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The relationship between sense of coherence, coping strategies and suicidal ideation among youths in Malaysia	
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THE RELATIONSHIP BETWEEN SENSE OF COHERENCE, COPING STRATEGIES AND

SUICIDAL IDEATION AMONG YOUTHS IN MALAYSIA

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The Relationship Between

Sense of Coherence, Coping Strategies

and Suicidal Ideation

among Youths in Malaysia

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APPROVAL FORM

This research paper attached hereto, entitled: "The Relationship Between Sense of Coherence, Coping Strategies, and Suicidal Ideation Among Youths in Malaysia" was prepared and submitted by Nur Imanina Amani Binti Mustakim, Reshmika A/P Elangovan and Shobhanah A/P Ramesh in partial fulfillment of the requirements for Bachelor of Social Science (Hons) Psychology is hereby accepted.

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Abstract

Suicide is still the largest cause of death among youths, and suicidal ideation are relatively common in both normal and clinical populations. In order to find out how well one can deal with life stressors that could have affect their suicidal ideation, this present study investigates the relationship between sense of coherence (SOC), coping strategies (CS) and suicidal ideation (SI) among youths in Malaysia. There was a total of 262 individuals that were recruited through the use of the purposive sampling method. The data were collected by using the Qualtrics online survey form, which included items from the Risk Assessment Suicidality Scale (RASS), Sense of Coherence Scale (SOC-13), and Brief COPE. The statistical analysis was done by using the Statistical Package for the Social Sciences (SPSS). Results showed a negative correlation between SOC and SI. As for the correlation between coping skills (CS) and SI, there is a negative correlation between problem-focused CS and social support with SI; there is a positive correlation between avoidance CS with SI. Meanwhile, in contrast to our hypothesis, there is a positive correlation between positive reframing with SI. In regard to SOC and CS, results revealed a positive correlation between SOC and the use of problem-focused, positive reframing as well as social support as CS. Conversely, there is a negative correlation between SOC and avoidance CS. The findings offer a deeper understanding of the rationale for how one's level of SOC and utilization of CS can be associated with SI.

Keywords: suicidal ideation, sense of coherence, coping strategies, youths

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DECLARATION

We declare that the material contained in this paper is the end result of our own work and that due acknowledgement has been given in the bibliography and references to ALL sources be they printed, electronic or personal.

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List of Abbreviations

ACSI   Africultural Coping Systems Inventory

ASIQ   Adult Suicidal Ideation Questionnaire

BDI   Beck Depression Inventory

BHS   Beck Hopelessness Scale

BSA   Brief Scale for Anxiety

BSI   Brief Symptom Inventory

BSSI   Beck Scale for Suicidal Ideation

CIRS-G   Cumulative Illness Rating Scale for Geriatrics

CMSS   Coping with Multiple Sclerosis Scale

COPE   Coping Orientation to Problems Experienced

CPRS   Comprehensive Psychopathological Rating Scale

CS   Coping Strategies

CSC   Coping Strategies Scale

CSQ   Coping Styles Questionnaire

DMQ-R SF   Drinking Motives Questionnaire Revised Short Form

DRC   Democratic Republic of Congo

GDS   Geriatric Depression Scale

GGRs   General Resistance Resources

JCS   Jalowiec Coping Scale

K-CCQ   Korean Form of Cancer Coping Questionnaire

MADRS   Montgomery–Asberg Depression Rating Scale

Mini-COPE   Measure Coping Strategies with Stress

NSRM   National Suicide Registry Malaysia

PPMC   Pearson's Product Moment Correlation

RASS   Risk Assessment Suicidality Scale

R-COPE   Religious Coping

SB   Suicidal Behavior

SBQ-R   Suicidal Behaviors Questionnaire-Revised

SI   Suicidal Ideation

SID   Suicidal Ideation Detection

SOC   Sense of Coherence

SPSS   Statistical Package for the Social Sciences

UTAR   Universiti Tunku Abdul Rahman

WHO   World Health Organization

Chapter 1

Introduction

Background of Study

   Self-inflicted death, or often known as suicide, can be seen as a critical concern all over the world. There are a lot of individuals who tend to avoid talking about suicide as the word makes them uneasy. Moreover, it is also an unfortunate event in which it affects people of all ages. Youths, however, are the most affected.

