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THE ROLE OF MENTAL WELL-BEING, SPIRITUALITY, AND POSITIVE THINKING IN REDUCING SUICIDE TENDENCY: A REGRESSION ANALYSIS

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ABSTRACT

Suicide is a growing public health concern, and understanding its psychological and emotional determinants is crucial for effective prevention strategies. The study explores the relationship between spirituality, well-being, positive thinking, and suicide tendency among university students. A sample of 490 students, with an equal number of male and female participants, was selected using a purposive sampling technique. Data were collected through standardized psychological scales, including the Multi-Attitude Suicide Tendency Scale (MAST) to assess suicide tendencies, the Positive Thinking Scale (PTS) to measure optimism and constructive thought patterns, the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) to evaluate overall mental well-being, and the Daily Spiritual Experience Scale (DSES) to assess the role of spirituality in daily life. Regression analysis showed that mental well-being and spirituality significantly reduce suicide tendency. A one-unit increase in well-being led to a 0.77-unit reduction ($p = 0.00$), while spirituality led to a 0.26-unit reduction ($p = 0.00$). Positive thinking showed a 0.21-unit reduction but was not statistically significant ($p > 0.05$). Together, these variables accounted for 29% of the variation in suicide tendency, highlighting their importance in mental health outcomes. The findings align with existing literature, emphasizing the protective role of mental well-being and spirituality in reducing suicidal ideation. The study

underscores the need for mental health interventions incorporating spirituality, positive psychology, and well-being strategies to mitigate suicide risk among young adults.

Keywords: *Spirituality; Well-being; Positive Thinking; Suicide Tendency; Mental Health,*

INTRODUCTION

Over 800,000 people every year worldwide die by suicide, which means approximately every 40 seconds a life because of suicide (World Health Organization, 2014). Suicide refers to when someone intentionally harms themselves with the goal of ending their life. In the United States, suicide is the second leading cause of death among people aged 15-29 (WHO, 2014; CDC, 2015a). Alarming among young people suicide rates have been increasing day by day. In Lithuania suicide among individuals aged 0-19 increase by more than 55.8% over a decade with boys dying by suicide more often than girls.

Suicide Tendency

The present researches have mainly focused on the risk factors of suicide like mental health issues, but less attention has been given to protective factors that help prevent it (Franklin et al., 2017). The Bi-Dimensional Framework (Johnson, 2016) suggests that resilience factors like positive psychological traits can buffer the relationship between risk and suicide outcomes. High social support or positive psychological traits reduces suicidal thoughts while low support increases the suicidal thoughts among young individuals.

Adolescence is a particularly vulnerable period for suicidal thoughts. Suicidal thoughts and behaviors can develop and worsen quickly between the ages of 12 and 17 (Nock et al., 2008, 2013). Each year About 16-18% of adolescents report thinking about suicide, with a third of them attempting it (CDC, 2015; Ivey-Stephenson et al., 2020). Despite the figures are concerning, there is still much to learn especially in young people about why suicidal thoughts emerge and persist.

Positive Thinking

Positive thinking refers to having hopeful expectations about the future and too approach life with an optimistic attitude (Scheier & Carver, 1993). The positive thinking influences how people feel, act, and respond to different situations. The researches show that positive thinking helps manage stress better and leads to improved health outcomes (Nassem & Ruhi, 2010). High school students who participated in positive thinking sessions experienced less academic burnout (Fandokht et al., 2014).

Positive thinking can be taught. Bekhet and Zauszniewski (2013) developed the THINKING model, which includes strategies like turning negative thoughts into positive ones focusing on positive aspects of situations using relaxation techniques and building optimistic beliefs. By practicing these skills individuals can reduce stress and improve their overall well-being.

Positive thinking serves as a protective factor, when it comes to suicide prevention. People who think positively are better at handling challenges, which lowers their risk of developing suicidal thoughts.

Spirituality

Spirituality plays a significant role in mental health and suicide prevention. Many researches show that people who are spiritual exhibit lower rates of suicide attempts (Donahue & Benson, 1995; Kaslow et al., 2004). Spiritual beliefs provide individuals with a sense of purpose, moral guidance, and community support all of which can protect against suicidal thoughts. Satisfaction with one's religious beliefs was found to prevent suicide attempts in adolescents with mental health issues (Jarbin & von Knorring, 2004).

The impact of spirituality on suicide thought varies depending on cultural and personal factors. Spiritual beliefs generally lower suicide risk, the strength of this effect depends on how deeply individuals integrate spirituality into their lives (Fleming, 2003). Spirituality's role in mental health is complex but can be a powerful source of resilience.

Mental Well-Being

Mental well-being refers to how people perceive and evaluate their lives, include aspects like self-acceptance, positive relationships, autonomy, environmental mastery, purpose, and personal growth (Ryff, 1989). High psychological well-being refers to experiencing more happiness, satisfaction, and fewer negative emotions like anxiety and depression. Korean college students were less affected by perfectionism-related stress with better emotional well-being.

