984; Eysenck & Eysenck, 1985; Zuckerman, 1994)

The independent effect of 'locality' on information oriented identity was found to be significant wherein rural adolescents show higher score than urban adolescents which is in support with the hypothesis. Individuals with high informational scores tend to

define themselves in terms of personal attributes such as personal values, goals, and standards (Berzonsky, 1994; Berzonsky et al., 2003; Lutwak et al., 1998).

There was a time the isolation of rural communities has been a recurring topic throughout time (Copus, 2001). It was a fact that rural adolescents have never had the same ready access to means of communication as urban adolescents because the arrival and spread of innovation and technology to rural and outlying areas has always lagged behind (Cairncross, 1997). Likewise, because of pure physical distance and low population density, face-to-face communication has also been greatly limited. That is why the habits of social relationships and communication have always been different in rural and urban areas (Cairncross, 1997; Kalantaridis, 2006). But now we are currently witnessing an entirely new social scene where rural adolescents participate fully in mobile communication and the possibilities of future economic development that this might mean will no longer depend on, nor will be determined by, inaccessibility and isolation (Friedman, 2006).

An independent effect of 'Locality' on Task oriented coping and Emotion oriented coping was found to be significant with rural adolescents showing higher mean scores than urban adolescents. Elgar et al. (2003) suggest that adolescents may utilize many coping strategies that serve little benefit in terms of behavioural outcomes. However, studies on adolescent stress and coping present divergent causes of adolescent stress related to the environment. Elgar et al. (2003) studied the differences between rural and urban adolescents and gender differences related to stress levels, coping strategies and behavioral problems. Four major results were found. First, they found no differences between rural and urban adolescents in terms of stress levels and behavioral problems, but urban adolescent boys reported more conflictual problems than did girls and urban boys reported having more external problems than did rural boys and girls. Second, rural

adolescents were more affected by higher unemployment, poverty and emigration but did not differ significantly from urban adolescents in terms of stress levels or coping strategies. Third, even though conflict levels and behavior problems seemed to be similar between rural and urban adolescents, rural adolescents seemed to have a closer relationship between these two variables as well as between conflict and coping strategy in this same group.

Rural/urban differences were studied in self-reported stress (life events, daily hassles and conflict), coping and behavioural problems in a community sample of adolescents. Despite challenging socioeconomic conditions in rural areas, levels of stress and ways of coping were similar in rural and urban adolescents. However, urban males reported more conflict and externalizing behaviours than females and rural males. Stress, coping, and behavioural problems were interrelated but approach coping did not moderate the influence of stress on psychological functioning. Results suggest that adolescents may utilize many coping strategies that serve little benefit in terms of behavioural outcomes (Elgar, 2003).

The present research also revealed a significant independent effect of 'gender' x 'locality' on suicidal ideation with rural adolescents showing higher mean score than urban adolescents. Rates of suicide are often higher in rural than urban areas (Stack, 1982), although not all studies have come to this conclusion. In addition, much of the suicide research to date has utilized urban community participants and patients, resulting in an understanding of suicide that is of reduced application to rural individuals (Beeson, 2000).

Rural suicide rates have surpassed those of urban areas over the last two decades (Beeson, 2000; NCHS, 2001; Wagenfeld et al., 1994). According to national mortality

data, increasing rurality and remoteness and living in agricultural communities are significantly associated with greater suicide rates for both adults and adolescents (Goldcamp et al., 2004; Gunderson et al., 1993; Peek-Asa et al., 2004; Pratt, 1990; Saftlass et al., 1987; Singh & Siahpush, 2002; Stallones & Cook, 1992).

Researchers (Dudley et al., 1998; Morrell et al., 1999; Yip, et al., 2000) found that age and male are significant risk factors; both young (15–24 years old) and older (55+) rural people are 30–50% more likely to commit suicide than their urban counterparts (Baume & Clinton, 1997; Patton & Burns, 1997). In Asia, rural adolescents, older adults, and females are at increased risk for suicide (Lester, 1990; Liu et al., 2005; Phillips et al., 2002; Pritchard, 1996; Yang et al., 2004; Yip, 2001), although the 1991–2000 data suggests that the suicide rate for rural females has decreased (Yip et al., 2005).

However, some studies have also found urban rates of suicide to be higher than rural rates (Hu et al., 1992). An increase rate of rural suicide in the 1970's and 1980's with some tapering off after 1985 was found (Araki & Murata, 1986; Goto et al., 1994; Watanabe et al., 2005). In China, suicide is the leading cause of death in rural areas, with rates 2 to 5 times greater than urban areas (Cao et al., 2000; Ji et al., 2001; Phillips et al., 2002; Qin & Mortensen, 2001; Yan et al., 2000; Yang et al., 2004; Zhao et al., 1994). Worldwide, several other countries have increased rates of suicide for rural individuals, although some conflicting results have been found (Batt et al., 1919; Bopp & Gutzwiller, 1999; Gutierrez Garcia, 1998; Micciolote al., 1991). Rural women have higher rates than urban counterparts (Ahmed et al., 2004), older men and younger women are at greater risk in rural India (Aaron et al., 2004; Joseph et al., 2003), and rates of suicide are rising in rural Spain and South Africa (Garenne et al., 2000; Roca De Togores et al., 2002).

There are numerous aspects of rural life, such as cultural ideals, geographic and interpersonal isolation, and economic and sociopolitical distress that may contribute to increased rates of suicide. The agricultural communities that comprise many rural areas often necessitate a challenging and strenuous lifestyle (e.g., caring for crops and animals, working long days and nights, and weather concerns) that can contribute to rural suicides (Dyer, 1997; Gunderson et al., 1993; Thu et al., 1989). Psychological difficulties, including suicidal thoughts and behaviors, may be neglected because of the requirements of rural existence (e.g., the need to continue working) (Crawford & Brown, 2002). Rural ideology often promotes a strong work ethic, independence or rugged individualism, religiosity and patriotism, and a focus on family and community-oriented life (Buckwalter et al., 1994; Eckersley, 2002; Heffernan, 1999; Scott et al., 2003). From such a perspective, mental disorders are often stigmatized (Hoyt et al., 1997; Humes-Noyes, 1980), deterring rural persons from seeking treatment (Ciarlo, Wackwitz et al., 1996; Crawford & Brown, 2002). Even when mental health services are available, rural individuals have lower rates of service utilization than their urban counterparts and may turn to physicians or religious leaders instead (Holzer & Ciarlo, 2000; Meystadt, 1984). Cultural differences may also influence reporting practices (Dudley et al., 1998); deaths are less likely to be classified as a suicide in rural areas (Beeson, 2000; Saunderson et al., 1998).

The findings of a positive association between rural background and suicidal ideation may be due to the fact that students from rural areas are more likely to have had poor family environments and are considered as having a lower social status, generally showing disadvantages (Whyte, 2010). The early negative life event of poor general family environment has a mild impact on suicidal behaviour, and a stronger impact on cognitive deficits, which in turn may have a strong impact on suicidal behaviour in

college students (Young & Clum, 2000). Results revealed that type of school, depressive symptoms, cognitive triad, and daily hassles significantly predicted adolescent suicidal ideation (Chang et al., 2008).

PREDICTABILITY OF SUICIDAL IDEATION FROM DEMOGRAPHIC PROFILES AND THE BEHAVIOURAL MEASURES:

Environmental factors such as the quality of interpersonal relationships between adolescents, their family members (parents and siblings) and friends can be a major resource for adolescents (Cornwell, 2003; Liu, 2002; Way & Robinson, 2003) as we find it in the present investigation that Mother's Occupation came out to be a positive predictor of Suicidal Ideation for Urban Males; and Father's Occupation and Birth Order came out to be a positive predictor of Suicidal Ideation for Rural Males. Stable and secure relationships with family and peers can assist adolescents in making a smooth transition into adulthood and to cope with negative life events. However, it can also serve as major stressors, especially if conflict occurs within these relationships (Cornwell, 2003; Liu, 2002; Way & Robinson, 2003). Way and Robinson (2003) further suggest that the family is an essential part of the adolescent's support system.

The family may provide emotional support both in the family context as well as the broader community. However, environmental stressors such as parental divorce, death of a parent, interpersonal conflict between parents and siblings, preexisting family psychiatric conditions and suicidal behaviour in the family context can all lead to an increased sense of insecurity and a risk for suicidal behaviour (Aspalan, 2003; Cassimjee & Pillay, 2000; Engelbrecht & Van Vuuren, 2000; Evans et al., 2004; Ittel et al., 2010). Dunn et al. (1994) found that sibling support is associated with higher perceived self-

competence and better adjustment. The quality of the sibling relationship affects not only adolescents' peer relationships, but their overall adjustment. Positive sibling relationships contribute to adolescent school competence, sociability, autonomy and increased self-worth (Basson & Van den Berg, 2009; Steinberg & Morris, 2001) while negative relationships can influence the development of suicidal behaviour (Conger et al., 1997).

The significant influence of parents (Mother/Father) occupation in increasing Suicidal Ideation may be due to the fact that parents spent not as much time required with their children. Adolescents today encounter difficulties and more life challenges than previous generations, yet they are provided less guidance and intervention for their personal development (Pajares & Urdan, 2004). According to Talukdar and Talukdar (2008), many studies have been conducted on problems of adolescents and various factors influencing adolescent behavior. Conflict between parents, mother's low level of education, lack of support from parents, negligence by parents, adverse affect of television viewing giving rise to unfulfilled unrealistic demands, exposure to peers who smoke, drink or use drugs, their social status in modern society, etc. were some of the important factors found to be responsible for development of problem behavior in adolescents. Problem behaviors in adolescents give rise to symptoms such as frustration, obstinacy, aggressiveness, impulsiveness, violent behavior, antisocial behavior, etc, which could further lead to having Suicidal Ideation.

Since adolescence is a period of transition, one of rapid physical change of conflicting motives and of ambiguous social expectations (McKeachie & Doyle, 1970), they need more support from their parents as well as siblings, and peers. Societal pressures and influences, such as rapid socio-political, economic and socio-cultural change have been found to play a pivotal role in the individual's engagement in suicidal

behaviour (James, 2008). On the basis of the findings from studies there appears to be an association between suicide attempts and parents providing too much or too little supervision (Allison et al., 1995; Bjarnason & Thorlindsson, 1994; Martin et al., 1995; Stewart et al., 1999; Wagner et al., 1995; Wright, 1985)

Literature review shows that adolescents of low socioeconomic backgrounds tend to consume more alcohol and consume more often than peers from higher socio-economic groups (Cooper et al., 1995). There was little evidence of an association between family socio-economic status and suicidal thoughts and behaviors in adolescents (Andrews & Lewinsohn, 1992; Dubow et al., 1989; Eskin, 1995). However, two specific characteristics of socio-economic status may have relevance to suicidal phenomena in adolescents: father's level of education (Andrews & Lewinsohn, 1992; Dubow et al., 1989) and stress or worry about the family's economic situation (Roberts et al., 1997; Rubenstein et al., 1989).

The association between suicidal phenomena and number of siblings, and/or birth order was investigated in six studies (Andrews & Lewinsohn, 1992; Eskin, 1995; Juon et al., 1994; Kienhorst et al., 1990; Meltzer et al., 2001; Reinherz et al., 1995), and no associations was being found in univariate Analyzes in five. However, Reinherz et al. (1995) found that American females who were third or later born were significantly more likely to experience suicidal ideation than females who were either first or second born. The relationship between birth position/number of siblings and suicidal phenomena was investigated with multivariate analysis in five studies but no independent contribution was found.

Religion is another important factor. In a study, Salmons and Harrington (1984) found that those who were members of a religion differed significantly from

nonmembers: 50 percent of religious respondents had suicidal ideas compared to 57 percent for those with no religious affiliation. Since religious involvement increases social integration, it is expected that religious involvement will decrease suicidal ideation as well as suicide (Durkheim, 1915).

In a society like the present population, religious involvement plays an important role in shaping one's personality. Since the majority of the sample are Christian background, and importantly a close a close knit society, both males and females have the same opportunity to participate in the Church. The social life cannot be complete without religion. Though, majority of the studies indicated no association with a decreased risk for suicidal thoughts and religious behaviors (Benda & Corwyn, 1997; Eskin, 1995; Kandel et al., 1991; Wagman-Borowsky et al., 1999). Indeed the results of one study suggested that religiosity may be associated with an increased prevalence of suicidal ideation (Stewart et al., 1999). Any association that may exist is likely to be indirect (Eskin, 1995; Grossman et al., 1991; Stewart et al., 1999; Wagman-Borowsky et al., 1999). Thomas et al. (1974) concluded that a youth receiving a high degree of support and control tends to be a conforming youth. Since religiosity is one manifestation of conforming behavior, and support and control in the family are both elements of family cohesion (Zhang & Thomas, 1999).

Identity formation has long been considered a crucial aspect of individual development and psychological well-being (Erikson, 1959/1980; May & Yalom, 2005; Rogers, 1961). Much of the psychological literature has focused on idiosyncratic characteristics that differentiate individuals (Erikson, 1959/1980), but in recent years scholars have considered collective/social aspects of identity (Adams & Marshall, 1996; Amiot, et al., 2007; Berman et al., 2001; Berzonsky, 1989; Grotevant, 1987) The search

for identity, a naturally stressful demand on youth can be overwhelming to some adolescents and predispose them to thoughts of suicide (Teen suicide, 1998). Hence, the high incidence of adolescent suicide is assumed to be indicative of societal stress in the lives of young people (Griffiths et al., 1986; Turner et al., 2002).

Information and Normative oriented Identity was found to be significant predictor of Suicidal Ideation for Rural females, which is in support of our finding. Several studies (Adams et al., 1994; Clum & Febbraro, 1994; Peck, 1989; Simonds et al., 1991) reported that suicide attempts among adolescents do tend to increase as stress level increases. Adolescence is characterized by significant cognitive, emotional, and social changes (Louw et al., 2007). The young person not only has to deal with major psychological tasks that accompany this phase of life, but also has to dramatically reduce their dependence on their parents, separating from the family and forming an adult identity (Erikson, 1968; Hines, 1997; Paley et al., 2000). This developmental stage brings with it not only the advantages of greater social recognition, but also additional social challenges that adolescents have to deal with. Although many progress through this phase without any major adjustment problems, a number of adolescents find it difficult to cope with the emotional and social demands that accompany this life stage, often leading to the display of high risk behaviours such as substance abuse, promiscuous sexual behaviour and self-harm (Louw et al., 2007).

The relationship between suicidal ideation and personality traits has received limited research attention (Berg, et al., 2003). Studies have consistently indicated that neuroticism is positively related to suicidal thinking (Kerby, 2003; Lolas et al., 1991; Velting, 1999). Increased suicidal ideation has also been associated with low levels of

extraversion, which reflects a low propensity to experience positive emotions (Kerby, 2003; Lolas et al., 1991).

McClure (2012) suggests that a growing body of literature shows the association of certain personality characteristics with vulnerability for suicide. In a recent systematic review, Brezo and colleague (2006) reported that suicide ideation, suicidal behaviour, and death by suicide have all been negatively associated with Extraversion and positively associated with Neuroticism, Hopelessness, Trait Anxiety, and Impulsivity and further concluded that Neuroticism and Extraversion have particular promise as suicide risk indicators, demonstrating consistent association with both suicide ideation and death by suicide.

The present investigation also found a significant positive predicting level of Neuroticism and significant negative predicting level of Extraversion on Suicidal Ideation for Rural Males. Elevated neuroticism increases the likelihood of reporting suicide ideation, just as it may enhance risk for suicidal behavior and death by suicide (Heisel, 2006). Brent (1994), Dean and Range (1996), Castrogiovanni et al. (1998), Duberstein et al. (2000), Roy (2002), Esposito et al. (2003), and Dumais et al. (2005) also revealed neuroticism, impulsivity, and extroversion as a possible predisposing effects for suicidality. Neuroticism was associated with post-treatment depression and suicidal ideation (Enns et al., 2003).

Another interesting study (Segal, 2010) revealed neuroticism was the only personality trait that contributed significant variance in suicidal ideation. Neuroticism domain contrasts emotional stability (or adjustment) and emotional instability (or maladjustment). Those who score high on Neuroticism are prone to experience negative emotions (such as sadness, fear, and guilt), have irrational ideas, have difficulty

controlling impulses, and be less able to cope with stress. Relative to high-scorers, those who have low score on Neuroticism are more likely to be calm and even-tempered. Although the Neuroticism domain is not in itself an indicator of psychopathology, individuals high in trait Neuroticism tend to be more susceptible to psychological distress (Costa & McCrae, 1992). Accordingly, elevated scores on measures of Neuroticism have consistently demonstrated significant associations with suicide ideation, suicide-related behaviours, and death by suicide (Conwell, 2001).