   Every year, around 703,000 people commit suicide, and in 2019, it was the world's fourth highest cause of death for people aged 15 to 29 (WHO, 2021). A survey by National Survey on Drug Use and Mental Health in 2018 discovered that individuals who are above 18 have attempted suicide at least once (American Foundation for Suicide Prevention, n.d). The average age of the onset for suicidal ideation (SI) and suicidal behavior (SB) in youths was discovered to be before their mid-20s. This shows that they have developed SI and SB at a young age (Kessler et al., 1999 as cited in Cha et al., 2017). It was stated by WHO that suicide is a prominent cause of mortality among youths in Malaysia, and past studies indicated that younger individuals (16-24), are 4.8 times more likely to attempt committing suicide compared to older individuals (Chua and Rao, 2021).

   The reason why the sense of coherence (SOC) was chosen is because it is a health-promoting resource that develops primarily before the age of 30. It highlights the importance of being healthy despite being in difficult circumstances. Coping strategies, on the other hand, are individuals' initiatives in managing psychological stress (Lazarus, 1993 as cited in Campos et al., 2016).

Problem Statement

Suicidal ideation (SI) can be stated as one of the initial factors that lead to suicide. In 2019, there was an occurrence in which a 16-year-old girl was said to have committed suicide after she created a poll on her Instagram story. Based on the poll, she wrote "Really Important, Help Me Choose D/L". 69 percent of her followers chose "D", but they do not know that the word D means "death". As a result of the poll, the 16-year-old girl jumped to her death (Reuters, 2019; Fullerton, 2019).

Hence, it could be said that there are multiple aspects that change one's SI to SB. In the United States, from 2009 to 2015, SI rose from 6.1 percent to 8.3 percent among youths between the age of 18 to 25 years old. SI increased from 34.2 percent to 38.1 percent in individuals with major depressive disorder, 11.4 percent to 16.8 percent in individuals with alcohol use disorder, 14.5 percent to 22.9 percent among individuals with cannabis use disorder, and 19 percent to 25.5 percent among those who have received mental health treatment. SI also increased in individuals who are not in the categories stated before from 3.6 percent to 4.8 percent; 5.0 percent to 7.3 percent; 5.6 percent to 7.5 percent; 4.4 percent to 6.0 percent respectively (Han et al 2018). According to Medrano et al (2017), cyber-victimization appeared to have a link with a higher risk of depressive symptoms, and at the same time, both cyber-victimization, as well as depressive symptoms were associated with SI in individuals aged between 18 to 24 years old. In addition, there was also a strong correlation between sexting and SI. On the other hand, Zhai et al (2015) found that SI was present in 9.2 percent of the respondents; it is strongly linked to dysfunctional family relationships, unsteady employment of their parents, as well as ineffective parenting approaches.

In Malaysia, Malaysia's National Suicide Registry (NSRM) reported that individuals aged between 20 to 29 have high suicide rates. However, the statistics obtained were from the year 2007 to 2009 as the registry was abolished after two reports were published. Hence, it is quite challenging to extract information related to suicide cases in Malaysia as we need to review data from a lot of resources.

On the other hand, particularly during COVID-19 pandemic, along with the economic downturn, has significantly affected individuals' mental health. It was reported that due to worry and stress about COVID-19, individuals are experiencing difficulty sleeping or eating, increasing alcohol substance or abuse, as well as worsening chronic conditions, and those situations have affected their mental health and well-being (Ahmed et al., 2020; Rogowska et al., 2020; Panchal et al., 2021). There is a high possibility for youths to be vulnerable during the pandemic, especially when they tend to gather information via social media (Ahmed et al 2020). Between 2019 and May 2021, it was found that 872 individuals who committed suicide were aged between 15 to 18(Redzuan, 2021), and there were 668 victims who are above 19 (Zolkepli, 2021). This shows thatin times of crisis, SI and suicidal behavior (SB) may occur. The particular reason for this circumstance is because majority of the time, people want to be free of their emotional suffering,but when they perceive that nothing will work, suicide comes to mind. World Health Organization (2021) mentioned that SB could occur impulsively when one is unable to cope with life stresses.

The sense of coherence (SOC) and coping strategies (CS) can be preventive factors for SI, the tools that lower the likelihood of SI and SB. Knowledge about SOC assists in preventing

adverse effects on health and aids in the development of coping strategies during challenging

situations (de Freitas Valadares et al., 2020). Paika et al (2017) discovered that higher levels of

SOC were linked to a decreased suicide risk. In addition, SOC was based on the question of why

some individuals can remain positive and maintain good health whilst facing difficult situations,

and why some are unable to (Schmuck et al 2021). Moreover, as life experiences can cause

psychological stress, individuals utilize CS in order to reduce or tolerate stress. One's ability to

successfully deal with crises has a direct impact on the emergence of suicidal ideation, and they

may experience a high level of stress if they lack coping strategies. Previous research found that

coping style influences suicidal behavior, stress, and hopelessness (Zhang et al., 2012; Blankstein

et al., 2007 as cited in Abdollahi & Carlbring, 2016).

