



## The Effects of Object Relations and Anger on Suicidal Ideation in 18-28 Years Old Persons

Maryam Vahedi and Ziba Emamdust

*Department of Clinical Psychology, Faculty of Humanities and Social Sciences, Science and Research Branch, Islamic Azad University, Tehran, Iran*

**Key words:** Suicidal thoughts, anger, object relations, rates, incompetence, thoughts

**Abstract:** Suicide is considered one of the most important social and mental health problems in many countries. This research aims to show the effects of object relations and anger on suicidal thoughts in 28-18 years old persons. The researchers referred to Tehran University and Martyre Beheshti University to study variables and collect data. 200 available students have been selected. The required data was gathered using questionnaire. Findings in the group of subjects with suicidal thoughts, the correlation between alienation and social incompetence, the correlation between alienation and egocentricity, the correlation between alienation and insecure attachment, correlation between insecure attachment and social incompetence and the correlation between egocentricity and incompetence have been positive. Results showed the significance of logistic regression between variables of anger and alienation in positive form and social incompetence in negative form for the capability to predict variations of suicidal thoughts. Results, anger, alienation and social incompetence are effective in the formation of suicidal thoughts. Increase in the rates of anger and alienation foresee the increase in suicidal thoughts while social impetence are related negatively to suicidal thoughts.

### Corresponding Author:

Maryam Vahedi

*Department of Clinical Psychology, Faculty of Humanities and Social Sciences, Science and Research Branch, Islamic Azad University, Tehran, Iran*

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## INTRODUCTION

Suicide has always been as a voluntary action to end one's own life; it has not been often confirmed by communities. Like any other social phenomenon, suicide is seen occasionally in small quantities, sometimes at high levels. According to reports from the World Health Organization, suicide is one of 10 causes of death worldwide in all age groups<sup>[1]</sup>. According to a research reported from WTO, nearly one million people died because of suicide in 2002 while mortality from homicide

were 500,000 and from war were 230000. Estimates show that the rate of suicide in 2020 will reach 1.5 mln people.

Suicide is a social anomie which is prevalent in Iran. Iranian specialists of State Welfare Organization have ranked Iran in the place of 58 in suicide. International statistics show that the suicide rate in Iran has been 9/1000.

Although, having psychiatric disease, particularly depression has been introduced as the leading cause of suicide, it has not been diagnosed and treated. Suicide attempt, especially, full suicide is one of the most tragic

life events and causes serious psychological distress to relatives and friends of victims. It brings the same amount of economic problems to the entire community. In addition, individuals attempting suicide are possible cases for another suicide in next year as much as hundred times higher than suicide in the general population.

The term suicide means to kill self. In contemporary culture, suicide refers to ending life willingly by one's own hands. It is believed that the term was first used in the mid-seventeenth century. The science of suicide was first invented by a German Professor named W. E. Bonger in 1929. In the late nineteenth century, Emile Durkheim, the French sociologist and Freud studied the psychological grounds of suicide seriously. Freud believed that losing love object to which one has dual feelings causes animosity feelings to be internalized and brings self-hatred. Follower of existentialism, Albert Camus, believed that "There is but one truly serious philosophical problem and that is suicide".

On the one hand, suicide is an escape; on the other hand, it is a tendency to relaxation and comfort. These two aims may be obtained simultaneously. Hence, many believe that endless and unbearable pains become comfort by suicide. One says Goodbye to sufferings; it is the ultimate escape because there is no mind to think on social problems.