The Extraversion domain reflects an individual's preference for social interaction and activity (Diener & Lucas, 1999). High scorers can be described as sociable, affectionate, energetic, and optimistic and as tending to enjoy excitement and stimulation. Individuals who are low on this dimension (i.e., more introverted) can be described as reserved, quiet, and independent. Although individuals who are more introverted are often thought of as being shy and socially anxious, they do not necessarily have difficulty interacting with others but rather may simply prefer being alone (Costa & McCrae, 1992). Nevertheless, individuals who are more introverted may be at greater risk for psychological distress, including suicide ideation, due to reduced social interaction and potentially lower perceived social support (Conwell, 2001; Roy, 1998). Additionally, introverted individuals who are experiencing a crisis may be less likely to communicate thoughts of suicide to others, possibly increasing the risk for death by suicide (Duberstein, 2000)

The present investigation revealed Motor Impulsiveness and Non-planning Impulsiveness as a significant predictor of Suicidal Ideation for Rural Males and Urban Females respectively, which supported the hypotheses. Also, among the dimensions of Aggression: Physical is found to be a significant predictor of Suicidal Ideation for Rural

Males, While Urban Females show Anger, and Hostility as a significant predictor of Suicidal Ideation, which is also in line with the hypotheses. Suicide attempters reported higher levels of physical aggression, anger, hostility, and impulsivity. These findings are not surprising given that suicidal behavior often is an impulsive act, and inadequate control of aggressive impulses is a greater indicator of risk for impulsive suicide attempts than depression (Simon et al., 2001).

Impulsivity, a prominent construct in most theories of personality, encompasses a broad range of behaviors that reflect impaired self-regulation, such as poor planning, premature responding before considering consequences, sensation seeking, risk taking, an inability to inhibit responses, and preference for immediate over delayed rewards (Evenden, 1999; Whiteside & Lynam, 2003). Suicide attempts are often impulsive and many studies have identified impulsivity as a common correlate and risk factor for suicidal behavior (Horesh et al., 1999; Wu CS et al., 2009). The relationship between impulsivity and suicidal behavior was found across different nosological entities (Giegling et al., 2009; Anestis et al., 2007) and is also true of non-psychiatric populations (Dougherty, 2004).

Arffa (1983) suggested that suicidal individuals are more impulsive and more susceptible to the control of external stimuli than nonsuicidal individuals. Impulsivity is frequently cited as a risk factor of adolescent suicide (Crumley, 1979; Spirito et al., 1989; Withers & Kaplan, 1987). Those with poor impulse control are at increased risk for taking their own lives (Patsiokas et al., 1979). According to Zhang, et al. (2012), one of the most concerned risk factors for suicide and suicidal behavior is aggression/violence. Adolescents with a childhood onset of aggression, rather than an adolescent onset, are more likely to display the most persistent, severe, and violent antisocial behavior (Barry et al., 2007).

Study supports that impulsivity and personality traits play an important role in youth suicide independently or as a part of other interacting factors (Ghanem, 2013). High levels of impulsivity correlate strongly and significantly with high levels of aggressive behaviour or hostility (Turecki, 2005). Several studies found a correlation between suicide attempters suffering from depression and high levels of impulsive and aggressive behaviors (Groholt & Ekeberg, 2009).

Other researchers also found that violent behavior in schools acts as a predictor of suicidal ideation, plans, and attempts among adolescents and stated the importance of combining violence and suicide prevention efforts (Nickerson & Slater, 2009; and Else et al., 2009). A suicidal temperament/personality theory has suggested that impulsiveness, aggressiveness, anger, and hostility are crucial predispositions mediating suicidal behavior (Hirvikoski & Jokinen, 2011; Pompili et al., 2008; Giegling et al., 2009).

High hostility and trait anger were risk factors for suicide ideation, high hostility and physical aggression were risk factors for suicide plans, high hostility and low trait anger were risk factors for suicide attempts among adolescents, and low trait anger remained to be a good predictor for suicide attempts when prior suicide ideation and plans were adjusted (Zhang, 2012). Fite (2011) suggested that relational aggression was associated with depressive symptoms, which in turn was associated with suicidal ideation. Being aggressive toward others were significant predictors of suicidal ideation (Undheim, 2013).

Aggressive adolescents usually lack the social skills required to solve problems appropriately, such as the ability to express their feelings or take responsibility for their own actions. They are often immature, and exhibit a short attention span, poor cognitive abilities, and a preference for younger playmates. Again, these traits are a clue to the

social worker that violence may occur. Signs of withdrawal, including feelings of inferiority, anxiety, and over-sensitivity to teasing and criticism may also be present (Glick, 1996).

The subscales of coping failed to have a significant predicting level of suicidal ideation in the present study. Galaif et al. (2007), Mason et al. (2008), and Sher and Zalsman (2005) concluded in their study that none of the three broad coping categories (problem-focused, emotion-focused, and avoidant coping) were significant independent predictors of suicidal ideation.

PREDICTABILITY OF SPIRITUAL WELLBEING FROM DEMOGRAPHIC PROFILES AND THE BEHAVIOURAL MEASURES:

Studies focusing on adolescence and religion/spirituality generally indicate that religion still plays a role in the lives of many adolescents. In the present research, religious involvement evolved as a significant predictor of Spiritual Wellbeing for Urban males, Rural Males, and Urban females which is in support with the hypotheses. Wallace et al. (2003) investigated the presence of religion in the lives of adolescents and the findings indicated that approximately 60% of young people felt that religion was “pretty” or “very important”. About 50% attended church services regularly (monthly or more) and the vast majority (more than 80%) reported an affiliation with a specific religion. In terms of ‘gender’, males reported that religion was less important, attended services less often, and were more likely to be unaffiliated with a religious organization in comparison with girls. In terms of age there was a decline in church attendance and importance of religion from younger to older students.

Findings of empirical studies have consistently indicated that religious coping strategies are some of the ways in which people cope with stress (Bryant-Davis & Wong, 2013). In addition, religious coping has been shown to mediate the relationship between stress and psychological as well as physical health in relation to a variety of stressors (Schaefer & Gorsuch, 1993). Religious involvement may promote the successful mastery of adolescent developmental tasks and also act as a protective factor in reducing problem behaviours (Schludermann et al., 1997).

Smith (2003) asserts that religion may provide adolescents with extra or more effective coping mechanisms for negotiating and addressing their mental, emotional, and interpersonal stresses and problems. This is because religions often offer youth a variety of behavioural and cognitive resources to deal with mental, emotional and interpersonal life stressors. These resources may include practices such as prayer, meditation, confession, forgiveness, reconciliation small-group sharing, cleaning rituals and funeral rites.

Regnerus (2003) in a review of religious research on positive adolescent outcomes concluded that researchers studying adolescents largely concur that religion can influence adolescents and that many adolescents are themselves religious. In general religion has been found to have a positive influence and contributes to better educational outcomes, better emotional health, and more satisfaction in the family and more voluntarism.

Other studies such as Nonnemaker et al. (2003), Sinha et al. (2007), Heath et al. (1999), Milevsky and Levitt (2004), and Good and Willoughby (2006) also found evidence that religiosity is protective for a number of adolescent health-related outcomes. In a unique study, Regnerus and Burdette (2006) suggested that growth in adolescents' personal religious salience (the extent to which religion is important in adolescents' lives)

is uniquely and consistently related to better family relations, even after accounting for risky behaviours such as excessive drinking and drug abuse that are detrimental to both religiosity and family relations. Drinking alcohol, drug use and sex, religion appears to have a protective influence and also distinguishes (to a greater or lesser extent) between those adolescents that participate in such behaviours and those that do not (Regnerus, 2003).

Maharajh et al. (2006) found that both prayer as well as attendance at a religious institution with the family resulted in lower depression rates in adolescents. Fehring et al. (1998) found that prayers (as well as church attendance and prayer services) were the religious variables most associated with less sexual activity among a group of older adolescents. Dudley and Laurent (1988) concluded that the quality of relationship with pastors and parents, as well as opportunities for their own religious involvement, self-concept and the influence of peer groups and mass media each played a role in explaining alienation from religion.

Religious practice promotes the well-being of individuals, families, and the community. Of particular note are the studies that indicate the benefits of religion to the poor. Regular attendance at religious services is linked to healthy, stable family life, strong marriages, and well-behaved children. The practice of Religion also leads to a reduction in the incidence of domestic abuse, crime, substance abuse, and addiction. In addition, religious practice leads to an increase in physical and mental health, longevity, and education attainment (Fagan, 2006).

Socio economic status is also found to significantly predict Spiritual wellbeing among Rural Males. Similarly, societal involvement is also found to significantly predict Spiritual Wellbeing among Urban Females and Rural Females adolescents. Family

socioeconomic status touches many aspects of an adolescent's life. The general idea that socioeconomic status has far-reaching influences can be seen in the sheer variety and number of studies in which it serves as a background factor. Socioeconomic status of family of origin can affect factors ranging from community or neighborhood characteristics to types of discipline used (Avenevoli et al., 1999).

Hill and Duncan (1987) found that parents' education, especially father's education, as a measure of socioeconomic status, plays an important part in children's educational attainment. However, Sewell and Shah (1967) provided evidence that even though the majority of lower class students did not show high levels of educational attainment, that some students managed to "make it." They also found that mother's education was a more important factor than father's education in predicting educational attainment for women from lower class origins, which would in turn help in developing wellbeing.

In 1997, National Household Survey on Drug Abuse reveal that household socioeconomic status as measured by family income is associated with adolescent substance use (2001, OAS). Zucker and Harford (1983) found a positive relationship of teenage drinking with parental occupational prestige and education. The relationship between socioeconomic status and delinquency appears to work differently, with a negative correlation found between these two factors (Hawkins et al., 1992).

Jessor et al. (1991) reported that socioeconomic variables related to a respondent's family of origin showed virtually no relationship to young adult problem behaviors. A 2003 review of 34 studies found that personal devotion measures are most strongly related to mental well-being, while ideological measures showed less strong though positive effects, and institutional measures (i.e. religious service attendance) had the

weakest (Jessor et al., 1991). A 2006 review of 20 studies with adolescent populations (average age 10-20) reported that 90% of these studies show positive findings in the relationships between adolescent religious/spiritual engagement and mental well-being. However, among adolescents institutional involvement may have the largest effect on mental well-being, with ideological and personal devotion measures showing a smaller impact. Social and behavioral impact of institutional involvement may be more beneficial to young people, because it provides a sense of order and belonging during a difficult transitional period of their lives. In general, they found that religious and spiritual involvement was more beneficial to older teens' mental well-being, perhaps because it reflects personal choices rather than imposed parental expectations (Jessor et al., 1991).

Jessor et al. (1991) also found that it has more of an impact for males, but are unsure why. One important point about the studies is that, even though most researchers say they are looking at the "effect" of religion on mental well-being, the vast majority only show that religious and spiritual people report higher levels of happiness and mental well-being. This means that good mental well-being might predispose people to religious involvement or vice versa.

Adolescence has been described as a phase of life beginning in biology and ending in society (Petersen, 1988). Indeed, adolescence may be defined as the period within the life span when most of a person's biological, cognitive, psychological, and social characteristics are changing from what is typically considered child-like to what is considered adult-like (Lerner & Spanier, 1980). Orientation toward peers and immersion in friendships are defining features of adolescence (Brown, 1989 & 1990; Coleman, 1980; Douvan & Adelson, 1966). Some adolescents have wide ranging friendships where they intermix with many peers, while others have relatively few friendships. Through

friendships, adolescents learn about what others are doing, anticipate accepted and expected behaviors, figure out how to present themselves, and find partners for trying out new behaviors.

It has identified that youth must be fully engaged and involved in change efforts at the community level if they are to learn to function as effective members of society (Nitzberg, 2005). Community building, for individuals, focuses on building the capacity and empowerment to identify opportunities for change within or outside of the community. Previous research supports the premise that participation in community activities is associated with behavioral well-being among adolescents. Influences on youth becoming involved, such as increasing academic performance during high school, increasing the likelihood of college attendance (Eccles & Barber, 1999), greater school engagement (Lamborn et al., 1992), and reinforcing positive social values or setting an example (Youniss & Yates, 1997), have been found to affect involvement.

Some factors have been reported by youth as influencing their need for and willingness to be a part of a greater good through involvement. These include: feelings of efficacy (Sherrod, Flanagan, & Youniss, 2002), the need to be valued and taken seriously by others in the community (Flanagan & Van Horn, 2001), increasing their own self-esteem, and having a responsibility toward society by performing a public duty (Independent Sector, 2001). Recognition by the community at large is part of feeling valued (Scales & Leffert, 1999). Over the past decade, considerable research has emerged that demonstrates the benefits of religious practice within society (Fagan, 2006).

Erikson's (1963, 1968) first explorations of identity, issues of spirituality and/or religiosity have played a central role in identity theories (Hoare, 2002). In fact, for some adolescents it may be that religious or spiritual beliefs are at the very core of their identity

(Jones & McEwen, 2000; Sviedqvist et al., 2003). In the present study, Normative oriented identity are found to predict Spiritual Wellbeing for Urban Males and Rural Males adolescents; and Diffuse oriented identity are found to predict Spiritual Wellbeing for Urban Males and Urban Females adolescent.

Regardless of the extent to which faith is the defining element of identity, spirituality is considered an important part of the identity process by a wide variety of theorists (Berzonsky, 1989; Erikson, 1963 & 1968; Marcia, 1966) delineated three primary identity styles—informa-tional, normative, and diffuse/avoidant. These identity styles are differentiated from each other based on the way individuals process information relevant to their sense of identity, cope with and negotiate conflicts between identity elements, and make personal decisions in their attempts to resolves identity issues.

Berzonsky (1989) further imply that with regard to religion, it is likely that adolescents with the informational style will actively explore issues of faith in an attempt to determine their own religious identity. Adolescents with a normative identity style tend to be close-minded and conform easily to the beliefs of others (Berzonsky, 1989 & 1990; White et al., 1998). They are concerned mainly with the desires and expectations of significant authority figures, defining themselves in terms of the norms and expectations that others set for them (Soenens et al., 2005). They are hesitant to challenge or speak out against the authority figures in their lives and thus are unlikely to explore alternate belief patterns, and tend to have inflexible attitudes and commitments (Berman et al., 2001). They are less open to new experiences compared to those with an informational identity style (Duriez & Soenens, 2006; Duriez et al., 2004).

With regard to matters of spirituality and religion, adolescents with a normative identity style are unlikely to question the beliefs taught by parents or to be open to

exploring new religious faiths (White et al., 1998). Individuals with a diffuse/avoidant style procrastinate, putting off or avoiding altogether issues of identity (Berzonsky, 1989). They are reluctant to confront problems and make decisions (Berzonsky, 1989 & 1990; White et al., 1998). They either avoid exploration of identity issues or approach exploration unsystematically (Berman et al., 2001). Because these individuals are likely to avoid dealing with important identity relevant tasks, they often end up confused and uncertain about themselves (Soenens et al., 2005). Someone who has a diffuse/avoidant identity style is likely to either procrastinate or make disorderly attempts at examining religious issues.

Vleioras and Bosma (2005) found that, although both the normative and the informational styles were positively related to environmental mastery, the informational style was uniquely associated with well-being in the form of having positive relationships with others, autonomy, personal growth, and a purpose in life.

Personality also plays as an important determinant factor for well-being (Gilovich & Eibach, 2001). In the present study, Neuroticism shows a negative significant predicting level of spiritual wellbeing for Urban Females; Extraversion significantly predicts spiritual wellbeing for Urban Males, Rural Males, and Rural Females; while Openness significantly predicts spiritual wellbeing for Urban Males and Rural Females. These findings are in support with the hypotheses.

Spiritual and personality constructs have generally been assumed to be distinct, spirituality has also been hypothesized to be a specific sixth dimension of personality (based on the five-factor model of personality (Piedmont, 1999), and/or a character logical dimension of personality (Cloninger et al., 1993). High Spiritual Well-being group scored

lower on Neuroticism and higher on Extraversion, Agreeableness and Conscientiousness than the Low Spiritual Well-being group (Ramanaiah et al., 2001).

Spiritual well-being reflects neither emotional liability nor emotional stability. While extraversion scores were unrelated to environmental well-being, religious well-being or global spiritual health, extraverts recorded higher scores than introverts on the personal domain and communal domain. This finding is consistent with the theory that extraverts are more at home in and derive more satisfaction from the social world (Eysenck & Eysenck, 1985).

Review of literature reflects that numerous studies have been conducted showing an association between well-being and the two personality traits namely extraversion and neuroticism (Diener, 2000; Diener & Lucas, 1999; Libran, 2006; Vitesera, 2001; Wismijer & van Assen, 2008). On the other hand, based on meta-analysis, opposite trend has been reported by DeNeve and Cooper (1998) suggesting that well-being and these two traits are not strongly associated and rather traits such as agreeableness and conscientiousness are associated with well-being.