Consequently, it is believed that SI, particularly in youths aged between 18 to 30 yearsold

is a topic that needs to be addressed because it leads to suicidal behaviors and other associated

health risks.

Significance of Study

Malaysia does not have an official registry for self-harm cases. Therefore, it is hard to

track the prevalence of suicide and self-harm among youths in Malaysia. Meaning that, the

prevalence can only be assessed and measured after cross-checking multiple sources. In 2007,

National Suicide Registry Malaysia (NSRM) was established to give the public access to

statistics about suicides across the country. However, its official website was decommissioned in

2009 after two reports were published (Armitage et al., 2015).

In addition, there is limited research examining the role of SOC and CS in preventing SI

among youths in Malaysia. Past studies of SI and SB mainly concentrated on certain populations,

such as working adults and university students, rather than general populations of age groups as a whole. Therefore, this present study aims to identify the influence of sense of coherence and coping strategies in reducing suicidal ideation among youths in Malaysia. This is because SI has become a global concern, and it is crucial to understand this issue as they may have limited access to health care, particularly for mental health treatments.

This present study could alert the policymakers to facilitate early detection and suicide prevention among youths as well as providing support for them. Furthermore, it is necessary to encourage youths in getting treatment as there are many of them that do not seek help for SI and SB.

Research Objectives

1. To examine the relationship between sense of coherence (SOC) and suicidal ideation (SI).

2. To examine the relationship between coping strategies (CS) and suicidal ideation (SI).

3. To examine the relationship between sense of coherence (SOC) and coping strategies (CS).

Research Questions

1. Is there any significant relationship between sense of coherence (SOC) and suicidal ideation (SI)?

2. Is there any significant relationship between coping strategies (CS) and suicidal ideation (SI)?

3. Is there any significant relationship between sense of coherence (SOC) and coping strategies (CS)?

Hypotheses

H1: Sense of coherence (SOC) is negatively correlated with suicidal ideation (SI).

H2a: Problem-focused coping strategy is negatively correlated with suicidal ideation (SI).H2b:

Avoidant coping strategy is positively correlated with suicidal ideation (SI).

H2c: Positive reframing is negatively correlated with suicidal ideation (SI). H2d: Social support

(SS) is negatively correlated with suicidal ideation (SI).

H3a: Sense of coherence (SOC) is positively correlated with problem-focused coping strategies.

H3b: Sense of coherence (SOC) is negatively correlated with avoidant coping strategies.

H3c: Sense of coherence (SOC) is positively correlated with positive reframing. H3d.: Sense of

coherence (SOC) is positively correlated with social support (SS).

Conceptual Definition

   Suicidal Ideation. Suicidal ideation (SI), commonly known as suicidal thoughts isone's

thinking and intentions of self-harm that may lead to death and suicide. SI can be categorized as

passive and active.

   Passive SI is referring to individuals who have the thoughts of self-harm, but they have no

intention of actually harming themselves. Active SI, on the other hand, is referring to one's

thought about self-harm. They have the intention to commit suicide and at the same time, they

are also planning on how to accomplish it. (Purse, 2020; Scott, 2021)

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Sense of Coherence. The sense of coherence is viewed as one's response to stressful circumstances. Aaron Antonovsky came up with the concept of SOC to describe why there are individuals that could get sick while there are also other individuals that are able to maintain good health. He named the theory Salutogenesis, in which he explored the factors that affect illness (pathogenesis) and attempted to pinpoint the source of health (salutogenesis). It was stated that comprehensibility, manageability, and meaningfulness are the three major aspects of SOC.

Comprehensibility (cognitive) is the degree in which one rationally views the internal and external stimuli. The ability to develop and maintain anything out of a stressful circumstance makes it convenient for individuals to comprehend the environment wherein they interpret reality. Manageability (behavior) is the degree in which one perceives that they have the resources necessary to meet the demands given by the stimuli. Meaningfulness (motivation) is the degree in which one believes that their lives have emotional significance, and they embrace life challenges as the significant concerns that require commitment and engagement (Super et al., 2015; Schäfer et al., 2018; Riopel, 2021).