Extremely low well-being will lead toward suicide thoughts. An increase in suicidal tendencies is associated with high levels of psychological distress which is coupled with a lack of meaningful relationships (Helliwell & Putnam, 2004). By improving psychological well-being is crucial for reducing suicide risk.

Numerous researchers have identified a correlation between spirituality, well-being, and positive thinking in relation to suicide tendency. It is essential to examine the predictive role of these factors in reducing suicidal

tendencies. The present study employs regression analysis to test the following hypothesis:

HYPOTHESIS

H1: An increase in positive thinking, spirituality, and mental well-being will have a positive impact on reducing suicide tendency.

MATERIALS AND METHODS

Participants

The study included 490 university students, with an average age of 21, selected based on accessibility. Students from different faculties and departments were invited to participate, with an equal number of male and female participants. To ensure ethical standards, their identities were kept anonymous, informed consent was obtained, and confidentiality was strictly maintained. A purposive sampling method was used to select the participants

Multi-Attitude Suicide Tendency Scale

The Multi-Attitude Suicide Tendency Scale (MAST) was designed to assess suicidal tendencies in youth. This 30-item scale has four types of attitudes: attraction to life, repulsion by life, attraction to death, and repulsion by death. In addition, all four factor scales showed good reliability estimates. Finally, the relationships among the MAST factors and measures of suicidal behavior and ideation, social desirability, and general psychopathology were examined [Augustine Osman, Francisco X. Barrios, Lee R. Grittmann, Joylene R. Osman.](#)

Positive Thinking Scale

Positive Thinking Scale (PTS) is developed by (Diener et al. 2009) The Positive Thinking Scale (PTS) is composed of 22 items, 11 of which represent positive thoughts and perceptions and 11 of which represent low negative thinking. The 22 items are answered on a yes–no format. After reversing the negative items, the 22 items are added, thus yielding scores that range from 0 to 22.

The Warwick–Edinburgh Mental Well-being Scale

The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) were designed to measure mental wellbeing in the general population and assess the impact of programs, projects, and policies aimed at improving it. The 14-item WEMWBS uses five response categories, which are summed to generate a single overall score. All items are positively worded, covering both emotional and functional aspects of mental wellbeing, making the concept easier to understand and apply.

Daily Spiritual Experience Scale (DSES)

The 16-item Daily Spiritual Experience Scale (DSES) developed by Underwood (2002) was used to measure the frequency of ordinary spiritual experiences in daily life. The items assess aspects such as a sense of connection with the divine and feelings of spiritual peace, rated on a 1 'Never' to 6 'Many times a day' scale. Analysis of the 16-item DSES demonstrated strong internal consistency, with a Cronbach's alpha of .83 . Each participant was given a DSES score by calculating the mean response to the 16 items.

Procedure

The initial phase involved securing authorization from Institutional Heads as the primary step before commencing data collection. Subsequently, a purposive sampling technique was employed to approach students in the second step. In the third stage, students were provided with a comprehensive briefing, emphasizing the voluntary nature of their participation and clarifying that no academic credit would be granted as an incentive for participating in the research survey. Questionnaires were disseminated during class sessions, with participants spending approximately 15 to 20 minutes on completion. Following the conclusion of data collection, all questionnaire responses were aggregated, and the data were inputted into data management software, namely SPSS and AMOS, and subsequently subjected to computation.

Ethical approval

Informed consent was obtained from the participants and briefed the participants about the purpose of the current research. No such committee exists in our institute; therefore, all the ethical considerations were kept under consideration during the complete process.

Result of the Study

TABLE 1: Mental Wellbeing Predicting the Reduction of Suicidal Ideation

	B	SEB	b	t	p
WB	0.77	0.11	.05	1.8	.00
PT	0.21	0.07	.37	11	.07
S	0.26	.03	.24	7.1	.00

Note. WB=wellbeing, PT= positive thinking, S=spirituality

The table 1 demonstrate that Mental well-being has a significant positive relationship with reducing suicide tendency. A one-unit increase in well-being leads to a 0.77-unit improvement in reducing suicide tendency. The p-value (0.00) shows this result is statistically significant. Positive thinking shows a positive relationship with reducing suicide tendency but is not statistically significant ($p > 0.05$). Higher positive thinking is associated with a 0.21-unit improvement this effect might be due to chance. Spirituality has a significant positive effect. A one-unit increase in spirituality leads to a 0.26-unit reduction in suicide tendency with strong statistical significance ($p = 0.00$). The three variables explain 29% of the variation in suicide tendency.

TABLE 2: Correlation between spirituality, positive thinking, suicide tendency and mental wellbeing

variable	1	2	3	4
ST	1.00	-.07	-.43**	-.50**
PT	-.07	1.00	.01**	.05**
S	-.43**	.01**	1.00	.52**
MW	-.50**	.05**	.52**	1.00

Note. ** = $p < .01$, ST=suicide tendency , PT= positive thinking, S= spirituality=mental wellbeing

The correlation table presents the relationships between suicide tendency (ST), positive thinking (PT), spirituality (S), and mental well-being (MW). Positive thinking (PT) has a weak negative and non-significant relationship with suicide tendency ($r = -.07$), implying that positive thinking alone may not strongly impact suicide tendency. Spirituality (S) and suicide tendency (ST) also have a significant negative relationship ($r = -.43$, $p < .01$), indicating that greater spirituality is associated with reduced suicide tendency. Mental well-being (MW) and suicide tendency (ST) show a strong negative correlation ($r = -.50$, $p < .01$), meaning higher mental well-being is linked to lower suicide tendency. However, Positive thinking (PT) has weak positive correlations with spirituality ($r = .01$, $p < .01$) and mental well-being ($r = .05$, $p < .01$), though these effects are statistically small. Spirituality (S) and mental well-being (MW) are positively correlated ($r = .52$, $p < .01$), suggesting that individuals with higher spirituality tend to have better mental well-being.