In terms of Big Five factors neuroticism and extraversion are found to be strong predictors of spiritual intelligence (Amrai et al., 2011; Hoossein et al., 2012). Neuroticism has negative association with well-being indicating that with increase in neuroticism score there is decrease in well-being (Sood et al., 2012). Similar findings were obtained in studies by (DeNeve & Cooper, 1998; Diener, 2000; George, 1984; Vitesera, 2001; Wismijer & van Assen, 2008). Spiritual Well-Being is substantially correlated with personality (e.g. Extraversion, Neuroticism, Openness {Unterrainer et al. 2010}).

Endemann and Zimmermann (2009) also indicated that low neuroticism is the strongest predictor of better quality of life, less anxiety, and lower levels of depression which

could further results in lower wellbeing. Jerant et al. (2008) high neuroticism and low openness are predictive of poor mental health for persons with chronic health conditions. Saroglou (2002) conducted the first meta-analysis of the relationships between religion and the Big Five factor. General and intrinsic religiosity was related most strongly to agreeableness and conscientiousness, whereas open, mature religiosity was most strongly related to openness to experience, extraversion and agreeableness.

Impulsivity dimension of personality and the general tendency for aggression may put more pressure to adolescents. Among the dimensions of Impulsivity and Aggression, only Motor impulsiveness and Physical aggression are in support with the hypotheses. Motor impulsiveness successfully predict spiritual wellbeing for Urban Males, also, Physical aggression appears to be negative significant predictor of spiritual wellbeing. It is well documented in the past that impulsivity and aggression go hand in hand. Critchfield et al. (2004) points out that one implication of this theory is that impulsivity and aggression are expected to appear together on the phenotypic level, justifying the use of the term impulsive aggression as a single trait-like dimension. Impulsive aggression is associated with self-reported impulsivity, neuroticism, physical aggression, and anger (Stanford et al., 2003). The radical increase in recent media reports on aggression and violence in schools create the impression that the problem of aggression and violence in our schools is becoming uncontrollable and contemporary society is progressively confronted with serious problems of alcohol and sex abuse in combination with aggression and violence (Baron et al., 2006).

Adolescence is a developmental period when individual may be particularly vulnerable to the negative effects of stress. Sources of external stress in adolescents include normative stressors (i.e., developmental challenges inherent to adolescence, such as puberty, school transitions, increased academic demands), non-normative stressful life events (e.g., divorce, deaths), and daily hassles (e.g., chronic stressors such as parent-child conflict and

academic pressure) (McNamara, 2000). The coping behaviors that adolescents engage in to deal with stress may help explain why certain adolescents experiencing stressors adapt effectively (Suldo, 2008). Among the dimension of coping, only Emotion oriented coping emerged to be a significant predictor of spiritual wellbeing for Urban Females, which supported the hypotheses.

The close knit society and the cultural practices may play a role in the coping style use by the adolescents. The extent to which adolescents positively view their cultural group may have significant effects on their coping behaviors and subjective well-being (Bettencourt et al., 1997; Crocker et al., 1994). When adolescents identify with and positively value their cultural group membership (i.e., when they possess high collective self-esteem), they are likely to behave in ways that are indicative of and consistent with the norms and values of their cultural group. Religion and spirituality have also been identified as important coping resources among adolescents (Constantine et al., 2000; Ellison, 1993; Jagers & Smith, 1996; Lukoff et al., 1992).

Related with emotional coping, emotional intelligence has been theoretically related to several important human values including life satisfaction, the quality of interpersonal relationships, and success in occupations that involve considerable reasoning with emotional information such as those involving creativity, leadership, sales and psychotherapy (Bar-On, 1997; Goleman, 1995; Palmer et al., 2001; Salovey & Mayer, 1990). Emotional intelligence was moderately correlated with psychological well-being and significantly explained some of the variance in psychological wellbeing (Palmer et al., 2001).

Religious practices and beliefs often play a role in understanding oneself and the world especially when given meaning and value for the relation between oneself, others, surrounding environment and existence (Canda, 1989). Religious beliefs become more

abstract, more principled, and more independent during the adolescence years. Specifically, adolescents' beliefs become rituals, practices and strict observance of religions customs (Steinberg, 2002). Generally speaking, the stated importance of religion- and especially of participation in an organized religion – declines somewhat during the adolescence years. Benson et al. (1989) and Johnson et al. (1986) in their study conclude that religion is important in adolescent's life.

Some, but not all, researchers suggest that religious adolescents are less depressed than other adolescents, significantly less likely than peers to engage in premarital sexual intercourse, and somewhat less likely to engage in deviant behaviour, (Benson et al., 1989; Donahue, 1994; Litchfield et al., 1997; Wright et al., 1993). Not only does religious participation affect other aspects of adolescents' behaviour, but certain behaviour themselves also affect religious participation.

The implications of religion and spirituality for individual well-being had captured the attention of many foundational social theorists (Marx, 1844; Freud, 1928; James, 1912; Weber, 1958; Maslow, 1954). However, there has been renewed interest in systemically exploring the interface between religi-spirituality and psychological well-being. Several review articles have concluded that there is a modest salutary association between various aspects of religi-spirituality and psychological well-being (Hackney & Glen, 2003; Koenig & David, 2001; Sawatzky et al., 2005).

Earlier classic theorizing (Durkheim, 1951) on the importance of social integration for individual well-being suggests how religious participation might lead to individual's better psychological well-being noting that engagement with institutions like religion can serve to temper individuals' desire and thereby help them to achieve better psychological well-being.

Scholars have suggested that religious involvement promotes individuals well-being by providing them access to social support, a source from which to cultivate soul identity, as well as a factor that encourages individuals to avoid negative health behaviours (George et al., 2002). Findings from previous studies that simultaneously have examined multiple dimensions of psychological well-being suggest that different patterns of association between religiosity, spirituality, and well-being are likely to emerge across diverse dimensions of psychological well-being (Frasier et al., 2005).

Conclusively, adolescents are found to show 'gender' differences on Normative styles of identity, Neuroticism, Attentional impulsivity, Physical and Anger aggression, Emption oriented coping, and Suicidal Ideation. Rural adolescents are found to show higher mean on Information oriented identity, Task oriented coping, and Emotion oriented coping than their urban counterpart. In elucidating the significant interaction effect of 'gender x locality' on Suicidal Ideation, Urban-Females shows significantly greater mean score as compare to their male counterparts. The male and female participants from rural area indicated no reliable differences between them as well as the male and female from urban area.

Religious involvement appears to be the most common predictor of suicidal ideation as well as spiritual wellbeing for adolescents. Societal involvement, Styles of Identity, and Personality dimensions appeared to be a common predictor of suicidal ideation for the four groups of adolescents. However, in case of spiritual wellbeing, the consistent predictors failed to emerge across different groups of study.

Chapter – V

**SUMMARY
AND
CONCLUSION**

Table-3: Bivariate correlation coefficients of all the variables under study and reliability coefficients (Cronbachs' Alpha) of the behavioral measures for the overall sample (N=533).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Gender-1	-																														
Locality-2	-.07	-																													
Age-3	-.19**	-.18**	-																												
Socioeconomic Status-4	.06	-.09*	-.00	-																											
Father's Occupation-5	.02	-.15**	-.10*	.22**	-																										
Mother's Occupation-6	-.06	-.19**	-.05	.08	.26**	-																									
Religious Involvement-7	.09*	.01	.11*	.06	-.07	-.07	-																								
Societal Involvement-8	-.01	.02	.20**	.10*	-.03	-.11*	.34**	-																							
Number of Siblings-9	-.00	.00	.17**	-.10*	-.24**	-.13**	.04	.03	-																						
Birth Order-10	.01	.04	.12**	-.08	-.13**	-.06	.02	.00	.65**	-																					
Information-11	-.00	.09*	.10*	.02	-.12**	.00	.06	.17**	-.01	.01	.61																				
Normative-12	.14**	.09*	-.03	.06	-.10*	-.01	.14**	.20**	.04	.04	.47**	.60																			
Diffuse-13	-.00	.03	-.13**	-.04	.05	.04	-.13**	-.03	-.08	-.05	-.03	-.03	.63																		
Commitment-14	-.00	.01	.07	.07	-.06	-.04	.17**	.22**	.02	-.03	.29**	.43**	-.38**	.68																	
Neuroticism-15	.27**	.06	-.17**	-.05	-.02	-.02	-.12**	-.11*	-.07	-.03	.07	-.03	.16**	-.24**	.72																
Extraversion-16	.00	.02	-.13**	.03	.02	.03	.05	.09*	-.03	-.01	.16**	.26**	.15**	.14**	-.02	.69															
Openness-17	.04	.07	-.04	-.02	-.01	.02	.01	-.04	-.03	.01	.16**	.10*	.09*	-.07	.31**	.13**	.50														
Agreeableness-18	-.02	.08	.09*	.02	-.12**	-.13**	.18**	.14**	.10*	.03	-.02	.07	-.30**	.16**	-.32**	-.09*	-.15**	.56													
Conscientiousness-19	.05	.04	-.04	.09*	-.09*	-.09*	.13**	.18**	.06	.06	.33**	.36**	-.26**	.49**	-.30**	.21**	-.04	.24**	.77												
Attentional-20	.09*	.02	-.15**	-.01	.12**	.11*	-.17**	-.20**	-.09*	-.02	-.10*	-.14**	.40**	-.31**	.35**	.01	.12**	-.35**	-.34**	.57											
Motor-21	.03	-.04	-.13**	.05	.13**	.13**	-.16**	-.08	-.10*	-.13**	-.09*	-.13**	.42**	-.29**	.25**	.12**	.13**	-.35**	-.37**	.63**	.70										
Non-Planning-22	-.02	-.04	-.05	-.00	.07	.05	-.19**	-.20**	-.08	-.05	-.30**	-.36**	.22**	-.41**	.20**	-.16**	.03	-.14**	-.64**	.32**	.40**	.72									
Physical-23	-.29**	-.05	-.03	.03	.11**	.14**	-.20**	-.05	-.10*	-.10*	-.06	-.11*	.22**	-.10*	.07	.01	.03	-.31**	-.20**	.26**	.38**	.24**	.78								
Verbal-24	.00	-.04	-.01	.01	.05	.02	-.03	-.02	-.04	-.04	-.12**	-.05	.07	-.05	.07	.09*	.01	-.26**	-.11**	.19**	.27**	.14**	.37**	.54							
Anger-25	.22**	-.01	-.14**	-.06	.02	.01	-.06	-.06	-.11*	-.06	-.05	-.02	.17**	-.18**	.38**	.02	.20**	-.40**	-.23**	.31**	.34**	.27**	.37**	.28**	.54						
Hostility-26	-.04	.06	-.13**	.04	.05	.05	-.15**	-.06	-.10*	-.04	.07	-.06	.29**	-.15**	.30**	.02	.09*	-.36**	-.16**	.44**	.40**	.15**	.45**	.27**	.39**	.52					
Task-27	.03	.12**	.11*	.03	-.14**	-.02	.15**	.19**	.03	.02	.57**	.46**	-.05	.33**	-.13**	.17**	.04	.10*	.45**	-.15**	-.14**	-.46**	-.12**	-.12**	-.19**	.01	.84				
Emotion-28	.24**	.09*	-.09*	-.06	-.03	.02	.00	.00	.00	.04	.33**	.23**	.23**	-.15**	.37**	.11*	.17**	-.20**	-.04	.23**	.19**	-.00	.05	-.00	.21**	.21**	.30**	.72			
Avoidance-29	-.01	.00	.04	-.07	.07	.06	-.01	.05	.01	.02	.19**	.15**	.30**	-.14**	.11*	.19**	.11**	-.17**	-.07	.19**	.20**	.04	.11*	.03	.06	.12**	.25**	.46**	.81		
Spiritual Wellbeing-30	.09*	.09*	-.02	.01	-.07	-.09	.28**	.22**	.05	.02	.27**	.42**	-.23**	.37**	-.20**	.32**	.08	.17**	.38**	-.26**	-.18**	-.34**	-.20**	-.08	-.13**	-.17**	.35**	.01	.02	.83	
Suicidal Ideation-31	.12**	-.02	-.06	.03	.08	.07	-.12**	-.10*	-.02	-.01	.10*	-.05	.10*	-.05	.28**	-.08	.09*	-.21**	-.07	.27**	.25**	.04	.23**	.14**	.25**	.30**	.01	.17**	.06	-.21**	.94

[Cronbachs' Alpha of the behavioral measures are presented along the diagonal in bold italics]