Coping Strategies. Life experiences, whether they are positive or negative, can cause psychological stress. Coping strategies (CS) are the techniques that individuals may employ in dealing with difficult circumstances. The techniques assist them with the issue, take action, as well as be good at adapting and persistent in solving the problem.

Problem-focused coping strategy is the competence that one has in dealing directly with stressful circumstances. It is one of the coping strategies introduced by Lazarus and Folkman (1984), and the skill is predominantly based on self-assurance when coping with a wide range of issues (As cited in Abdollahi and Carlbring, 2016; Campos et al., 2016). Moreover, it was found

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that the strategy is associated with a low level of negative mood, a high level of positive mood as well as a stronger quality of life (Shermeye et al., 2018). Thompson et al (2016) discovered that there is a negative association between the use of problem-focused coping strategies and depression.

Avoidant coping strategy is described as one's tendency to escape from a stressful circumstance instead of facing it. It surely lessens immediate stress, but it can hinder one's daily activities, causing emotional numbness. Consequently, it will be difficult to take appropriate measures. When one avoids thinking about their difficulties, it will exacerbate the situation, leading to feelings of depression and anxiety, as well as a decreased sense of well-being (Akhtar and Kroener-Herwig, 2017).

Positive reframing is the process of rethinking a negative or difficult circumstance into a more flattering perspective. Past studies found that positive reframing is effective in dealing with difficult circumstances (Manne et al., 2015; Robbins et al., 2019). Gurvich et al (2020) found that positive reframing was linked to an improvement in mental health.

Social support. Social support is a critical method that can be used to assist individuals in coping with stressful events. Having social support can help to improve one's quality of life as it acts as barriers against adversity. Thompson et al (2016) discovered that insufficient interaction between family and friends was linked to a much higher risk of depression. Conversely, Fathi and Simamora (2019) found that one's coping abilities were demonstrated to be aided by social support at work. It assists them in being able to manage stress and improve their quality of life.

Operational Definition

      Suicidal Ideation. In this study, the extent of individuals experiencing SI will be measured by using The Risk Assessment Suicidality Scale (RASS), a self-report questionnaire developed by Fountoulakis et al. (2012). Based on the scoring, the higher the mean scores, the higher the suicidal risk.

      Sense of Coherence. The sense of coherence (SOC) in this study will be measured by using the Sense of Coherence Scale (SOC-13) developed by Antonovsky (1993). Although there are three elements of SOC, this present study is summing up the total scores altogether as a whole. Higher scores obtained indicate a stronger sense of coherence.

      Coping Strategies. In order to assess the types of coping that one may use, this study will be using the Brief COPE scale (Carver, 1997). It assesses different coping strategies or stress-related cognition using multidimensional scales. The total score for each subscale is added together to achieve the final result; the higher the total score for the subscale, the more likely the individual is to use the subscale's coping strategy.

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Chapter 2

Literature Review

The prevalence of suicidal ideation

According to World Health Organization (WHO) (2021), committing suicide is known for the fourth highest cause of death among individuals with the age range of 15 years old to 19 years old every year. As per their statistics, around "703,000" individuals commit suicide every year. Whereas, in Malaysia, the suicide rates are high among individuals aged ranged between 20 to 29 years old according to Malaysia's National Suicide Registry (NSRM). Adding onto that, it was stated by the WHO that in Malaysia, suicide is a prominent cause of mortality among young adults. The rates of suicides in Malaysia are drastically increasing over the past 45 years (Ibrahim et al., 2014). In recent years, suicide has become a global phenomenon and suicide is the second prime root of death among youth (Ibrahim et al., 2017). The Ministry of Health Malaysia has reported that the high rate of suicidal ideation harboring among adolescents and young adults is alarming. According to Maniam et al. (2013), 6.3% of Malaysians were under the prevalence of suicidal ideation.

Suicidal ideation

Suicidal ideation explains that it is a strong predictor of attempting or committing suicide (Sobowale et al., 2014). According to Ji et al. (2021), usually fleeting thoughts of committing suicide, planning suicide, and conducting a role-play of suiciding would be expressed by potential or would-be victims with suicidal ideation. Often researchers use the Suicidal Ideation Detection (SID) to detect if an individual possesses suicidal ideation thoughts by an individual's textual written content or tabular data. Suicidal ideation in general will be a subtle, fleeting, and

frequently fluid construct of self-inflicted death. Moreover, possible victims with suicidal ideation tend to perform a specific way or plan to die and their intent to die will be explicit imminently. Studies also show that the pervasiveness of suicidal ideation, around 10,600,000 individuals wishing to end their lives in the United States, is really staggering (Jobes et al., 2019).