Suicide risk factors include gender, age, race, religion, marital status, physical condition, mental health, psychiatric disorders and former suicide behaviors. In terms of gender, women are four times more likely to commit suicide than men (this number applies at all ages) but men have successful and complete suicide four times more than women do. With increase in age, the rate of suicide will increase, this shows the importance of midlife crisis. In men, suicide reaches its climax after 45 years old in women, greatest number of successful suicides occurs after age 55 years old. It seems that marriage and having children significantly reduces the risk of suicide. The rate of suicide among single people is almost twice married people. Divorce increases the risk of suicide and divorced men are three times more likely than divorced women to commit suicide. The suicide rate in widowed men and women are very high. Suicide is more than usual in people who are socially isolated or have family history of suicide (attempted suicide or actual suicide). There is a significant relationship between physical health and disease to suicide. Medical care is positively associated with the risk of suicide, one third of all people who commit suicide have had clinical care during the last 6 months of life. Physical disease is known an important factor in almost half of all suicides. Mental health has an important role in suicide, almost 95% of all committed suicide or attempted suicide is suffering from mental

disorders. Major depressive disorder 80%, Schizophrenia 10% and dementia or delirium makes up 5% of the cases. 25% of people with mental disorders are alcohol dependence and they receive dual diagnosis. People with delusional depression have highest suicide rate and the risk of suicide in psychiatric patients is 3-12 times more than normal cases. The risk varies based on age, sex, disease type and status of inpatient and outpatient<sup>[2]</sup>. Diagnostic mood disorders have a high correlation with suicide. It is estimated that suicide rate in the patients of mood disorders is 400 cases per hundred thousand for men and 180 cases per hundred thousand for women. The risk of suicide in patients with schizophrenia is high; about 10% of these patients die by suicide. Annually, 4000 people with schizophrenia commit suicide in the United States. Schizophrenia begins in adolescence or young adulthood and most people committing suicide have committed it in the first few weeks of illness. Thus, patients with schizophrenia who commit suicide are mostly young. Suicide attempt can be seen in patients with anxiety disorder, approximately 20% of patients with panic disorder have failed suicide attempt while depression along with this disorder increases the risk of suicide. History of suicide attempt is maybe the best indicator of increased risk of suicide. History of suicide attempt is the best indicator of increased risk of suicide. Studies show that about 40% of depressed patients who kill themselves have a history of suicide attempts. The risk of second suicide within 3 months after the first action is at its peak<sup>[2]</sup>.

Object relations theory shows the very important impact of early relationships between parents and children on mental health. There are different definitions for object relations, Greenberg and Mitchell<sup>[3]</sup> have stated that object relations includes a person's mutual deeds (interactions) with individuals inner and outer (real or imagined) as well as inner and outer relations among object worlds. Based on this definition, individual relationship with the outside world is one of the functions of object relations that form and develop the link between the individual and others along with a variety of cognitive and emotional manifests arose from this relationship.

With an emphasis on motivational aspects and the importance of early mother-child interaction, Greenberg defines object relations as internalization, structuring and clinical activation of a person (during the transition and interaction transfer) in the form of motivational, structural and clinical formation (genetic and evolutionary). Internalization of object relations means that a child in all his interaction with important parental symbols, does not internalize other's image or representation (objects) but the relationship between self and others in form of image or his representation in interaction with the image or representation of object is internalized<sup>[4]</sup>.

Object relations theorists have different ideas with respect to importance of inherent forces in relationship between the child and parent. For example, Otto Greenberg agrees that object relations will be reinforced under the influence of fundamental instincts, especially, aggression<sup>[5]</sup>. Moreover, among effective variables on depression, the role of anger was first considered by Abraham. He presented inward model of aggression for depression. Then, Freud revised it<sup>[4]</sup>. The relation between these two variables was highlighted after that. Studies in this area show that depression has some relations to the way to experience anger<sup>[6]</sup>.

Various researches show the relationships of anger, depression and suicide. Anger is to some extent a normal emotion but when it is experienced or expressed in an inappropriate or disproportionate context, it is a disorder. Emotions are the results of man's interaction with environment; therefore, anger is not a mechanical automatic reply either in normal or abnormal situation but it is moderated severely by the way one perceives an event and his relation. The relationship between anger and suicide simply reflects the relationship between anger and major depressive disorders and substance abuse, this transfers the risk of suicidal behavior.