**Significant at .01 level; * Significant at .05 level

Table-5a: Bivariate correlation coefficients of all the variables under study for urban (lower diagonal) and rural (upper diagonal) male samples.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Age-1	X	.10	-.12	-.07	.31**	.26**	.23**	.21*	.23**	.16	.01	.15	-.14	-.09	-.14	.05	.06	-.12	-.15	-.16	-.03	.01	-.16	-.08	.34**	.06	.05	.02	.03
Socioeconomic Status-2	-.02	X	.18*	.14	.19*	.14	-.01	-.04	.03	-.03	.13	.05	-.09	.01	-.14	-.00	.00	.12	.19*	.14	.13	.05	-.14	.01	.05	.03	-.05	-.17	.12
Father's Occupation-3	-.24**	.19*	X	.23**	-.04	-.01	-.32**	-.21*	-.11	-.15	.10	-.13	-.03	.02	-.09	-.26**	-.17	.20*	.18*	.16	.11	.06	.01	.15	-.14	-.01	.07	-.13	.29**
Mother's Occupation-4	-.14	-.11	.28**	X	.09	-.06	-.14	-.12	.00	-.13	.10	-.03	.12	-.05	.11	-.23**	-.24**	.12	.24**	.09	.16	-.01	.10	.06	-.00	.11	.06	-.12	.16
Religious Involvement-5	.05	.05	-.14	-.13	X	.36**	.05	.11	.14	.16	-.17	.40**	-.23**	.08	-.01	.09	.24**	-.24**	-.27**	-.33**	-.18*	-.07	-.06	-.08	.32**	-.10	-.02	.25**	-.09
Societal Involvement-6	.20*	.19*	-.02	-.14	.38**	X	.05	.14	.32**	.23**	-.09	.29**	-.12	.19*	-.17	.11	.33**	-.27**	-.19*	-.28**	.01	-.04	-.10	-.11	.22*	.01	.04	.11	.05
Number of Siblings-7	.20*	-.26**	-.45**	-.15	.08	.03	X	.62**	.04	.20*	-.16	.17	.00	-.11	-.04	.17	.13	-.03	-.05	-.14	-.08	-.07	-.08	-.14	.20*	.05	.05	.06	-.03
Birth Order-8	.15	-.14	-.26**	-.02	.03	-.11	.61**	X	.10	.15	-.13	.10	.00	-.04	-.04	.17	.18*	-.15	-.22*	-.20*	-.16	-.09	-.06	-.07	.08	.01	.01	.04	-.04
Information-9	.13	.03	-.06	.13	-.01	.13	-.11	.08	X	.52**	.05	.51**	.15	.40**	.17	-.13	.39**	-.18*	-.10	-.31**	-.01	-.27**	-.03	.02	.51**	.43**	.30**	.21*	.12
Normative-10	-.07	.16	-.01	.19*	.13	.16	-.19*	.06	.42**	X	-.06	.60**	.01	.45**	.03	.11	.44**	-.25**	-.23**	-.45**	-.07	-.11	-.12	-.13	.47**	.21*	.17	.51**	-.07
Diffuse-11	-.09	-.10	.15	.06	-.12	.01	.02	.03	.01	.01	X	-.33**	.08	.01	.10	-.20*	-.30**	.38**	.32**	.22*	.26**	.07	.15	.26**	-.04	.29**	.18*	-.27**	.08
Commitment-12	.05	.14	-.01	-.05	.06	.27**	-.12	-.09	.25**	.44**	-.38**	X	-.16	.36**	.02	.11	.58**	-.30**	-.26**	-.51**	-.15	-.09	-.19*	-.13	.52**	-.02	.14	.45**	-.01
Neuroticism-13	-.12	-.15	-.03	.01	-.06	.01	-.08	-.00	.09	-.10	.28**	-.27**	X	-.09	.31**	-.36**	-.31**	.23**	.26**	.22*	.18*	-.03	.42**	.24**	-.26**	.41**	.19*	-.16	.27**
Extraversion-14	-.16	.03	-.04	-.02	.13	.09	.10	.15	.05	.16	.12	.17*	-.01	X	.17	-.10	.40**	-.15	-.07	-.31**	-.08	-.05	-.14	-.08	.32**	.17	.21*	.41**	-.17
Openness-15	.03	.05	.03	-.01	-.02	-.02	-.05	.13	.21*	.11	.17*	-.06	.28**	.16	X	-.11	-.17	.21*	.24**	.16	-.03	-.01	.27**	.02	-.19*	.23*	.12	-.05	.03
Agreeableness-16	.15	.04	-.08	-.02	.17	.12	.10	-.03	-.10	.02	-.34**	.16	-.39**	-.14	-.25**	X	.21*	-.32**	-.35**	-.03	-.24**	-.16	-.40**	-.36**	.12	-.22*	-.15	.18*	-.24**
Conscientiousness-17	-.02	.09	-.05	-.08	.09	.05	.09	.12	.23**	.31**	-.26**	.46**	-.41**	.17	-.05	.19*	X	-.42**	-.43**	-.63**	-.14	-.13	-.22*	-.14	.47**	-.07	.04	.43**	-.13
Attentional-18	-.20*	-.05	.13	.33**	-.20*	-.23**	-.13	.07	-.05	-.09	.32**	-.36**	.34**	.06	.16	-.32**	-.30**	X	.58**	.40**	.29**	.24**	.29**	.41**	-.20*	.22*	.15	-.41**	.24**
Motor-19	-.18*	.07	.17	.20*	-.15	.03	-.19*	-.15	.04	-.01	.34**	-.27**	.18*	.10	.05	-.25**	-.34**	.60**	X	.48**	.38**	.29**	.31**	.34**	-.20*	.18*	.20*	-.34**	.37**
Non-Planning-20	.08	-.07	.02	.09	-.10	-.10	-.14	-.10	-.11	-.24**	.15	-.38**	.30**	-.14	.01	-.09	-.67**	.29**	.38**	X	.25**	.12	.28**	.15	-.42**	.12	.01	-.41**	.10
Physical-21	-.11	-.07	.19*	.18*	-.23**	-.10	-.20*	-.11	.03	-.00	.26**	-.16	.18*	.03	.06	-.36**	-.33**	.43**	.53**	.29**	X	.34**	.54**	.41**	-.03	.15	.17	-.23**	.40**
Verbal-22	-.09	.11	.13	.00	.03	-.01	-.06	-.07	.13	.06	.01	-.03	.07	.20*	.11	-.22*	-.15	.19*	.31**	.10	.39**	X	.12	.22*	-.20*	-.18*	-.10	-.07	.19*
Anger-23	-.10	.02	.03	-.07	.04	.05	-.13	-.03	.05	.08	.24**	-.11	.38**	.10	.18*	-.39**	-.25**	.32**	.46**	.32**	.52**	.30**	X	.53**	-.25**	.20*	.06	-.21*	.27**
Hostility-24	-.14	.02	.17	.13	-.10	.01	-.18*	-.10	.12	.04	.33**	-.19*	.38**	.12	.11	-.41**	-.28**	.49**	.47**	.19*	.60**	.31**	.48**	X	.01	.26**	.18*	-.31**	.25**
Task-25	.11	.05	-.15	.07	.07	.16	-.04	.09	.53**	.44**	-.10	.34**	-.16	.11	.08	.04	.43**	-.14	-.09	-.32**	-.13	.02	-.16	-.03	X	.29**	.27**	.33**	-.08
Emotion-26	-.11	-.08	-.05	.10	-.05	-.07	.02	.09	.28**	.09	.21*	-.21*	.40**	.09	.29**	-.32**	-.17	.20*	.19*	.06	.25**	.13	.32**	.37**	.25**	X	.51**	-.10	.19*
Avoidance-27	-.03	-.05	-.01	.00	.06	.02	.04	.02	.13	.03	.34**	-.23**	.11	.14	.25**	-.14	-.05	.21*	.16	.02	.12	.05	.04	.16	.29**	.53**	X	-.05	.15
Spiritual Wellbeing-28	-.03	.17*	-.12	-.12	.40**	.29**	.04	.04	.12	.41**	-.23**	.33**	-.28**	.30**	.11	.24**	.42**	-.25**	-.07	-.28**	-.32**	-.05	-.07	-.18*	.32**	-.05	.03	X	-.24**
Suicidal Ideation-29	-.16	-.03	.12	.32**	-.19*	-.15	-.20*	-.10	.13	.06	.14	-.01	.21*	-.02	.11	-.24**	-.08	.41**	.36**	.01	.42**	.27**	.18*	.30**	.09	.17	.09	-.23**	X

**Significant at .01 level; * Significant at .05 level

Table-5b: Bivariate correlation coefficients of all the variables under study for urban (lower diagonal) and rural (upper diagonal) female samples.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Age-1	X	.03	-.04	-.08	-.07	.08	.26**	.26**	-.01	-.09	-.33**	.03	-.10	-.22*	.05	.11	-.12	-.13	-.12	-.02	-.18	.00	-.07	-.15	.03	-.17	.03	.01	-.18
Socioeconomic Status-2	-.16*	X	.17	-.03	.13	.17	.04	-.02	.02	.07	-.13	.07	.01	.05	.06	.17	.27**	-.02	-.05	-.19*	-.15	-.14	-.16	.03	.15	-.03	-.11	.04	.07
Father's Occupation-3	-.13	.29**	X	.20*	.11	.04	-.03	.08	-.13	-.12	.01	-.10	-.02	-.15	.03	.12	-.01	.09	-.01	-.03	.00	.02	-.02	-.15	-.02	.11	.19*	-.08	-.05
Mother's Occupation-4	-.13	.20*	.24**	X	-.03	.04	.03	-.01	-.00	-.06	.07	-.10	-.17	.02	.01	.00	.07	-.15	-.09	-.03	.02	-.03	.03	.00	-.04	.03	.13	.02	-.12
Religious Involvement-5	.21**	-.12	-.17*	-.12	X	.29**	-.08	-.09	.08	.07	-.09	.20*	-.20*	-.10	-.04	.10	.18	-.08	-.03	-.19*	-.13	-.09	-.23*	-.15	.05	.01	-.15	.20*	-.17
Societal Involvement-6	.27**	-.08	-.11	-.17*	.32**	X	-.10	-.19*	.15	.19*	.07	.12	-.13	.23*	.05	.09	.13	-.09	.00	-.23*	-.13	-.04	-.10	-.04	.14	.10	.20*	.28**	-.16
Number of Siblings-7	-.01	-.19*	-.17*	-.23**	.12	.15	X	.72**	-.01	.07	-.03	-.01	-.13	.02	.02	.08	-.02	-.15	-.05	-.07	.09	.06	-.06	.04	.00	-.08	.04	.09	.05
Birth Order-8	-.08	-.10	-.12	-.07	.02	.09	.65**	X	-.17	-.02	-.03	-.04	-.15	-.05	-.05	-.01	-.12	-.07	-.05	.08	.01	.03	-.06	-.04	-.12	-.14	.05	-.02	.01
Information-9	.11	.03	-.12	-.05	.06	.10	.01	.00	X	.51**	-.01	.27**	-.07	.31**	.14	.10	.41**	-.12	-.03	-.34**	-.06	-.02	-.05	.09	.57**	.22*	.20*	.51**	.12
Normative-10	.03	.08	-.09	.01	.12	.20*	.06	-.03	.47**	X	.12	.33**	-.16	.38**	.07	.02	.37**	-.12	-.02	-.27**	.03	.06	-.03	.02	.38**	.13	.27**	.39**	-.10
Diffuse-11	-.09	-.06	-.01	.00	-.15	-.09	-.14	-.08	-.11	-.14	X	-.31**	.08	.32**	-.11	-.30**	-.21*	.51**	.52**	.12	.17	.13	.17	.34**	.01	.29**	.28**	-.04	-.06
Commitment-12	.04	.05	-.05	-.02	.09	.18*	.05	-.07	.20*	.38**	-.45**	X	-.23*	-.08	-.04	.12	.25**	-.25**	-.21*	-.21*	.00	.02	-.13	-.13	.22*	-.22*	-.09	.26**	.05
Neuroticism-13	-.07	-.01	.02	.03	-.14	-.22**	-.11	-.02	.06	-.10	.21**	-.32**	X	.06	.24**	-.17	-.19*	.41**	.22*	.01	.05	.06	.08	.21*	-.12	.27**	-.02	-.20*	.20*
Extraversion-14	-.06	.02	.20*	.16*	.04	-.11	-.11	-.08	-.05	.08	.13	.08	-.05	X	.07	-.03	.20*	.10	.29**	-.16	.01	.15	-.05	.15	.19*	.26**	.26**	.44**	-.09
Openness-15	.00	.00	.04	.04	.04	.00	-.03	-.01	.14	.13	.12	-.15	.37**	.09	X	-.08	.11	.08	.07	-.07	-.02	-.19*	.10	.15	.12	.05	.07	.22*	.11
Agreeableness-16	.14	-.05	-.19*	-.19*	.32**	.26**	.09	-.04	.02	.07	-.38**	.23**	-.40**	-.13	-.18*	X	.21*	-.40**	-.37**	-.20*	-.36**	-.50**	-.44**	-.27**	.10	-.13	-.20*	.10	-.02
Conscientiousness-17	-.02	.06	-.08	-.02	.04	.20**	.05	.03	.30**	.30**	-.28**	.58**	-.39**	.06	-.03	.32**	X	-.29**	-.30**	-.66**	-.22*	-.12	-.14	-.07	.57**	.05	-.09	.34**	.15
Attentional-18	-.08	-.08	.08	.06	-.17*	-.20*	-.05	.04	-.07	-.15	.39**	-.34**	.38**	.02	.03	-.39**	-.38**	X	.58**	.29**	.27**	.22*	.32**	.43**	-.17	.20*	.12	-.17	.07
Motor-19	-.11	-.02	.15	.11	-.18*	-.14	-.14	-.09	-.20**	-.22**	.49**	-.37**	.33**	.16*	.15	-.41**	-.41**	.71**	X	.27**	.27**	.34**	.16	.41**	-.14	.17	.15	-.06	-.06
Non-Planning-20	-.13	.02	.10	-.01	-.14	-.21**	.00	.04	-.40**	-.41**	.33**	-.45**	.25**	-.07	.00	-.21**	-.61**	.32**	.42**	X	.25**	.18	.14	.04	-.49**	-.09	-.04	-.25**	-.22*
Physical-21	-.13	.19*	.14	.06	-.16*	-.03	-.22**	-.12	-.16*	-.15	.25**	-.08	.21**	.07	.14	-.35**	-.08	.24**	.42**	.20*	X	.42**	.34**	.30**	-.16	.14	.11	-.10	.06
Verbal-22	-.00	-.01	-.00	.06	-.01	.00	-.10	-.04	-.28**	-.16*	.09	-.07	.18*	.09	.06	-.18*	-.05	.14	.20*	.15	.41**	X	.26**	.19*	-.01	.12	.13	-.05	.00
Anger-23	-.06	-.05	.06	.05	-.12	-.12	-.18*	-.10	-.16*	-.11	.13	-.26**	.42**	.14	.19*	-.43**	-.35**	.29**	.41**	.34**	.46**	.41**	X	.25**	-.11	.15	.09	-.16	.24*
Hostility-24	-.16*	.13	.05	.03	-.25**	-.12	-.12	.02	.06	-.13	.26**	-.16*	.42**	-.10	.10	-.41**	-.13	.44**	.43**	.19*	.50**	.34**	.36**	X	.12	.19*	.07	-.04	.31**
Task-25	.06	-.06	-.17*	-.03	.12	.22**	-.02	-.02	.63**	.50**	-.06	.24**	-.09	.06	.10	.11	.37**	-.14	-.13	-.54**	-.11	-.22**	-.24**	-.04	X	.06	.16	.36**	.14
Emotion-26	.08	-.185*	-.08	.02	.06	-.01	.01	.13	.38**	.29**	.19*	-.19*	.18*	-.03	.06	-.18*	-.03	.24**	.21**	-.08	.03	-.03	.04	.10	.45**	X	.37**	.19*	.11
Avoidance-27	.09	-.08	.03	.07	.05	-.02	-.10	.01	.15	.16*	.37**	-.30**	.17*	.16*	.05	-.18*	-.16*	.26**	.28**	.13	.05	.02	.08	.08	.27**	.49**	X	.14	-.06
Spiritual Wellbeing-28	.05	.05	.08	.00	.21**	.22**	.02	-.02	.26**	.31**	-.35**	.42**	-.32**	.14	.04	.13	.32**	-.26**	-.21**	-.38**	-.05	-.13	-.17*	-.13	.34**	-.07	-.02	X	-.16
Suicidal Ideation-29	.07	-.06	.01	-.06	-.09	-.15	.03	.04	.05	-.13	.20*	-.14	.32**	-.02	.13	-.29**	-.18*	.32**	.26**	.16	.22**	.10	.24**	.36**	-.04	.12	.06	-.23**	X

**Significant at .01 level; * Significant at .05 level

The present study aimed at investigating the psychological correlates of suicidal ideation and spiritual wellbeing among Mizo adolescents. Thus for the purpose of the fulfillment of the present research the following behavioural measures were employed: Identity Styles Inventory (ISI3; Berzonsky, 1992)- Information, Normative, and Commitment; Revised NEO Personality Inventory (NEO PI-R; Costa & McCrae, 1992)- Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness; Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995)- Attentional, Motor, and Non-Planning; Aggression Questionnaire (AQ; Buss & Perry, 1992)- Physical, Verbal, Anger, and Hostility; Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999)- Task, Emotion, and Avoidance; Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paloutzian & Ellison, 1982). In addition, to get more information of each individual, demographic profile sheet was also given to each individual.

The main objectives of the study were firstly, to discern the patterns of similarities and differences that exist along 'gender' and 'locality' variables on the behavioral measures; Secondly, to elucidate variation due to demographic variables: age, socio-economic status, father's occupation, mother's occupation, religious involvement (RI), societal involvement (SI), numbers of siblings, and birth order on behavioural measures; Thirdly, to illustrate the predictability of Spiritual Wellbeing from the demographic variables and behavioral measures; And finally, to illustrate predictability of Suicidal Ideation from demographic variables and behavioural measures.

To arrive to the target objectives on the basis of multi-stage sampling procedure, firstly two districts (Aizawl and Lunglei) were identified based on fishbowl techniques from the eight districts of Mizoram. Further, Higher Secondary Schools and Colleges in these two districts were selected by means of computer generated random number from

the Annual Report of Mizoram Board of School Education and list of colleges within Mizoram. As a result, 7 Higher Secondary Schools and 4 colleges were selected from the district of Aizawl, and 5 Higher Secondary Schools and 2 Colleges were selected from Lunglei districts. The final sample consists of 533 adolescents.

Consequently, four groups of subjects with differing 'locality' and 'gender' backgrounds were identified considering the primary objectives of the study on Spiritual Wellbeing and Suicidal Ideation. The groups of subjects were referred to as 'urban-males', 'urban-females', 'rural-males', and 'rural-females'. The 'urban' / 'rural' samples were strictly separated by their permanent address as indicated on the demographic profile. The background information like age, academic qualification, RI, SI, and socio-economic status are also recorded. The selected subjects were screened from the total number of respondents based on i) the subjects falling outside of 15 to 22 years of age, ii) uncertainty of the demographic characteristics, and iii) incomplete response to the psychological measures.

Keeping in view the objectives of the study, the methodological refinements are aimed in a step-wise manner. Firstly, for the overall samples, a psychometric checks of the behavioral measures of: Identity Styles Inventory (ISI3; Berzonsky, 1992); Revised NEO Personality Inventory (NEO PI-R; Costa & McCrae, 1992); Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995); Aggression Questionnaire (AQ; Buss & Perry, 1992); Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999); Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1999); and Spiritual Wellbeing Scale (SWBS; Paluotzian & Ellison, 1982) for measurement purposes of the target population. The results are analyzed for the whole sample in an effort to evolve consistency in the observed major trends of the findings.

Secondly, item analysis and selection of items for each of the scales/subscales was done. The corrected item total correlation coefficient greater than .40 serves as the criterion for inclusion of item in the scales/subscales of the behavioural gamut. On the other hand, item exclusion criteria involves exclusion of item with the 'Cronbach's alpha if item deleted' improves the overall internal consistency of the scales/subscales of the behavioural gamut.

Thirdly, relationship between the behavioural measures was ascertained to find bi-variate correlation coefficient between 'gender' and 'locality' with that of the other demographic variables (age, socio-economic status, fathers occupation, mothers occupation, religious involvement, societal involvement, number of siblings, birth order) to consider other demographic variables as covariate in the Analysis of Covariance (ANCOVA). Prior to the ANCOVA test, Levene's test for equality of variances is performed. ANCOVA is then employed to see the effect of 'gender' and 'locality' with demographic variables as the covariate on the behavioral measures for the overall sample.