DISCUSSION

The findings shows that both psychological well-being and spirituality have significant impact on reducing the suicide tendency, while positive thinking despite showing a positive relationship was not statistically significant. A

one-unit increase in psychological well-being is associated with 0.77 unit decrease in suicide tendency, which highlight the profound impact of an individual's psychological wellbeing on their vulnerability to suicidal thoughts. This suggests that suicide tendency can be significantly reduced by enhancing well-being, which includes improving self-acceptance, meaningful relationships, and finding a sense of purpose. Spirituality plays a crucial role with a one-unit increase resulting in a 0.26-unit reduction in suicide tendency. This involves improving spiritual practices and beliefs in order to give people coping strategies, ethical direction, and a network of supportive community members that together prevent suicidal ideation.

Positive thinking, which is associated with a 0.21 unit decrease in suicide tendency did not shows statistical significance ($p > 0.05$). Which shows that while optimistic attitudes and hopeful outlooks may contribute to resilience, their effect in isolation might not be strong enough to markedly reduce suicidal ideation without complementary factors like strong social support or structured cognitive interventions. The modest impact of positive thinking could also be influenced by participants' differing levels of engagement with positive thinking practices or cultural attitudes toward optimism.

Altogether the three variables—psychological well-being, positive thinking, and spirituality—explained 29% of the variance in the tendencies for suicide. This proportion of explained variance validates the study's hypothesis that when the protective factors increase, it can reduce suicide tendencies. However, the rest of the unexplained variance suggests that factors like socioeconomic status, trauma history, or mental health disorders, may show an important role and should be worked on in future research. Furthermore, the interaction of these variables suggests an approach from multiple angles to suicide prevention, showing the collective importance of mental health promotion, spiritual engagement, and fostering positive cognitive patterns for holistic well-being.

The relationship between mental well-being and decrease in suicide tendency aligns with previous research suggesting that higher levels of happiness, purpose, and positive relationships act as protective factors against suicidal thoughts (Ryff, 1989; Helliwell & Putnam, 2004). Enhanced well-being improves individuals' coping mechanisms, reduce psychological distress, and brings a sense of purpose, which reduce suicide risk. The study implies that the significance of mental health programs that promote emotional stability, personal growth, and resilience-building activities.

Spirituality is another important predictor, aligns with studies which indicates that spiritual beliefs offer moral guidance, community support, and meaning in life (Kaslow et al., 2004; Jarbin & von Knorring, 2004). In spirituality cultural and personal integration appears to play a vital role with those individuals who deeply practices spirituality are experiencing a stronger protective effect against suicide. Which supports Fleming's (2003) assertion that the depth of spiritual integration affects psychological health outcomes. These findings suggest that interventions incorporating spiritual support or engagement with community-based spiritual activities may be beneficial in suicide prevention strategies.

Opposite to expectations, positive thinking did not show a statistically significant effect, despite being positively associated with reduced suicide tendency. Previous literature has highlighted the benefits of positive thinking in stress management and mental health (Scheier & Carver, 1993; Bekhet & Zauszniewski, 2013), but the lack of significance in this study may be due to several factors. One possibility is the variability in participants' understanding and practice of positive thinking, where some individuals may not have fully engaged with the concept or applied it consistently in their daily lives. Cultural differences could also influence the emphasis placed on positive thinking as a coping strategy, with some cultural contexts prioritizing practical solutions or communal support over individual cognitive reframing.

Unexpected results might also stem from measurement limitations, sample size constraints, or external stressors beyond the scope of this study. It is possible that while positive thinking can offer immediate stress relief, its long-term effects on deeply rooted issues like suicidal ideation may require reinforcement through structured interventions or combined approaches with psychological counseling and community support systems.

LIMITATION OF THIS STUDY

Our study relies on self-reported measures, which may be influenced by participants' subjective perceptions and potential biases.

Our sample consists solely of university students, limiting the diversity of the participant pool.

A majority of the participants were young adults, which may affect the generalizability of the findings to other age groups.

The relatively small sample size restricts the broader applicability of the results.

Our study does not consider cultural differences in spirituality, well-being, positive thinking, and suicide tendencies, which could influence the findings.

RECOMMENDATIONS

In future the same study may be expanded to other cultures and regions.

Students from other fields should need to include in future study.

The longitudinal study is suggested for future study.

The study needs to be conducted on large sample size to increase its generalization.

People with disabilities should need to include in future study.

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