Clinical and general researches have shown the relationship between psychological traits of aggression and suicide attempts. Aggression is related to mood disorders in suicide. Anger during lifetime has a correlation to suicide attempts in patients with mood disorders. A new research has used regression tree analysis in a large group of bipolar patient, it detected the current situation of depression and anger as far indicator of suicide. In schizophrenia, borderline personality disorder and substance use disorder, the relationship between aggression and suicide attempt was observed<sup>[7]</sup>.

Female students are significantly more likely to suicide. Bapiri's results in "Coping skills, despair and depression in adolescent suicide attempters" indicate that the variables of coping skills, despair and depression influences on suicidal thoughts. In "Psychological, demographic and social-economic factors associated with suicidal ideation in general population of Semnan in 2012", Rahimian etc. proved that level of education, family relationships, income, employment status, history of psychiatric disorders, a history of psychiatric inpatients, extroversion, neurotic defense style, maturity, immaturity, social protection and despair do significantly divide persons with suicidal ideation and those without suicidal ideation. In "Trait Anger, Anger Expression and Suicide Attempts among Adolescents and Young Adults: A Prospective Study," Stephanie etc. showed that in male subjects, high trait anger and outward expression of anger have relationship to the risk of suicide attempt. In female subjects, trait anger and both inner and outward expression of have moderated the risk of suicide attempt.

An article by Kim L. Lehnert, James C. Overholser and Anthony Sprito titled "Internalized and Externalized Anger in Adolescent Suicide Attempters" reported that adolescent suicide attempters have revealed higher experience of anger; they showed significantly higher amount of internalized and externalized anger while they represented fewer tendencies to control impulse. Multiple regression analysis revealed that overall tendency to experience anger has the nearest relationship to internalized anger and poor impulse control. In adolescent suicide attempters, depression and distress was related to internalized anger not externalized anger. The results of study by Cuneyt Evren, Ozgul Cina, Ozgul Cin on history of suicide attempts in male hospitalized patients with focus on borderline personality features, anger, hostility and aggression showed that anger intensity and borderline personality features predict history of history of suicide attempts by regression calculations. The results suggest that anger should be aimed to treat and evaluate for reduction of the risk of suicide among drug-dependent patients with borderline personality features. Results have shown that anger and egocentricity have many effects on the researches conducted on the importance of the relationship to parents and close persons. They confirm the importance of style of parenting and attachment style in the formation of suicidal thoughts<sup>[8]</sup>. Moreover, there is a rich literature about the importance of anger and impulsiveness in suicide attempt; but the precise role of anger and its causes and object relations variables such as alienation incompetence and egocentricity are still subtle. Given the importance of this issue and the growing rate of suicide as well as its preventable nature, it seems necessary to adjust plans for studying this field and begin proper measures including collecting detailed information about the rate of suicide. As noted, it seems early relationships between parents and children, anger and anger expression styles are related to mental health, especially, suicidal thoughts. Since, no study has ever investigated the role and effects of these variables on suicidal thoughts and suicide have negative emotional and financial effects on society and individuals as well as the society, this research is important and necessary because it informs clinicians, mental health professionals and those who work in this area about scope of the rise in suicides, scope of fundamental factors and high-risk groups. This information can be useful for suicide attempters by prevent their damages to themselves, it also can be useful for society by stopping impose of additional costs to families and society. An effective action can be begun individuals exposing at risk and their families by increasing awareness and treatment. In this way, it leads to effective step to promote mental health in the community. It also provides implications to treat and interfere in suicide crisis and and suicidal thoughts for psychotherapists.