Bi-variate correlation matrix was employed to describe the nature of the relationships existing between the demographic variables and the measured variables to provide evidences for successful predictability of Spiritual Wellbeing and Suicidal Ideation from the demographic variables and the other measured variables over the levels of analyses.

Series of multiple regression analyses was employed to check the predictability of Spiritual Wellbeing from demographic variables and the measured variables for each of the four cells (urban-males, rural-males, urban-females, and rural-females) of the main design. And finally, in case of Suicidal Ideation, binary logistic regression analysis was employed to check the predictability of Suicidal Ideation from demographic variables and

the other measured variables for each of the four cells, in view of the fact that the Levene's test of equality in the analysis of covariance emerged significant and that it does not rely on distributional assumption.

For the multiple linear regression and binary logistic regression over the levels of analyses employed to elucidate consistent pattern of predictability of Suicidal Ideation and Spiritual Wellbeing with the background demographic variables first entered as the predictors (Model-1), followed by the measured variables of the subscales of : Identity Styles Inventory (ISI3; Berzonsky, 1992); Revised NEO Personality Inventory (NEO PI-R; Costa & McCrae, 1992); Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995); Aggression Questionnaire (AQ; Buss & Perry, 1992) as predictors (Model 2 and Model 3); and finally, the subscales of Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999) was entered as a predictors.

The responses of the subjects screened and coded, were analyzed by employing computer software programmes, and are discussed.

The interpretability of ANCOVA for the effect of 'gender' and 'locality'

The results revealed a significant independent effect of 'gender' on: 'Normative' styles of identity with small effect size and a very healthy statistical power; 'Neuroticism'(a subscales of personality) with very high effect size and a very high statistical power; 'Attentional' impulsivity with very small size effect and a healthy statistical power; 'Physical' aggression with a very high size effect and a very high statistical power; 'Anger' aggression with a very high size effect and a very high statistical power; 'Emotion' oriented Coping with a very high size effect and a very high statistical power; 'Suicidal Ideation' with a very high size effect and a very high statistical power.

The results also revealed a significant effect of 'locality' on: 'Information' oriented identity with a small effect size and a high statistical power; 'Task' oriented Coping with small size effect and a high statistical power; 'Emotion' oriented Coping with small size effect and a fine statistical power.

In addition, the result also highlighted the significant interaction effect of 'gender' and 'locality' in the analysis of covariance for the effect of 'gender' and 'locality' with demographic variables as the covariates on the Behavioral Measures for the overall sample. The result also shows a significant effect of 'gender' x 'locality' on Suicidal Ideation with a small effect size and a fair healthy statistical power.

Post-hoc multiple comparison employing Scheffe test elucidate the significant interaction effect of 'gender' x 'locality' on Suicidal Ideation revealed that urban-females shows significantly greater mean score as compared to their male counterpart. The male and female participants from rural area indicated no reliable differences between them as well as the male and female from urban area. Besides, it is worthwhile to reiterate the heterogeneity of variances for scores on Suicidal Ideation Questionnaire along the four cells of the main design as indicated by Levene's test of significance.

Binary Logistic Regression in the prediction of Suicidal Ideation separately over the levels of Analyses:

The Binary Logistic Regression analysis for the 'urban-male' sample to predict Suicidal Ideation: The results for the binary logistic regression with the demographic variables entered in the 1st Model revealed low as compared to moderate, and moderate as compared to high responses of the participants on Mother's occupation significantly predicted 1.74 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. On the contrary, low as compared to

moderate and moderate as compared to high responses of participants on religious involvement significantly predicted .35 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. However, this significant predictability of the scores on Suicidal Ideation Questionnaire from participants report of their Mother's occupation and their Religious Involvement was reduced to non-significance in the subsequent models.

The Binary Logistic Regression analysis for the 'rural-male' sample to predict Suicidal Ideation: the results for the binary logistic regression with the demographic variables entered in the 1st Model revealed low as compared to moderate, and moderate as compared to high responses of the participants on Father's occupation significantly predicted 1.76 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. On the contrary, low as compared to moderate and moderate as compared to high responses of participants on religious involvement significantly predicted .37 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. From these significant predictability of the scores on Suicidal Ideation Questionnaire from participants report of their Father's Occupation persist as significant predictor in the subsequent models, whereas, predictability from Religious Involvement was reduced to non-significance in the subsequent models.

In the 2nd Model, wherein the subscales of ISI3, NEO-FFI, BIS-11, and AQ added to the demographic variables revealed significant predictability of the scores on Suicidal Ideation Questionnaire from: low as compared to moderate and moderate as compared to high responses of participants on Father's Occupation that significantly predicted 4.30 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; low as compared to moderate and moderate as

compared to high responses of participants on Birth Order that significantly predicted 2.00 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; unit increment on Neuroticism (subscale of NEO-FFI) that significantly predicted 1.16 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; unit increment on Motor (subscale of BIS) that significantly predicted 1.56 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; and unit increment on Physical (subscale of AQ) that significantly predicted 1.20 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. Conversely, unit increment along the scores on Extraversion (subscale of NEO-FFI) significantly predicted .82 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. From these significant predictability of the scores on Suicidal Ideation Questionnaire from participants report of their Father's Occupation, Birth Order, Neuroticism, Motor, and Physical persist as significant predictor in the 3rd Model, whereas, predictability from Extraversion was reduced to non-significance in the 3rd Model.

Finally, the subscales of CISS was entered in the 3rd Model that revealed significant predictability of the scores on Suicidal Ideation Questionnaire from: low as compared to moderate and moderate as compared to high responses of participants on Father's Occupation that significantly predicted 4.40 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; low as compared to moderate and moderate as compared to high responses of participants on Birth Order that significantly predicted 1.97 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire; unit

increment on Neuroticism (subscale of NEO-FFI) that significantly predicted 1.15 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; unit increment on Motor impulsiveness that significantly predicted 1.62 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; and unit increment on Physical Aggression that significantly predicted 1.21 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire.

The Binary Logistic Regression analysis for the 'urban-female' sample to predict Suicidal Ideation: the results (Table-6c) for the binary logistic regression with the demographic variables entered in the 1st Model, the subscales of Identity Styles Inventory, NEO-FFI, Barratt Impulsiveness Scale, and Aggression Questionnaire added to the demographic variables in the 2nd Model, and the subscales of CISS added in the 3rd Model failed to show any significant predictability of the criterion variable of the scores on Suicidal Ideation Questionnaire from the predictor variables.

The Binary Logistic Regression analysis for the 'rural-female' sample to predict Suicidal Ideation: The results for the binary logistic regression with the demographic variables entered in the 1st Model failed to show any significant predictability of the criterion variable of the scores on Suicidal Ideation Questionnaire from the demographic variables. However, in the 2nd Model wherein the subscales of ISI3, NEO-FFI, BIS-11, and AQ added to the demographic variables revealed significant predictability of the scores on Suicidal Ideation Questionnaire from unit increment of scores on: Information identity that significantly predicted 1.15 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; Anger aggression that significantly predicted 1.21 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; and

Hostility aggression that significantly predicted 1.32 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire. Conversely, unit increment along the score on Normative identity significantly predicted .85 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire.

Similar to the outcomes in the 2nd Model, the subscales of CISS were entered in the 3rd Model that revealed significant predictability of the scores on Suicidal Ideation Questionnaire from: Information identity that significantly predicted 1.15 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; Anger aggression that significantly predicted 1.19 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; Hostility aggression that significantly predicted 1.33 times the odd of being classified as high scorers as against being classified as low scorers on Suicidal Ideation Questionnaire; and unit increment along the score on Normative identity significantly predicted .86 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire. In addition, unit increment on Non-Planning impulsiveness also emerged to significantly predict .79 times the odd of being classified as low scorers as against being classified as high scorers on Suicidal Ideation Questionnaire.

Multiple Regression in the prediction of Spiritual Wellbeing separately over the levels of Analyses:

Multiple Linear Regression to Predict SWB for urban-male: Results revealed highly significant predictability of increase in the scores on Spiritual Wellbeing from increase in

the scores on Religious Involvement that persists throughout the Models, however, with subsequent reduction of Beta-values (Model-1=31%; Model-2=21%; & Model-3=21%). The increase in the scores on Spiritual Wellbeing predicted by increase in the scores on Religious Involvement was also supported by the increase in the scores on Normative Identity Orientation (Model-2=31%; & Model-3=30%), Extraversion (Model-2=17%; & Model-3=17%) and Openness (Model-2=19%; & Model-3=19%), and Motor Impulsiveness (Model-2=27%; & Model-3=27%) in the 2nd and 3rd Model. Conversely, decrease in the scores on Spiritual wellbeing predicted by increase in the scores on Diffuse form of Identity style (Model-2=19%; & Model-3=19%) and Physical Aggression (Model-2=22%; & Model-3=21%) emerged in the 2nd and 3rd Model for the urban-male.

Multiple Linear Regression to Predict SWB for rural-male: Results revealed significant predictability of increase of the scores on Spiritual Wellbeing from decrease of the scores on Socio-economic Status (Model-1=20%) and increase in the scores on Religious Involvement (Model-1=30%) in the 1st Model, that was reduces to non-significance in the subsequent models. In the 2nd and 3rd Models, the increase in the scores on Normative Identity Style (Model-2=32%; & Model-3=31%), as well as Extraversion (Model-2=23%; & Model-3=23%) serves to significantly predict increase in the scores on Spiritual Wellbeing, while reducing significant predictability of Spiritual Wellbeing from Socio-Economic Status and Religious Involvement that emerged in the 1st Model.

Multiple Linear Regression to Predict SWB for urban-female: results revealed significant predictability of increase of the scores on Spiritual Wellbeing from increase of the scores on Religious Involvement (Model-1=18%) and Societal Involvement (Model-1=19%) in the 1st Model, that was reduced to non-significance in the subsequent models. In the 2nd and 3rd Models, the increase in the scores on Diffuse Identity Style (Model-2=28%; & Model-3=30%) as well as Neuroticism (Model-2=27%; & Model-3=26%) serves to

significantly predict decrease in the scores on Spiritual Wellbeing, while reducing significant predictability of Spiritual Wellbeing from Religious Involvement and Societal Involvement that emerged in the 1st Model. In addition, the increase in the scores on Emotion Oriented Coping (Model-3=20%) that serves to significantly predict decrease in the scores on Spiritual Wellbeing emerged in the 3rd Model.

Multiple Linear Regressions to Predict SWB for rural-female: results revealed significant predictability of increase of the scores on Spiritual Wellbeing from increase of the scores on Societal Involvement (Model-1=25%) in the 1st Model, that was reduced to non-significance in the subsequent models. In the 2nd and 3rd Models, the increase in the scores on: Information Identity Style (Model-2=31%; & Model-3=26%); Extraversion (Model-2=41%; & Model-3=40%); and Openness (Model-2=18%; Model-3=19%) serves to significantly predict increase in the scores on Spiritual Wellbeing.

An empirical study can never be complete in itself. Retrospective responses given are analyzed in the present study that can be highly influenced by temporal ordering of the measured variables and social desirability factors. The reliability coefficients of the tools developed and standardized in other population as employed in the present study emerged to be of the lower order. The time bound study also suffers from budget constraints. The 'locality' variation along variables under study deserves replication and is reserved for the present study. The methodological refinements for the maximization of variances and reduction of errors warranted interpretability of the main findings of the study.

Scholars suggested that religious involvement promotes individuals well-being by providing them access to social support, a source from which to cultivate soul identity, as well as a factor that encourages individuals to avoid negative health behaviours (George et al.,

2002). Findings from previous studies that simultaneously have examined multiple dimensions of psychological well-being suggest that different patterns of association between religiosity, spirituality, and well-being are likely to emerge across diverse dimensions of psychological well-being (Frasier et al., 2005).

Conclusively, adolescents are found to show 'gender' differences on Normative styles of identity, Neuroticism, Attentional impulsivity, Physical and Anger aggression, Emotion oriented coping, and Suicidal Ideation. Rural adolescents are found to show higher mean on Information oriented identity, Task oriented coping, and Emotion oriented coping than their urban counterpart. In elucidating the significant interaction effect of 'gender x locality' on Suicidal Ideation, the Urban-Females shows significantly greater mean score as compared to their male counterparts. The male and female participants from rural area indicated no reliable differences between them as well as the male and female from urban area.

Religious involvement emerged to be the most common predictor of lower suicidal ideation as well as higher spiritual wellbeing for adolescents. Societal involvement, Styles of Identity, and Personality dimensions emerged to be the common predictor of suicidal ideation for the four groups of adolescents. However, in case of spiritual wellbeing, the consistency of these predictors failed to emerge across the different groups under study.

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APPENDICES

Identity Styles Inventory (ISI3; Berzonsky, 1992)

INSTRUCTIONS: You will find a number of statements about beliefs, attitudes, and/or ways of dealing with issues. Read each carefully, then use it to describe yourself. On the answer sheet, circle the number which indicates the extent to which you think the statement represents you. There are no right or wrong answers. For instance, if the statement is very much like you, mark a 5, if it is not like you at all, mark a 1. Use the 1 to 5 point scale to indicate the degree to which you think each statement is uncharacteristic (1) or characteristic (5) of yourself.		Uncharacteristic of me				Characteristic of me
1	Regarding religious beliefs, I know basically what I believe and don't believe.	1	2	3	4	5
2	I've spent a great deal of time thinking seriously about what I should do with my life.	1	2	3	4	5
3	I'm not really sure what I'm doing in school; I guess things will work themselves out.	1	2	3	4	5
4	I've more-or-less always operated according to the values with which I was brought up.	1	2	3	4	5
5	I've spent a good deal of time reading and talking to others about religious ideas.	1	2	3	4	5
6	When I discuss an issue with someone, I try to assume their point of view and see the problem from their perspective.	1	2	3	4	5
7	I know what I want to do with my future.	1	2	3	4	5
8	It doesn't pay to worry about values in advance; I decide things as they happen.	1	2	3	4	5
9	I'm not really sure what I believe about religion.	1	2	3	4	5
10	I've always had purpose in my life; I was brought up to know what to strive for.	1	2	3	4	5
11	I'm not sure which values I really hold.	1	2	3	4	5
12	I have some consistent political views; I have a definite stand on where the government and country should be headed.	1	2	3	4	5
13	Many times by not concerning myself with personal problems, they work themselves out.	1	2	3	4	5
14	I'm not sure what I want to do in the future.	1	2	3	4	5
15	I'm really into my major; it's the academic area that is right for me.	1	2	3	4	5
16	I've spent a lot of time reading and trying to make some sense out of political issues.	1	2	3	4	5
17	I'm not really thinking about my future now; it's still a long way off.	1	2	3	4	5
18	I've spent a lot of time and talked to a lot of people trying to develop a set of values that make sense to me.	1	2	3	4	5
19	Regarding religion, I've always known what I believe and don't believe; I never really had any serious doubts.	1	2	3	4	5
20	I'm not sure what I should major in (or change to).	1	2	3	4	5
21	I've known since high school that I was going to college and what I was going to major in.	1	2	3	4	5

INSTRUCTIONS: You will find a number of statements about beliefs, attitudes, and/or ways of dealing with issues. Read each carefully, then use it to describe yourself. On the answer sheet, circle the number which indicates the extent to which you think the statement represents you. There are no right or wrong answers. For instance, if the statement is very much like you, mark a 5, if it is not like you at all, mark a 1. Use the 1 to 5 point scale to indicate the degree to which you think each statement is uncharacteristic (1) or characteristic (5) of yourself.		Uncharacteristic of me				Characteristic of me
22	I have a definite set of values that I use in order to make personal decisions.	1	2	3	4	5
23	I think it's better to have a firm set of beliefs than to be open minded.	1	2	3	4	5
24	When I have to make a decision, I try to wait as long as possible in order to see what will happen.	1	2	3	4	5
25	When I have a personal problem, I try to analyze the situation in order to understand it.	1	2	3	4	5
26	I find it's best to seek out advice from professionals (e.g., clergy, doctors, lawyers) when I have problems.	1	2	3	4	5
27	It's best for me not to take life too seriously; I just try to enjoy it.	1	2	3	4	5
28	I think it's better to have fixed values, than to consider alternative value systems.	1	2	3	4	5
29	I try not to think about or deal with problems as long as I can.	1	2	3	4	5
30	I find that personal problems often turn out to be interesting challenges.	1	2	3	4	5
31	I try to avoid personal situations that will require me to think a lot and deal with them on my own.	1	2	3	4	5
32	Once I know the correct way to handle a problem, I prefer to stick with it.	1	2	3	4	5
33	When I have to make a decision, I like to spend a lot of time thinking about my options.	1	2	3	4	5
34	I prefer to deal with situations where I can rely on social norms and standards.	1	2	3	4	5
35	I like to have the responsibility for handling problems in life that require me to think on my own	1	2	3	4	5
36	Sometimes I refuse to believe a problem will happen, and things manage to work themselves out.	1	2	3	4	5
37	When making important decisions I like to have as much information as possible.	1	2	3	4	5
38	When I know a situation is going to cause me stress, I try to avoid it.	1	2	3	4	5
39	To live a complete life, I think people need to get emotionally involved and commit themselves to specific values and ideals.	1	2	3	4	5
40	I find it's best for me to rely on the advice of close friends or relatives when I have a problem.	1	2	3	4	5

Identity Styles Inventory (Mizo)

KAIHHRUAINA: Rindan, chetdan emaw thil rawn thleng thuta kan rilru sukthlek dan a hnuai ah hian i hmu ang a. A mal mal hian uluk takin chhiar la, nangma nihna a ngaiin a ding lama chhanna i ngaihdan mil ber ni a i hriat hi thai bial rawh. Chhanna dik lo a awm thei lo. Entirnan, milthlap a nih chuan 5 thai bial la, i nihlohna a nih chuan 1 thai bial rawh. 1 atanga 5 han mize mil lo ber leh mil ber a entir a, hemi hmang hian a hnuai a zawhna te hi I chhang dawn nia.		Ka nihna a ni o				Ka nihna a ni
1	Sakhuana chungchang ah hi chuan ka rinna ah hian ka chiang tawk a ni.	1	2	3	4	5
2	Ka nundan chungchang ngaihtuahin ka hun leh ngaihtuahna nasa takin ka seng thin.	1	2	3	4	5
3	Ka thiltih lai emaw ka zirlai ka zir chhan leh pawimawhna ka hre lo; thil chu a nih dan tur angin a rawn thleng ve mai ang.	1	2	3	4	5
4	Ka seilenna a ka zir thil ngaihhlutawm leh tha te hian ka rilru sukthlek a kaihruai thin.	1	2	3	4	5
5	Ka hun tam zawk hi Pathian thu chhiarnan leh sakhuana chungchang sawinan ka hmang.	1	2	3	4	5
6	Midang nen thil kan sawihoin, an ngaihdan ka ngaihthla a, an thirma atangin thil thir ka tum thin.	1	2	3	4	5
7	Ka hma lam huna thil ka tih duh leh tihur ka chiang tawk.	1	2	3	4	5
8	Thil hlutna leh thatna hi ngaihtuah lawk a hlawkna ka hre lo; a lo thlen hunah ka ngaihdan ka siam mai thin.	1	2	3	4	5
9	Sakhuana chungchang ah hian pawm leh pawm loh tur ber pawh ka hre lo.	1	2	3	4	5
10	Ka nunah hian thil tum ka nei reng thin a, ka tihurte chiang taka hre tura enkawl seilen ka ni.	1	2	3	4	5
11	Ka nun kaihruaitu thil tha leh ngaihhlutawm tih bik tur ka hre lo.	1	2	3	4	5
12	Ram inrelbawl danah ngaihdan nghet tak ka nei a, sawrkar leh ram kalphung turah ngaihdan nghet tak ka nei.	1	2	3	4	5
13	Vawi tamtak ka mimal harsatna hi ka ngaihtuah peih ngai lo a, a lo inher rem ve leh mai thin.	1	2	3	4	5
14	Ka hma lam hunah engnge ka tih duh ka hre chiang lo.	1	2	3	4	5
15	Ka zir duh ber ka zir a, ka kawng tur diktak niin ka hria.	1	2	3	4	5
16	Ram inrelbawl dan chungchang hrethiam turin ka hun tam tak lehkha chhiar nan ka hmang thin.	1	2	3	4	5
17	Tunah hi chuan ka hma lam hun ka ngaihtuah lo, a la hla e mai.	1	2	3	4	5
18	Ka ngaihhlutawng leh tha ka tihte hrechiang turin ka hun tamtak ka seng a, mi tamtak ka kawm thin.	1	2	3	4	5
19	Sakhuana ah chuan ka pawm leh ka pawm loh tur ka hre chiang tawk a, engmah harsatna ka nei lo.	1	2	3	4	5
20	Ka zir duh leh chak zawng pawh ka hre lo (ka zir lai aia tha zawk tur pawh ka hre chuang lo).	1	2	3	4	5

	KAIHRUAINA: Rindan, chetdan emaw thilrawn thleng thuta kan rilru sukthlek dan a hnuaihia hian i hmu ang a. A mal mal hian uluk takin chhiar la, nangma nihna a ngaiin a ding lama chhanna i ngaihdan mil ber ni a i hriat hi thai bial rawh. Chhanna dik lo a awm thei lo. Entirnan, milthlap a nih chuan 5 thai bial la, i nihlohna a nih chuan 1 thai bial rawh. 1 atanga 5 han mize mil lo ber leh mil ber a entir a, hemi hmang hian a hnuaihia zawhna te hi I chhang dawn nia.	Ka nihna a ni lo				Ka nihna a ni
21	High School ka kal lai atangin college ka kal dawn tih ka hrechiang tawh a, ka zir duh bik thlengin ka hre chiang a ni.	1	2	3	4	5
22	Ka mimal ngaihdan siam turin ngaihlut zawng leh pawmzawng fel tak ka nei.	1	2	3	4	5
23	Pawm tur bik hre lo nih ai chuan ngaihdan mumal tak neih tha ka ti zawk.	1	2	3	4	5
24	Ka rilru siam fel a ngaih chuan, engnge lo thleng dawn tih hre turin a rei thei ang ber nghah ka tum thin.	1	2	3	4	5
25	Mimal harsatna ka neihin, hriatthiam tumin ka ngaihtuah thin.	1	2	3	4	5
26	Harsatna ka neih hian, mithiam zawkte rawn tha berin ka hria.	1	2	3	4	5
27	Ka tan chuan nun uluk vak hi a tulna ka hre lo, nuam ti taka hman mai ka tum.	1	2	3	4	5
28	Ngaihlut zawng leh pawmzawng mumal tak neih hi ngaihdan hrang hrang neih ai chuan tha ka ti zawk.	1	2	3	4	5
29	Harsatna chungchange hi ngaihtuah loh leh buaipui loh hram hram ka tum.	1	2	3	4	5
30	Mimal harsatna te hi a chang chuan chona phurawm takah a lo chang thin.	1	2	3	4	5
31	Mimal chungchang mahni chauh a ngaihtuah leh buaipui ngai hi chu pumpelh hram hram ka tum thin.	1	2	3	4	5
32	Harsatna chinfel dan tha ka hriat tawh chu ka hmang reng thin.	1	2	3	4	5
33	Ka ngaihdan siam fel tur chuan, thlan tur hrang hrang ngaihtuahin hun tamtak hman ka duh thin.	1	2	3	4	5
34	Khawtlang ngaihdan leh pawmdan mil dinhmun leh nihna ka thlang hram hram thin.	1	2	3	4	5
35	Nunphung harsatna chinfel leh ngaihtuah ngai chu, mahni chauha mawhphurhna laka buaipui ka duh thin.	1	2	3	4	5
36	A chang chuan harsatna a lo thlen ka ring phal lova, harsatnate chu a lo in her rem ve leh mai thin.	1	2	3	4	5
37	Thil pawimawh tak chungchanga rilru ka siam fel dawn chuan, hriat tur tul a tam thei ang ber hriat ka duh thin.	1	2	3	4	5
38	Harsatna min thlen thei dinhmunah ka ding tih ka hriat chuan, pumpelh ka tum thin.	1	2	3	4	5
39	Nun nuam taka nung tur chuan, mite hian thinlung chhungrilah ngaihlut leh pawmzawng fel tak an neih a ngaiin ka hria.	1	2	3	4	5
40	Harsatna ka tawh chang hian ka thian tha leh chhungte hnen atanga thurawn a inngah hi ka tan chuan a tha berin ka hria.	1	2	3	4	5

NEO Five Factor Inventory (NEO FFI; Costa & McCrae, 1992)

<p>Instructions: There are 60 statements. Read each statement carefully. For each statement circle the response that best represents your opinion.</p> <p>Fill in only one response for each statement. Respond to all of the statements, making sure that you fill in the correct response.</p>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am not a worrier.	1	2	3	4	5
2	I like to have a lot of people around me.	1	2	3	4	5
3	I don't like to waste my time daydreaming.	1	2	3	4	5
4	I try to be courteous to everyone I meet.	1	2	3	4	5
5	I keep my belongings clean and neat.	1	2	3	4	5
6	I often feel inferior to others.	1	2	3	4	5
7	I laugh easily.	1	2	3	4	5
8	Once I find the right way to do something, I stick to it.	1	2	3	4	5
9	I often get into arguments with my family, and co-workers.	1	2	3	4	5
10	I'm pretty good about pacing myself so as to get things done on time.	1	2	3	4	5
11	When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.	1	2	3	4	5
12	I don't consider myself especially "light-hearted".	1	2	3	4	5
13	I am intrigued by the patterns I find in art and nature.	1	2	3	4	5
14	Some people think I'm selfish and egotistical.	1	2	3	4	5
15	I am not a very methodical person.	1	2	3	4	5
16	I rarely feel lonely or blue.	1	2	3	4	5
17	I really enjoy talking to people.	1	2	3	4	5
18	I believe letting students hear controversial speakers can only confuse and mislead them.	1	2	3	4	5
19	I would rather cooperate with others than compete with them.	1	2	3	4	5
20	I try to perform all the tasks assigned to me conscientiously.	1	2	3	4	5
21	I often feel tense and jittery.	1	2	3	4	5
22	I like to be where the action is.	1	2	3	4	5
23	Poetry has little or no effect on me.	1	2	3	4	5
24	I tend to be cynical and skeptical of others' intentions.	1	2	3	4	5

<p>Instructions: There are 60 statements. Read each statement carefully. For each statement circle the response that best represents your opinion.</p> <p>Fill in only one response for each statement. Respond to all of the statements, making sure that you fill in the correct response.</p>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
25	I have a clear set of goals and work towards them in an orderly fashion.	1	2	3	4	5
26	Sometimes I feel completely worthless.	1	2	3	4	5
27	I usually prefer to do things alone.	1	2	3	4	5
28	I often try new and foreign foods.	1	2	3	4	5
29	I believe that most people will take advantage of you if you let them.	1	2	3	4	5
30	I waste a lot of time before settling down to work.	1	2	3	4	5
31	I rarely feel fearful or anxious.	1	2	3	4	5
32	I often feel as if I'm bursting with energy.	1	2	3	4	5
33	I seldom notice the moods or feelings that different environments produce.	1	2	3	4	5
34	Most people I know like me.	1	2	3	4	5
35	I work hard to accomplish my goals.	1	2	3	4	5
36	I often get angry at the way people treat me.	1	2	3	4	5
37	I am a cheerful, high-spirited person.	1	2	3	4	5
38	I believe we should look to our religious authorities for decisions on moral issues.	1	2	3	4	5
39	Some people think of me as cold and calculating.	1	2	3	4	5
40	When I make a commitment, I can always be counted on to follow through.	1	2	3	4	5
41	Too often, when things go wrong, I get discouraged and feel like giving up.	1	2	3	4	5
42	I am not a cheerful optimist.	1	2	3	4	5
43	Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.	1	2	3	4	5
44	I'm hard-headed and tough-minded in my attitudes.	1	2	3	4	5
45	Sometimes I'm not as dependable or reliable as I should be.	1	2	3	4	5
46	I am seldom sad or depressed.	1	2	3	4	5
47	My life is fast-paced.	1	2	3	4	5
48	I have little interest in speculating on the nature of the universe or the human condition.	1	2	3	4	5

<p>Instructions: There are 60 statements. Read each statement carefully. For each statement circle the response that best represents your opinion.</p> <p>Fill in only one response for each statement. Respond to all of the statements, making sure that you fill in the correct response.</p>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
49	I generally try to be thoughtful and considerate.	1	2	3	4	5
50	I am a productive person who always gets the job done.	1	2	3	4	5
51	I often feel helpless and want someone else to solve my problems.	1	2	3	4	5
52	I am a very active person.	1	2	3	4	5
53	I have a lot of intellectual curiosity.	1	2	3	4	5
54	If I don't like people, I let them know it.	1	2	3	4	5
55	I never seem to be able to get organized.	1	2	3	4	5
56	At times I have been so ashamed I just wanted to hide.	1	2	3	4	5
57	I would rather go my own way than be a leader of others.	1	2	3	4	5
58	I often enjoy playing with theories or abstract ideas.	1	2	3	4	5
59	If necessary, I am willing to manipulate people to get what I want.	1	2	3	4	5
60	I strive for excellence in everything I do.	1	2	3	4	5

NEO Five Factor Inventory (Mizo)

NEO-FFI- Kaihhraina : A hnuai ah hian thu hlawm 60 a awm a, a mal te te in uluk tak in chhiar la. A dinglam a chhanna I ngaihndan mil ber hi I thaibial dawn nia. Thu hlawm pakhat a tan chhanna pakhat chauh hmang ang che. A vaiin chhang vek la, a zawn dik tak zel I thaibial dawn nia.		Pawm lo lutuk	Pawm lo	A lai hawl	Pawm	Pawm thlap
1	Mangan avang a buai vak chi ka ni lo.	1	2	3	4	5
2	Ka bul vela mi an awm teuh hian nuam ka ti.	1	2	3	4	5
3	Duhthusam kual mai mai a hun paih hi ka duh lo.	1	2	3	4	5
4	Mi ka tawn reng reng hi hawihhawm taka biak ka tum thin.	1	2	3	4	5
5	Ka thil neih te hi fel leh fai taka in ka dah thin.	1	2	3	4	5
6	Mi te ai hian hnuaihnuung zawk in ka in hria.	1	2	3	4	5
7	Nuih hi ka awlzam.	1	2	3	4	5
8	Thil tih dan tur dik ka hriat tawh hi chuan ka hmang reng zel.	1	2	3	4	5
9	Ka chhungte leh thawhpuite nen kan in hau fo mai.	1	2	3	4	5
10	A hun taka ka zawh theih nan mahni ka in tur thiam hle.	1	2	3	4	5
11	Ka hah rimtawng lutuk chang hi chuan ka keh darh vek dawn in ka in hre thin.	1	2	3	4	5
12	Thil la zam mi niin ka inngai lo.	1	2	3	4	5
13	Leilung dan kalhmang leh mite themthiamna atang a lo lang te hian min hip hle thin.	1	2	3	4	5
14	Mi thenkhat chuan mahni hmasial leh in duh tak niin min ring thin.	1	2	3	4	5
15	Thil ti thlap thlap mi ka ni lo.	1	2	3	4	5
16	Mal leh khawhar in ka awm khat hle.	1	2	3	4	5
17	Mi biak vel hi nuam ka ti.	1	2	3	4	5
18	Thu inhnial theih tak sawi chingte thusawi zirlaite ngaihthlak tir hian a tibuai in a hruaisual theih ka ring tlat a ni.	1	2	3	4	5
19	Mi el ai chuan thawhpui mai hi ka duh zawk.	1	2	3	4	5
20	Ka hma a tih tur min chhawp sak te hi uluk tak a tih ka tum thin.	1	2	3	4	5
21	Tang teuh leh helhhawlh deuh a awmin ka in hre fo thin.	1	2	3	4	5
22	Thil eng emaw bik thlenna hmun tak a awm hi nuam ka tih zawng tak a ni.	1	2	3	4	5
23	Thu leh hla hian engtin mah min ti danglam lo.	1	2	3	4	5
24	Mite thil tum hi a chhe zawng leh ringhleh zawng a lak ka ching thin.	1	2	3	4	5