## **MATERIALS AND METHODS**

This research is a correlation study because it tries to explain the relationship among several variables. Correlation analysis includes all researches attempting to determine the relationship between variables using correlation coefficient. Correlation method aims to investigate variation of one or more variables with the changes in one or more variables. In this research, the correlation between object relations, anger and cognitive emotion regulation with suicidal thoughts are checked. The study sample contains all students aged 18-28. In order to study variables and access to data, the researcher referred to Tehran University and the Martyr Beheshti University and selected 200 present students, he gathered information using questionnaire. The subjected have been selected from Engineering and Technology, Humanities, Physics, Science and Art Departments. The sampling method is available samples. Volunteer students have involved in the study.

**Bell Object Relations Inventory (BORI):** Bell object relations inventory is a part of 90-item questionnaire of bell object relations and reality testing inventory that is self-reporting tool to evaluate dimensions of object relations. The inventory has been standardized for both clinical and non-clinical population, it has been used in many researches in the areas of interpersonal relations and in diagnosis and prognosis of psychopathology. Studies have reported the relationship among deficiencies in object relations in some disorders such as schizophrenia borderline personality disorder and eating disorders. Bell Object Relations Inventory contains 45 Articles that is going to be answered in false/true form. It provides an accurate evaluation of object relations by four subscales including Alienation (ALN), Insecure Attachment (IA), Egocentricity (EGC) and Social Incompetence (SI). Questions “5, 7, 11, 12, 13, 14, 20, 21, 26, 27, 28, 29, 30, 32, 34, 36, 38, 39, 41, 43, 44” are related to alienation, questions 13, 32, 33, 38, 39, 44 for incompetence, questions 3, 4, 7, 8, 9, 10, 11, 12, 13, 20, 23, 26, 33, 34, 37, 40 for insecure attachment and questions for 18, 19, 20, 22, 24, 27, 29, 31, 36, 41, 42, 45 for egocentricity.

High score in each of the subscales shows that the person has some deficiencies in the studied subscale of object relations. In this manner, individuals scoring high in ALN are often suffer from a basic lack of a sense of trust in their relationship, they are unstable and superficial in their relations and they have problems in the establishment of intimacy. Such people are alone and isolated to protect themselves against anger and hostility projecting to others. High score in IA reflects one's

sensitivity for rejection and damages by others. Loss, separation and isolation either imaginary or real are difficult and unbearable for them. Although establishment of relations is very important for such people, their relations are mostly resulted in maladaptive patterns or masochistic and sadistic tendencies because their relations are often accompanied by feelings of guilt, envy and anxiety. High score in EGC represents three attitudes toward object relations including suspicion and distrust of the motives of others, seeking personal advantage from relations and manipulation and abuse of others to achieve personal desires. Such people do not express any sympathy in their interpersonal relationships and do not care about others' feelings and perceptions. Finally, High score in SI indicates shyness, nervousness and uncertainty about the people-especially, people of the opposite sex. For them, communication seems extremely difficult and unpredictable and they mostly avoid any relationship.

Bell etc. have reported about the reliability and validity of the inventory that it has a high degree of discriminant validity because it has the capability to classify clinical population. In addition due to its high correlation with other mental vulnerability assessment tools, it has acceptable concurrent validity for evaluation. Evaluation of internal consistency by alpha coefficient and Spearman-Brown half coefficient for the four subscales of object relations has been reported in the range of 0.78-0.90<sup>[4]</sup>.

**State-trait anger expression inventory:** This is a paper-based questionnaire for the age group of 16 years and above. It has 57 items, 6 scales and 5 subscales. The items are set up in three sections. First section titled “How I feel right now” evaluates state anger; the subjects' feelings are classified based on a four-option scale from “not at all = 1” to “very much = 4”. This section has 15 items and contains state anger scale and subscales of; Felling of anger, tendency to verbal anger and C) tendency to physical anger. Second section titled “How I generally feel” has 10 items for evaluation of trait anger; it is graded as the first section. Trait anger has two subscales: Angry temperament and Angry reaction. Third section titled “How I generally react when angry or furious” evaluates incidence and control of anger. It contains 32 items and 4 scales. Grading of the items has been performed from “Almost never = 1” to “Always = 4”. Scales of this section are as follows: 1) Anger expression-out (AX-O), 2) Anger expression-in (AX-I) and 3) Anger control-out (AC-O) and 4) Anger control-in (AC-I).