		Pawm lo lutuk	Pawm lo	A lai hawl	Pawm	Pawm thlap
	Kaihhruaina: A hnuai ah hian thu hlawm 60 a awm a, a mal te te in uluk tak in chhiar la. A dinglam a chhanna I ngaihdan mil ber hi I thaibial dawn nia. Thu hlawm pakhat a tan chhanna pakhat chauh hmang ang che. A vaiin chhang vek la, a zawn dik tak zel I thaibial dawn nia.					
25	Thil tum Chiangtak ka nei a, ti hlawhtling turin a indawt dan ang thlap in ka ti thin.	1	2	3	4	5
26	Achang chuan hlutna leh pawimawhna nei lo a inhriatna hi ka nei thin.	1	2	3	4	5
27	A tlangpui in mahni chauha thil tih ka duh thin.	1	2	3	4	5
28	Ka la ei ngai loh leh ram dang eitur tehi eichhin ka ching.	1	2	3	4	5
29	Remchang kan siam sak chuan mi tam berte hian kan lakah hlawkna neih an tum tlat ka ring thin.	1	2	3	4	5
30	Hna ka thawh tan tak tak hma hian hun tamtak ka khawh ral thin.	1	2	3	4	5
31	Hlauthawng leh ngaihthalo deuhin ka awm khat hle.	1	2	3	4	5
32	Phur leh tha tho zet in ka awm fo thin.	1	2	3	4	5
33	Hmun hrang hrang a awm hian ka rilru put hmang leh thinlung an thlak dang ve ngai lo.	1	2	3	4	5
34	Ka hmelhriat tam ber te hi chuan min ngaina tlangpui.	1	2	3	4	5
35	Ka thil tumte ti hlawhtling turin nas takin ka thawk thin.	1	2	3	4	5
36	Mi ten min en dan avangin ka thin a ur fo thin.	1	2	3	4	5
37	Hlim leh thatho thei tak ka ni.	1	2	3	4	5
38	Nunchang tha leh mawi chungchangah kan sakhaw hruaitute thutlukna ngaihchan hi ka pawm zawng tak a ni.	1	2	3	4	5
39	Thenkhat chuan nelawmlo leh dilchhut takah min ngai thin.	1	2	3	4	5
40	Ka intiam tawh chuan, hlen turin theihtawp ka chhuah thin.	1	2	3	4	5
41	Thil a kal fuh loh changin lungnual leh beidawn ka ngah hle.	1	2	3	4	5
42	Hlim tak a a tha lam hliir beisei ching mi ka ni lo.	1	2	3	4	5
43	Thu leh hla ka chhiar chang emaw thil mawi leh mak danglam bik ka hmuhte hian min ti mur emaw min chawk tho thin.	1	2	3	4	5
44	Mahni ngaihdan leh pawmzawngah chuan luhlul leh khirh tak ka ni.	1	2	3	4	5
45	A chang hi chuan mite inngah ngamna leh ka rintlak tur angin ka awm lo thin.	1	2	3	4	5
46	Lungngai leh nguiin ka awm khat hle.	1	2	3	4	5
47	Ka nun leh hunte hi hmanhmawh takin ka hmang thin.	1	2	3	4	5
48	Thilsiam zawng zawngte leh mihring nihphung chik tak a ngaihtuah hi ka tui zawng ani lo.	1	2	3	4	5

		Pawm lo lutuk	Pawm lo	A lai hawl	Pawm	Pawm thlap
	<p>Kaihhraina: A hnuai ah hian thu hlawm 60 a awm a, a mal te te in uluk tak in chhiar la. A dinglam a chhanna I ngaihdan mil ber hi I thaibial dawn nia.</p> <p>Thu hlawm pakhat a tan chhanna pakhat chauh hmang ang che. A vaiin chhang vek la, a zawn dik tak zel I thaibial dawn nia.</p>					
49	Midangte ngaihtuah leh an hmangai tak a awm ka tum tlangpui thin.	1	2	3	4	5
50	Thawhhlawk leh mahni tih tur puitlin ziah thin ka ni.	1	2	3	4	5
51	Mangang leh beidawngin ka harsatna midang ten min chinfel sak tur a duh chang ka nei fo thin.	1	2	3	4	5
52	Thahnem ngai leh tha tho thei tak ka ni.	1	2	3	4	5
53	Thiamna lamah dilchhut leh thil chik tak ka ni.	1	2	3	4	5
54	Mi ka ngainat loh chu anmahni ka hriat tir mai thin.	1	2	3	4	5
55	Inpuahchahna leh inbuatsaihna tha tak ka nei thei ngai lo reng reng.	1	2	3	4	5
56	A chang chuan ka zak lutuk hi bih ruk daih ka duh thin.	1	2	3	4	5
57	Midang te zinga hruaitu nih ai chuan mahni a kal mai ka duh zawk a ni.	1	2	3	4	5
58	Ngaihruatna leh suanguahna kawm a awm hi nuam ka tih zawng tak a ni.	1	2	3	4	5
59	A tul phawt chuan, ka duh zawng nei turin midangte thiam tak a a kaihhruai leh thunun ka hreh miah lo.	1	2	3	4	5
60	Ka thil tih reng reng midangte khum leh tha lawrlak a tih ka tum thin.	1	2	3	4	5

Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton et al., 1995)

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and circle the appropriate number on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.		Rarely/Never	Occasionally	Often	Almost Always/Always
1	I plan tasks carefully.	1	2	3	4
2	I do things without thinking.	1	2	3	4
3	I make-up my mind quickly.	1	2	3	4
4	I am happy-go-lucky.	1	2	3	4
5	I don't "pay attention."	1	2	3	4
6	I have "racing" thoughts.	1	2	3	4
7	I plan trips well ahead of time.	1	2	3	4
8	I am self controlled.	1	2	3	4
9	I concentrate easily.	1	2	3	4
10	I save regularly.	1	2	3	4
11	I "squirm" at plays or lectures.	1	2	3	4
12	I am a careful thinker.	1	2	3	4
13	I plan for job security.	1	2	3	4
14	I say things without thinking.	1	2	3	4
15	I like to think about complex problems.	1	2	3	4
16	I change jobs.	1	2	3	4
17	I act "on impulse."	1	2	3	4
18	I get easily bored when solving thought problems.	1	2	3	4
19	I act on the spur of the moment.	1	2	3	4
20	I am a steady thinker.	1	2	3	4
21	I change residences.	1	2	3	4
22	I buy things on impulse.	1	2	3	4
23	I can only think about one thing at a time.	1	2	3	4
24	I change hobbies.	1	2	3	4
25	I spend or charge more than I earn.	1	2	3	4
26	I often have extraneous thoughts when thinking.	1	2	3	4
27	I am more interested in the present than the future.	1	2	3	4
28	I am restless at the theater or lectures.	1	2	3	4
29	I like puzzles.	1	2	3	4
30	I am future oriented.	1	2	3	4

Barratt Impulsiveness Scale (Mizo)

KAIHHRUAINA: Mihring hian kan chetdan leh ngaihtuahna ah hian ze hran theuh kan nei a. Hei hi mite chetdan leh ngaihtuahna enchhinna a ni. Ngun takin a thu hi chhiar la, a dinglama chhanna dik i tih ber hi thai bial rawh.		Ngai lo	A chang chang in	Zing viau	Ziah thin
1	Tihtur reng reng fel takin ka ruahman thin.	1	2	3	4
2	Ngaihtuah hmasa lovin thil ka ti thin.	1	2	3	4
3	Ka rilru ka siam vat thin.	1	2	3	4
4	Mi ngaihsam tak ka ni.	1	2	3	4
5	Engahmah ka ngaihtuahna ka pe tak tak lo.	1	2	3	4
6	Ngaihtuahna hrang hrang ka nei.	1	2	3	4
7	Ka tihtur a hma daih atangin ka ruahman lawk thin.	1	2	3	4
8	Mahni in thunun thei tak ka ni.	1	2	3	4
9	A tul hunah awlsam takin ka rilru ka sawrbing thei.	1	2	3	4
10	Ka thil neih atangin, a tul hun a tan, hun bi neiin a then ka dahtha thei.	1	2	3	4
11	Infiam emaw mi ka zirtir lai hian ka zak thin.	1	2	3	4
12	Thil reng reng fimkhur takin ka ngaihtuah thin.	1	2	3	4
13	Ka hnathawh tur him leh him loh ngun takin ka ngaihtuah lawk thin.	1	2	3	4
14	Ngaihtuah lawk lovin thil ka sawi mai mai thin.	1	2	3	4
15	Thil harsa tak tak ngaihtuah nuam ka ti.	1	2	3	4
16	Ka hnathawh ka thlak ka thlak thin.	1	2	3	4
17	Tha tho thuta thil tih ka ching.	1	2	3	4
18	Ngaihtuahna nasa tak hmanga chinfel ngai tihtur hi ka ning zung zung thin.	1	2	3	4
19	Hmun leh hmunah ka tihtur nia ka hriat ka ti nghal thin.	1	2	3	4
20	Hmanhmawh lutuk lo a thil ngaihtuah mi ka ni.	1	2	3	4
21	Ka chenna ka thlak ka thlak thin.	1	2	3	4
22	Phur thut a thil lei ka ching.	1	2	3	4
23	Tum khatah thil pakhat chiah ka ngaihtuah thin.	1	2	3	4
24	Ka ngainat zawnng ka thlak ka thlak thin.	1	2	3	4
25	Ka lakluh aia tam ka hmang emaw, hman ka duh thin.	1	2	3	4
26	Thil tul lo ka ngaihtuah tel fo thin.	1	2	3	4
27	Hma lam hun aiin tun hun hi ka ngaipawimawh zawk.	1	2	3	4
28	Puipunnaah ka awm hle hle thei lo.	1	2	3	4
29	PUZZLES ka ngaina.	1	2	3	4
30	Hmalam hun ngaipawimawh tak ka ni.	1	2	3	4

Aggression Questionnaire (AQ; Buss & Perry, 1992)

Instructions: Using the 5 point scale shown on the right, indicate how uncharacteristic or characteristic each of the following statements is in describing you. Place your rating in the box to the right of the statement.		extremely uncharacteristic of me	somewhat uncharacteristic of me	neither uncharacteristic nor characteristic of me	somewhat characteristic of me	extremely characteristic of me
1	Some of my friends think I am a hothead.	1	2	3	4	5
2	If I have to resort to violence to protect my rights, I will.	1	2	3	4	5
3	When people are especially nice to me, I wonder what they want.	1	2	3	4	5
4	I tell my friends openly when I disagree with them.	1	2	3	4	5
5	I have become so mad that I have broken things.	1	2	3	4	5
6	I can't help getting into arguments when people disagree with me.	1	2	3	4	5
7	I wonder why sometimes I feel so bitter about things.	1	2	3	4	5
8	Once in a while, I can't control the urge to strike another person.	1	2	3	4	5
9	I am an even-tempered person.	1	2	3	4	5
10	I am suspicious of overly friendly strangers.	1	2	3	4	5
11	I have threatened people I know.	1	2	3	4	5
12	I flare up quickly but get over it quickly.	1	2	3	4	5
13	Given enough provocation, I may hit another person.	1	2	3	4	5
14	When people annoy me, I may tell them what I think of them.	1	2	3	4	5
15	I am sometimes eaten up with jealousy.	1	2	3	4	5
16	I can think of no good reason for ever hitting a person.	1	2	3	4	5
17	At times I feel I have gotten a raw deal out of life.	1	2	3	4	5
18	I have trouble controlling my temper.	1	2	3	4	5
19	When frustrated, I let my irritation show.	1	2	3	4	5
20	I sometimes feel that people are laughing at me behind my back.	1	2	3	4	5
21	I often find myself disagreeing with people.	1	2	3	4	5
22	If somebody hits me, I hit back.	1	2	3	4	5
23	I sometimes feel like a powder keg ready to explode.	1	2	3	4	5
24	Other people always seem to get the breaks.	1	2	3	4	5
25	There are people who pushed me so far that we came to blows.	1	2	3	4	5

Aggression Questionnaire (Mizo)

KAIHRUAINA: Dinglam panga chhanna thlan tur awm hmang hian I nihna mil bera i hriat thai bial rawh.		Ka nihna a ni miah lo	Ka nihna a ni Lem lo	Ka hre lo	Ka nihna a ni ve tho	Ka nihna dik tak a ni
1	Ka thian thenkhatte chuan thinchhe tak niin min ngai.	1	2	3	4	5
2	Ka dikna leh chanvo tharum hmanga humhalh a tul chuan, tharum thawh ka hreh lo.	1	2	3	4	5
3	Ka chung a mi an that viau chuan, engnge ka lakah an beisei tiin ka ngaihtuah thin.	1	2	3	4	5
4	Ka pawm loh zawng a thiante an awm chuan, tlang takin ka hrih mai thin.	1	2	3	4	5
5	Ka thin a rim lutuk chuan thil ka ti chhe thin.	1	2	3	4	5
6	Midang nen kan ngaihdan a in an loh chuan, ka hnial ngei ngei thin.	1	2	3	4	5
7	A chang chuan engvanga thinrim mai thin nge ka nih ka ngaihtuah thin.	1	2	3	4	5
8	A chang chuan mite kutthlak lo tura ka insum theihna ka hlah thin.	1	2	3	4	5
9	Thinchhe lo tak ka ni.	1	2	3	4	5
10	Hmelhriat ngai loh inti nelawm lutuk hi chu ka ringhlel thin.	1	2	3	4	5
11	Ka hmelhriatte ka vau tawh thin.	1	2	3	4	5
12	Ka thinrim thut thin a, mahse ka theihnglih leh vat thin.	1	2	3	4	5
13	Min tih thinrim viau chuan, kut thlak ka hreh lem lo.	1	2	3	4	5
14	Miin min tih thinrim chuan, an mahni ka ngaihdan pawh ka hrih mai ang.	1	2	3	4	5
15	A chang chuan itsikna in ka khat thin.	1	2	3	4	5
16	Mi chung a kutthlak hrim hrim hi a thatna ka hre lo.	1	2	3	4	5
17	A chang chuan ka nunphung hi rothap lutuk in ka hre thin.	1	2	3	4	5
18	Thinrim insum hi harsa ka ti.	1	2	3	4	5
19	Ka thinrim viau a ka beidawn chuan, ka lungawi lohna ka tilang thin.	1	2	3	4	5
20	Mite ngaihdan ang nilo ngaihdan nei fo thin in ka inhria.	1	2	3	4	5
21	A chang chuan miin hmusit takin hnunglamah min nuih thin niin ka hria.	1	2	3	4	5
22	Miin kut min thlak chuan kut ka thlak let ve thin.	1	2	3	4	5
23	A chang chuan thinchhe lutuk puakkeh mai tur ang in ka in ngai.	1	2	3	4	5
24	Mite hi chuan thinrim lova hahchawlhna hun an nei reng thin in ka hria.	1	2	3	4	5
25	Mi thenkhat chu ka ngaihtheih loh zawngin an awm lui a, kan intibuai fo thin.	1	2	3	4	5

Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999)

Instructions: The following are ways people react to various difficult, stressful, or upsetting situations. Please circle a number from 1 to 5 for each item. Indicate how much you engage in these types of activities when you encounter a difficult, stressful, or upsetting situation.		Not at all				Very much
1	Schedule my time better.	1	2	3	4	5
2	Focus on the problem and see how I can solve it.	1	2	3	4	5
3	Think about the good times I've had.	1	2	3	4	5
4	Try to be with other people.	1	2	3	4	5
5	Blame myself for putting things off.	1	2	3	4	5
6	Do what I think is best.	1	2	3	4	5
7	Become pre-occupied with aches and pain.	1	2	3	4	5
8	Blame myself for having gotten into this situation.	1	2	3	4	5
9	Window shop.	1	2	3	4	5
10	Outline my priorities	1	2	3	4	5
11	Try to go to sleep.	1	2	3	4	5
12	Treat myself to a favorite food or snack.	1	2	3	4	5
13	Feel anxious about not being able to cope.	1	2	3	4	5
14	Become very tense.	1	2	3	4	5
15	Think about how I solve similar problems.	1	2	3	4	5
16	Tell myself that it is really not happening to me.	1	2	3	4	5
17	Blame myself for being too emotional about the situation.	1	2	3	4	5
18	Go out for a snack or meal.	1	2	3	4	5
19	Become very upset.	1	2	3	4	5
20	Buy myself something.	1	2	3	4	5
21	Determine a course of action and follow it.	1	2	3	4	5
22	Blame myself for not knowing what to do.	1	2	3	4	5
23	Go to a party.	1	2	3	4	5
24	Work to understand the situation.	1	2	3	4	5

Instructions: The following are ways people react to various difficult, stressful, or upsetting situations. Please circle a number from 1 to 5 for each item. Indicate how much you engage in these types of activities when you encounter a difficult, stressful, or upsetting situation.		Not at all				Very much
25	'Freeze' and not knowing what to do.	1	2	3	4	5
26	Take corrective action immediately.	1	2	3	4	5
27	Think about the event and learn from my mistakes.	1	2	3	4	5
28	Wish that I could change what had happened or how I felt.	1	2	3	4	5
29	Visit a friend.	1	2	3	4	5
30	Worry about what I am going to do.	1	2	3	4	5
31	Spend time with a special person.	1	2	3	4	5
32	Go for a walk.	1	2	3	4	5
33	Tell myself that it will never happen again.	1	2	3	4	5
34	Focus on my general inadequacies.	1	2	3	4	5
35	Talk to someone whose advice I value.	1	2	3	4	5
36	Analyze my problem before reacting.	1	2	3	4	5
37	Phone a friend.	1	2	3	4	5
38	Get angry.	1	2	3	4	5
39	Adjust my priorities.	1	2	3	4	5
40	See a movie.	1	2	3	4	5
41	Get control of the situation.	1	2	3	4	5
42	Make an extra effort to get things done.	1	2	3	4	5
43	Come up with several different solutions to the problem.	1	2	3	4	5
44	Take sometime off and get away from the situation.	1	2	3	4	5
45	Take it out on other people.	1	2	3	4	5
46	Use the situation to prove that I can do it.	1	2	3	4	5
47	Try to be organized so I can be on top of the situation.	1	2	3	4	5
48	Watch TV.	1	2	3	4	5