In Iran, Kondjani etc. have uncovered that each section and subscales of the inventory has significant internal consistency (0.60-0.93), split-half coefficient

(0.57-0.89) and test-retest coefficient (0.72-0.93). Spielberger has reported 0.84 for alpha coefficient for scales and subscales monitoring state anger and trait anger. The reported score for scales on anger expression, anger control and anger expression total index is 0.73. Navidi research in Iran showed that Cronbach's alpha coefficients for state anger and trait anger are 0.88 and 0.85, respectively, subscales of these two scales are averaged 0.76; for anger expression, anger control and total index of anger, it is 0.71.

**Beck scale for suicidal ideation:** Beck's scale of suicidal ideation is one of the tools used for evaluation of suicidal thoughts. It contains 19 items, each question is scored from 0-2. Thus, total scores can range from zero to 38. Internal consistency of the test is 0.89% and tester's reliability is  $r = 0.83$ . Concurrent validity of this test with the scale of evaluating suicide risk is  $r = 0.69$  ( $p < 0.001$ ). The final scoring was as follows 0-3: without suicidal thoughts, 4-11: low risk of suicidal thoughts, 12-38: high risk of suicidal thoughts. This inventory was translated and analyzed in Iran to be performed at Center for Cognitive Studies and Hospital Treatment in Rozbeh Hospital.

Beck Scale for suicidal ideation has a high correlation to standardized tests of clinical depression and suicidal tendencies. The correlation coefficients range from 0.90 for in-patients to 0.94 for clinic patients. This scale is correlated to Beck's suicidal depression question from 0.58-0.69. Moreover, it is correlated to Beck's disappointment scale and Beck's depression scale from 0.64-0.75.

Beck Suicidal Ideation Scale has a high reliability. Cronbach's alpha showed coefficients of 0.87-0.97, test reliability was obtained 0.54 using test-retest methods. In a research on 100 male subjects ranging from 19-28 years old, Anisi etc. have evaluated the reliability and validity of Beck Suicidal Ideation Scale. The results showed that Beck scale has a correlation to Goldberg Depression Scale as much as 0.76. Test validity using Cronbach's alpha is 0.95 using half method, it was obtained 0.75.

## RESULTS AND DISCUSSION

**Demographic study:** This research investigates the effect of object relations, anger and cognitive emotion regulation on suicidal ideation, sample population contains 211 subjects. Table 1 demonstrates the distribution of gender among the participants.

After reviewing the age of participants, the following results were found: As observed in Table 2, 0.34 of the participants are in the group of 21-24 years old which

Table1: Gender distribution

Gender	Frequency	Percentage
Male	99	0.46
Female	112	0.54

Table 2: Age of participants

Age	Frequency	Percentage
18-21	52	0.24
21-24	73	0.34
24-27	59	0.27
27-31	27	0.12

Table 3: Educational level

Education	Frequency	Percentage
Diploma	1	0.04
Bachelor	118	0.53
MA	83	0.39
Ph.D.	9	0.04

Table 4: Academic status

Field of study	Frequency	Percentage
Basic Sciences	65	0.30
Humanities	78	0.36
Technical	33	0.15
Art	35	0.16

Table 5: History of suicide

History of suicide	Frequency	Percentage
Yes	18	0.08
No	193	0.92

Table 6: History of physical disease

History of physical disease	Frequency	Percentage
Yes	36	0.17
No	175	0.83

forms the highest percentage of the participants. The mean of participant's age is 23 years old and standard deviation equals 2.8 years (Table 2-7).

Descriptive statistics for educational level of the participants is as following: In terms of participants' field of study, the following statistics has been obtained. Another demographic variable is the history of suicide in the participants. The results are as following: In variable history of physical disease, the status of participants is as follows:

**Inferential analysis of the hypotheses:** The results show that only index of Social Incompetence (SI) in studied groups (with and without suicidal thoughts) has no significant difference. Other indexes marked significant differences in the groups (Alienation:  $F = 2.45$ ; Insecure attachment:  $F = 1.63$ ; Egocentricity:  $F = 0.609$ ; Anger:  $F = 1.038$ ). Mean differences in indexed marking significant differences are not much.

The mean of alienation for group with suicidal thoughts equals 17.50 while it equals 11.36 for group

Table 7: The results of differences between two correlations from independent groups

Variables	Incompetence	Egocentricity	Insecure attachment	Alienation	Anger
Incompetence	-	-0.01	-1.74	-1.00	0.28
Egocentricity	-0.01	-	1.62*	-0.98	1.19
Insecure attachment	-1.74	1.62*	-	-0.43	1.45
Anger	0.28	1.19	1.45	0.34	-
Alienation	-1.00	-1.00	-0.43	-	0.34

without suicidal thoughts, it shows -6.13 mean differences. For insecure attachment, the marked mead for the group without suicidal thoughts (8.93) is -3.07 less than the group with suicidal thoughts (12.06). In the index of total anger, mean of group with suicidal thoughts is 48.28 and group without suicidal thoughts is 38, thus, mean difference is 9.27.

The value of correlations in the group of subjects without suicidal thoughts is to some extent higher. Comparison of correlations between two groups showed no significant correlation in most scales. Correlation between egocentricity to insecure attachment and correlation between social incompetence to insecure attachment are the only significant correlations. The correlation of egocentricity and insecure attachment is 1.62, the correlation of social incompetence and insecure attachment is -1.74.

Chi-square model is a model based on the assumption that all zero coefficients equal to zero. This test is equivalent to the overall F-test in linear regression. The obtained result for this test is 44.48, it reflects the difference between the unique models to a fixed amount. Here, null hypothesis is rejected because significance level is <0.05. Therefore, independent variables improve prediction of the outcome. Forecast accuracy is generally about 86.7. In zero blocks at the beginning of variable entrance, accuracy was 84.8 that increased to 86.7 with the arrival of other variables. Expected change in the logarithm indicates one unit increase of chance in predictor variables when other variables are fixed. The coefficient of zero suggests that there is no variation resulting from predictor variable. Column Exp (B) provides odds ratio. Odds ratio is 1.188 for alienation, 0.78 for social incompetence and 1.08 for the index of anger. It means that one unit increase in the mentioned variables increase chance of having suicidal thoughts.

This research aimed to explain the relationship among object relations, anger and cognitive emotion regulation predicting suicidal thoughts. Analysis of the means and comparing them in two groups of subjects with or without suicidal thoughts showed that the differences in most indexes (alienation, insecure attachment, egocentricity and total anger) are significant, the mean scores in the group with suicidal thought is higher. There is no significant difference only in social incompetence.

Correlation results in the group of subjects without suicidal thoughts indicated that the total index of anger has positive significant correlation to alienation, social

incompetence, egocentricity and insecure attachment, moreover, alienation had significant positive correlation to social incompetence as well as egocentricity to insecure attachment. There is significant positive relationship between social incompetence and egocentricity as well as insecure attachment and egocentricity. In other words, all variables marked significant positive correlation in this group. Cognitive emotion regulation has no significant correlation with the other variables. Significant positive correlations were observed among anger, alienation, insecure attachment, egocentricity and social competence. This finding is according to the theory proposed by Bowlby and Winnicott which emphasizes on importance of the early years of child development and how children and parents interact with each other. In fact, parents act as a simplified social environment used by the child in line with emotional growth toward maturity. The first hint of anger in children emerges especially in the early years of childhood and the failure to meet the needs then, it emerges at the time of separation or threat to the separation of love object. It is observed that these experiences may lead to a sustainable anger in person in case of persistence. It seems generalized anxiety of insecure attachments are very correlated to anger and violence in both sexes.