Coping Inventory for Stressful Situations (Mizo)

Kaihhruaina: A hnuai a thu awm te hi miten hun harsa, hrehawm leh min ti luhai an hmachhawn dan a ni a. A dinglam a chhanna awm ah hian hun harsa, hrehawm leh lu ti hai i tawn a, i tih thin dan mil ber thai bial rawh.		Ti ngai miah lo				Ti ziah thin
1	Ka hun tha zawka hmang tur a inbuatsaih.	1	2	3	4	5
2	Ka harsatna uluk tak a thlirin, engtin nge ka tihfel ang tih ngaihtuah.	1	2	3	4	5
3	Ka hun kal tawh, nuam ti taka ka lo hman thin te ngaihtuah.	1	2	3	4	5
4	Midang bula awm hram hram.	1	2	3	4	5
5	Tihtur ka tih loh te avang a mahni inthiamloh.	1	2	3	4	5
6	Thil tha ber ni a ka hriat tih.	1	2	3	4	5
7	Thildang ngaihtuah lovin ka pangkham leh na dangte ngaihtuah.	1	2	3	4	5
8	Hetiang dinhmun harsa a ka in dintir avang a mahni inthiamloh.	1	2	3	4	5
9	Lei tum bik pawh nei lova bazar a vah kual.	1	2	3	4	5
10	Ka tihtur a pawimawh dan indawt a duan chhuah.	1	2	3	4	5
11	Muthilh ka tum.	1	2	3	4	5
12	Ka eitur duhzawng tak ei.	1	2	3	4	5
13	Heng dinhmun harsa te hi hneh theih loh ka hlau.	1	2	3	4	5
14	Ka tang mar teuh.	1	2	3	4	5
15	Hetiang harsatna ka lo tih kian tawh dan ngaihtuah.	1	2	3	4	5
16	Ka chungah hian a thleng tak tak lo, tiin mahni ka inhrilh.	1	2	3	4	5
17	Hetiang dinhmun a lo thlen a, ka vei ngut ngut thin hi ka inthiamlo.	1	2	3	4	5
18	Eitur lei tur a chhuah.	1	2	3	4	5
19	Ka mangang hle.	1	2	3	4	5
20	Ka duhzawng emaw lawmzawng ka in lei.	1	2	3	4	5
21	Thil tihdan tur mumal tak ka ngaihtuah a, ka ti nghal.	1	2	3	4	5
22	Tihtur bik ka hriatloh avang in ka in dem.	1	2	3	4	5
23	Hlim taka inkawm khawmna hmunah ka kal.	1	2	3	4	5
24	Thil awmzia hrethiam turin ka thawk.	1	2	3	4	5

	Kaihhruaina: A hnuai a thu awm te hi miten hun harsa, hrehawm leh min ti luhai an hmachhawn dan a ni a. A dinglam a chhanna awm ah hian hun harsa, hrehawm leh lu ti hai i tawn a, i tih thin dan mil ber thai bial rawh.	Ti ngai miah lo				Ti ziah thin
25	Tihtur bik hrelo in ka khawng.	1	2	3	4	5
26	Siamthat hna ka thawk nghal vat.	1	2	3	4	5
27	Heng harsatna ka tawh dan te ngaihtuah in, ka tihsual te atangin ka inzir.	1	2	3	4	5
28	Hun kal tawha thil thleng leh ka ngaihdan te kha thlak theih se ka ti hle.	1	2	3	4	5
29	Thiantha te tlawh.	1	2	3	4	5
30	Ka tih tur hre lo hian min ti mangang.	1	2	3	4	5
31	Ka mi ngainat tak bula hun hman.	1	2	3	4	5
32	Ke a kal chhuah.	1	2	3	4	5
33	Hetiang thil hi a thleng leh tawh loving, tih ka inhrilh.	1	2	3	4	5
34	Ka chaklohna te ngun taka ngaihtuah.	1	2	3	4	5
35	Thurawn tha tak tak min pe thintu biakrawn.	1	2	3	4	5
36	Ka harsatna te dolet tur a hma ka lak hmain, uluk takin ka zir Chiang.	1	2	3	4	5
37	Ka thiante phone in ka bia.	1	2	3	4	5
38	Ka thinrim.	1	2	3	4	5
39	Ka tih tur pawimawh dan indawt ka thlak kual.	1	2	3	4	5
40	Lemchan hmuhnawn tak ka en.	1	2	3	4	5
41	Heng harsatna te hi ka nunphung tibuai lo turin ka thunun thei.	1	2	3	4	5
42	Ka tihtur hlen thei turin ka tang nasa leh zual.	1	2	3	4	5
43	Ka harsatna chinfel dan tur kawng hrang tamtak ka ngaihtuah.	1	2	3	4	5
44	Ka harsatnate hun eng emaw chen hmachhawn loh theih dan ka zawng.	1	2	3	4	5
45	Midangte chungah ka inhrithla.	1	2	3	4	5
46	He dinhmun hi ka theihna finfiah nan ka hmang.	1	2	3	4	5
47	Ka harsatna te do zo thei turin inpuahchahna fel tak neih ka tum.	1	2	3	4	5
48	T.V. ka en.	1	2	3	4	5

Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1991)

ASIQ Instructions Thoughts about My life		I never had this thought	I had this thought before but not in the past month	About once a month	Couple of times a month	About once a week	Couple of times a week	Almost every day
1	I wish it would be better if I was not alive.	1	2	3	4	5	6	7
2	I thought about killing myself.	1	2	3	4	5	6	7
3	I thought about how I would kill myself.	1	2	3	4	5	6	7
4	I thought about when I would kill myself.	1	2	3	4	5	6	7
5	I thought about what to write in a suicide note.	1	2	3	4	5	6	7
6	I thought about telling people I plan to kill myself.	1	2	3	4	5	6	7
7	I thought that people would be happier if I was not around.	1	2	3	4	5	6	7
8	I thought about how people would feel if I killed myself.	1	2	3	4	5	6	7
9	I wished I were dead.	1	2	3	4	5	6	7
10	I thought about how easy it would be to end it all.	1	2	3	4	5	6	7
11	I thought that killing myself would solve my problems.	1	2	3	4	5	6	7
12	I thought that others would be better off if I was dead.	1	2	3	4	5	6	7
13	I wish I have the nerve to kill myself.	1	2	3	4	5	6	7
14	I wished that I had never born.	1	2	3	4	5	6	7
15	I thought that if I had the chance I would kill myself.	1	2	3	4	5	6	7
16	I thought about ways people kill themselves.	1	2	3	4	5	6	7
17	I thought about killing myself, but would not do it.	1	2	3	4	5	6	7
18	I thought about having a bad accident.	1	2	3	4	5	6	7
19	I thought that life was not worth living.	1	2	3	4	5	6	7
20	I thought that my life was too rotten to continue.	1	2	3	4	5	6	7
21	I thought that the only way to be noticed was to kill myself.	1	2	3	4	5	6	7
22	I thought that if I kill myself people would realize I was worth caring about.	1	2	3	4	5	6	7
23	I thought that no one cared if I lived or died.	1	2	3	4	5	6	7
24	I wondered if I had the nerve to kill myself.	1	2	3	4	5	6	7
25	I thought that if thing did not get better I would kill myself.	1	2	3	4	5	6	7

Adult Suicidal Ideation Questionnaire (Mizo)

Kaihhruaina: A hnuaiah hian mite rilru a lo lang thin chi hrang hran a awm a. Uluk takin chhiar la “ Thlakhat kal ta chung in i rilru a luah em? ” tih ngaihtuah chungin i rilru mil ber zawn dinglam a chhanna awm pakhat hi i thaibial dawn nia. He ngaihtuah na hi ka rilru ah a awm:		Ka nei ngallo	Thlakhat ai a rei kal tawh ah ka nei	Vawikhat ka nei	Vawihmh vel ka nei	Kar khatah vawi khat ka nei	Kar khatah vawihmh vel ka nei	Nitin deuh thaw ka nei
1	Nung ve lo ila a tha zawk ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
2	Mahni intihhlum ila tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
3	Engtinng e ka intihhlum ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
4	Engtikah nge ka intihhlum ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
5	Eng thu nge ka hnutchhiah ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
6	Mahni inthah tumna ka nei tih hi midang te hrilh ka tum thin.	1	2	3	4	5	6	7
7	Ka tel lo hian mite an hlim zawk ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
8	Mahni intihlum ilamiten engtinng e an ngaihtuah ang tih ka ngaihtuah thin.	1	2	3	4	5	6	7
9	Thi daih ila ka ti thin.	1	2	3	4	5	6	7
10	Thil zawng zawng tih tawp vek mai awlsam turzia ka ngaihtuah thin.	1	2	3	4	5	6	7
11	Mahni intihlum hian ka harsatna te a sukiang ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
12	Thi ila midangte tan a tha zawk ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
13	Mahni intihlum ngamna nei ila ka ti thin.	1	2	3	4	5	6	7
14	Lo piang lo tawp ila ka ti thin.	1	2	3	4	5	6	7
15	Hun remchang nei ila chuan ka intihlum ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
16	Mite intihlum dan kawng hrang hrang ka ngaihtuah thin.	1	2	3	4	5	6	7
17	Ti dawn lo mahila, mahni intihlum chungchang ka ngaihtuah thin.	1	2	3	4	5	6	7
18	Tawhsual nasa tak taw ila tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
19	Nun hlutlohzia ka ngaihtuah thin.	1	2	3	4	5	6	7
20	Ka nun hi chhunzawm zel tlak loh khawpa chhia a ni tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
21	Mite hriat hlawh ni tur chuan mahni inthah mai loh chu kawng dang a awm lo tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
22	Mahni intihlum ta ila miten ngaihsaktlak ka ni tih an hre chhuak thei ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
23	Ka dam emaw ka thih emaw hi tuman an pawisa lo tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
24	Mahni intihlum ngamna hi ka nei tak tak em tiin ka ngaihtuah thin.	1	2	3	4	5	6	7
25	Thil hi a tha zawnga a inher loh chuan ka intihlum ang tiin ka ngaihtuah thin.	1	2	3	4	5	6	7

Spiritual Wellbeing Scale (SWBS; Paloutzian & Ellison, 1982)

Instruction: For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience.		Strongly Agree	Moderately Agree	Agree	Disagree	Moderately Disagree	Strongly Disagree
		1	2	3	4	5	6
1	I don't find much satisfaction in private prayer with God.	1	2	3	4	5	6
2	I don't know who I am, where I came from, or where I am going.	1	2	3	4	5	6
3	I believe that God loves me and cares about me.	1	2	3	4	5	6
4	I feel that life is a positive experience.	1	2	3	4	5	6
5	I believe that God is impersonal and not interested in my daily situations.	1	2	3	4	5	6
6	I feel unsettled about my future.	1	2	3	4	5	6
7	I have a personally meaningful relationship with God.	1	2	3	4	5	6
8	I feel very fulfilled and satisfied with life.	1	2	3	4	5	6
9	I don't get much personal strength and support from my God.	1	2	3	4	5	6
10	I feel a sense of wellbeing about the direction my life is headed in.	1	2	3	4	5	6
11	I believe that God is concerned about my problems.	1	2	3	4	5	6
12	I don't enjoy much about life.	1	2	3	4	5	6
13	I don't have a personally satisfying relationship with God.	1	2	3	4	5	6
14	I feel good about my future.	1	2	3	4	5	6
15	My relationship with God helps me to not feel lonely.	1	2	3	4	5	6
16	I feel that life is full of conflict and unhappiness.	1	2	3	4	5	6
17	I feel most fulfilled when I'm in close communion with God.	1	2	3	4	5	6
18	Life doesn't have much meaning.	1	2	3	4	5	6
19	My relation with God contributes to my sense of wellbeing.	1	2	3	4	5	6
20	I believe there is some real purpose for my life.	1	2	3	4	5	6

Spiritual Wellbeing Scale (Mizo)

Instruction: A hnuaiiah hian i lo tawn tawh dinhmun hrang hrang a awm a, a dinglama chhanna awm hmanh hian i pawm dan tarlang rawh.		Pawm lo lutuk	Pawm lo	Pawm vak lo	Pawm ve tho	Pawm	Pawm lutuk
1	Fianrala tawngtai hi ka hlawkpuina em em ka hre lo.	1	2	3	4	5	6
2	Tunge ka nih, khawia mi nge, khawi lamah nge ka kal dawn ka hre lo.	1	2	3	4	5	6
3	Pathianin min hmangaih a, min ngaih sak tih ka hria.	1	2	3	4	5	6
4	Nun hi nuam, hlimawm leh hlu tak niin ka hria.	1	2	3	4	5	6
5	Pathian chu mimal taka hmer bik nei lo niin ka hria a, ka nitin nun pawh a ngai pawimawh in ka ring lo.	1	2	3	4	5	6
6	Ka hma hunah ka chiang lo.	1	2	3	4	5	6
7	Pathian nen mimal takin awmze nei taka inpawhna kan nei.	1	2	3	4	5	6
8	Nun hi nuam ka tiin ka lungawi em em.	1	2	3	4	5	6
9	Ka Pathian atangin mimal takin chakna leh tanpuina ka dawng tam lo.	1	2	3	4	5	6
10	Ka nun kal zel turah hian lungawina leh ngaihthatna ka nei.	1	2	3	4	5	6
11	Pathian hian ka harsatna min hriatpuin ka ring.	1	2	3	4	5	6
12	Nun hi nuam ka ti lutuk lo.	1	2	3	4	5	6
13	Pathian nena mimal taka inzawmna lungawithlak tak ka nei lo.	1	2	3	4	5	6
14	Ka hmalam hun hi a tha hle dawn in ka hria.	1	2	3	4	5	6
15	Pathian nena kan inzawmna hian mal ngawih ngawih lo turin min pui.	1	2	3	4	5	6
16	Nun hi harsatna leh lungngaihna mai niin ka hria.	1	2	3	4	5	6
17	Pathian thlarau pawlna thuktak ka neih lai hi ka lungawi lai ber niin ka hria.	1	2	3	4	5	6
18	Nun hian awmzia a nei tam lo.	1	2	3	4	5	6
19	Pathian nena kan inlaichinna hian ka nun hlimna a tipung.	1	2	3	4	5	6
20	Ka nun hian chhan leh awmze mumal tak a neih ka ring.	1	2	3	4	5	6

DEMOGRAPHICS SHEET

Please indicate your responses to the following questions by circling the numbers against each question.

1. Name:
2. Permanent Address:
.....
.....
3. Gender:
 1. Male.
 2. Female.
4. Age: _____ (in figure).
5. Educational Qualification:
 1. Matriculate
 2. Under-graduate.
6. Socioeconomic Status:
 1. Lower class.
 2. Lower middle class.
 3. Middle class.
 4. Upper middle class.
 5. Upper class.
7. a) Father's Occupation: b) Mother's Occupation:
8. Religious involvement: a) Low b) Moderate c) High
9. Social involvement: a) Low b) Moderate c) High
10. a) Number of Siblings: b) Birth Order:

GENERAL INSTRUCTION: There is no "right" or "wrong" answer as everyone has right to his or her own views. To be able to get best advice from your results, please answer them exactly and truly.

When you answer, keep following four points in mind:

1. Give the first, natural answer as it comes to you. Do not spend too much time thinking about your answers.
2. Try not to fall back on the middle, "undecided" answers except when the answer at either ends are really impossible for you.
3. Be sure not to skip anything and answer every statement, somehow.
4. Answer as honestly as possible what is true for you. Do not merely mark what seems "the right thing to say" just to impress the examiner.



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PARTICULARS OF THE CANDIDATE

NAME OF CANDIDATE : Lalremsangi Sailo
DEGREE : Doctor of Philosophy
DEPARTMENT : PSYCHOLOGY
TITLE OF DISSERTATION : Psychological Correlates of Suicidal
Ideation and Spiritual Wellbeing: A
Study among Mizo adolescents
DATE OF ADMISSION : 30.03.2009

APPROVAL OF RESEARCH PROPOSAL

1. BPGS : 09.10.2009
2. SCHOOL BOARD
REGISTRATION NO. & DATE : MZU/Ph.D/309 of 20.10.2009
3. ACADEMIC COUNCIL : 20.10.2009
4. DATE OF COMPLETION OF
Ph.D. COURSE WORK : 23.03.2010
Extension (If any) : Nil

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