In the scales of object relations, the results of the group of subjects with suicidal thoughts indicate that alienation and insecure attachment as well as egocentricity and social competence have significant positive correlation. In addition, there are significant positive correlations between social incompetence and alienation as well as insecure attachment and egocentricity. Egocentricity and insecure attachment had no significant correlation and total index of anger and total index of cognitive emotion regulation have no significant correlation to the variables in this group. Research data were analyzed using logistic regression; the regression results show that the studied variables improve predictions.

Calculation of the differences between two groups of subjects with suicidal thoughts and without suicidal thoughts showed that the correlations of egocentricity, insecure attachment and insecure attachment are significantly different in the two groups. The correlation of egocentricity and insecure attachment is 1.62 in the group of subjects without suicidal thoughts; moreover, the correlation of social incompetence and insecure attachment is -1.74 in the group of subjects with suicidal thoughts.

## CONCLUSION

High scores in each of the sub-scales of object relations suggest that the subject has some impairment in that part of object relation. Given the high level of alienation in persons who have suicidal thoughts, alienation index in this subscale represents individuals' of experiencing trust in the context of intimate relationships. The person may have been harmed of his former relations, hence, he has some problems in approaching and intimacy with another person. He sees human beings in the framework satisfying or frustrating his needs. Subjects with high scores in alienation usually lack a sense of trust in his relationships. They are unstable and superficial in their communication and have many problems in the establishment of intimacy. These people are isolated to protect themselves from the anger and hostility projecting to others. They experience more isolation due to less intimate relationships. They feel more loneliness. With lower incompetence, they have the ability to influence others in their relationships, hence, they have the sense of adequacy and functionality. Nevertheless, due to fear of damage and lack of confidence (high alienation), they prefer isolation and do not begin cordial relations. On the one hand, they have much anger which is a necessary capability, on the other hand, they have competent, ability and readiness to harm them.

## RECOMMENDATIONS

It is suggested that researchers try to find whether the findings are the result of employed tools or not, in this regard, they can use other tools such as interview to uncover it. This research can be conducted on bigger samples, in other parts of the country and investigation of other differences and similarities. Research on

other segments of society beyond students with different age groups can show the effect of growth factors and situation. According to the results, it is suggested that other effective psychological, cultural and social factors on suicidal thoughts of young people to be investigated.

## REFERENCES

01. Nasab, A.E., 1992. Suicidal Crisis. Ferdows Publication, Tehran, Iran,.
02. Kaplan, H.I. and B.J. Sadock, 2003. Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry (Translated by Hasan Rafie & Farzin Rezaei). Arjomand Publication, Tehran, Iran,.
03. Greenberg, J.R. and S.A. Mitchell, 1983. Object Relations in Psychoanalytic Theory. Harvard University Press, Cambridge, Massachusetts, USA., Pages: 445.
04. Huprich, S.K. and R.P. Greenberg, 2003. Advances in the assessment of object relations in the 1990s. Clin. Psychol. Rev., 23: 665-698.
05. Prochaska, J.O. and J.C. Norcross, 2013. Systems of Psychotherapy: A Transtheoretical Analysis (Translated by Yahya Seyed Mohammadi). Ravan Publication, Tehran, Iran,.
06. Brody, C.L., D.A. Haaga, L. Kirk and A. Solomon, 1999. Experiences of anger in people who have recovered from depression and never-depressed people. J. Nerv. Mental Dis., 187: 400-405.
07. Giegling, I., P. Olgiati, A.M. Hartmann, R. Calati and H.J. Moller *et al.*, 2009. Personality and attempted suicide: Analysis of anger, aggression and impulsivity. J. Psychiatr. Res., 43: 1262-1271.
08. Nezhad, A.A., 2011. The relationship between parenting style and parental mental health to suicide attempts in children. Master Thesis, Azerbaijan University, Baku, Azerbaijan.