In most cases, it is not an unexpected and unannounced event when a student commits suicide, however, suicides are anticipated by suicidal ideation. Acknowledging the suicidal ideation and its correlated causes earlier, can help in managing and overcoming the issue on time by carrying out suitable interventions for them (Menezes et al., 2012). Based on a research by Vancampfort et al. (2018), determining the possible risk factors and preventive factors for individuals encountering suicidal ideation is fundamental to reduce deaths by suicides. There are many preventive factors for controlling suicidal ideations. For instance, sense of coherence and coping strategies plays significant roles as preventive factors for individuals who are experiencing suicidal ideation.

Sense of Coherence (SOC)

SOC is the capability of a person to understand the situation faced as a whole, improve health and manage the inevitable stress faced in their life effectively (Kim et al., 2021). SOC can be referred to as the reflection of the tolerance levels of individuals in dealing with everyday life stressors. SOC is an essential resource that assists people in managing their stress, assessing their internal external resources and implementing those resources to develop good coping skills effectively (Antonovsky, 1997 as cited in Abu-Kaf & Enas Khalaf, 2020). The endurance determines SOC through emotional feelings of confidence and the global orientation that express the level to which an individual becomes pervasive.

Sense of coherence is the central concept related to resilience in the salutogenic theory proposed by Aaron Antonovsky in 1979. Furthermore, it is the core construct in the salutogenic model that deals with the origins of health and well-being rather than a disease (You, 2018). According to Antonovsky (1979), there are two assumptions suggested by this model. Firstly, various stimuli such as stressors are attacking people continuously which causes them to feel imbalance. Secondly, if humans are unable to cope with those stimuli, it will lead to diseases or disorders. Generalized resistance resources (GRRs) include many kinds of factors such as genetics in terms of intelligence, material in terms of money, social in terms of social network and knowledge in terms of coping strategies. This can help humans cope with these stimuli by perceiving them as non-stressors, avoiding or resolving them (Hochwälder, 2019).

SOC is a global perspective that represents people's perceptions of their world as comprehensible, manageable and meaningful (Schmuck et al., 2021). There are three components that are correlated to a sense of coherence which are the sense of manageability, sense of meaningfulness and sense of comprehensibility. A person's ability to interpret life events as comprehensive and consistent, as well as to reasonably forecast what will happen in the future, is referred to as comprehensibility. This component explains that everything happens for a reason. Manageability refers to an individual's ability to recognise that the resources at their disposal are sufficient to deal with life's challenges even if it is nor under their own control. Meaningfulness refers to how much a person believes his or her life makes sense emotionally. A person's sense of meaning encourages them to seek resolutions to unpleasant events or situations because they view stress in life as challenges rather than threats (Antonovsky, 1997 as cited in

Abu-Kaf & Enas Khalaf, 2020). People who have strong SOC, perceive their life as more comprehensible, manageable, meaningful, and they successfully can manage stressful situations (Kim et al., 2021).

SOC and suicidal ideation

Paika et al. (2017) conducted a cohort study in Greece among 374 participants aged between 18 to 94 years old. The Sense of Coherence (SOC-29) with 29 items was used to measure level of sense of coherence, while to measure suicidal ideation, Risk Assessment Suicidality Scale (RASS) with 12 items was used in this study. The finding showed that greater levels of sense of coherence were associated with lower suicidal risk.

A cross-sectional descriptive study conducted by Kim and Ko (2020), with 5,000 respondents from Korea who are aged between 14-18 years old used Antonovsky's Sense of Coherence Scale (SOC-29). This scale is to measure a sense of coherence. Whereas, the suicidal ideation was assessed by reasearchers from respondent's responses for the following question: "Have you ever seriously thought about committing suicide in the past year?". The respondents will respond with "yes" or "no". There was a negative correlation between sense of coherence and suicidal ideation.

According to a cross-sectional study by Drum et al. (2017) that was conducted using Antonovsky's Sense of Coherence Theory (SOC; 1987) to measure sense of coherence and Distress and Suicidality Continuum to measure suicidal ideation with 26,742 undergraduates and graduate students in the United States. The findings show that sense of coherence is negatively correlated with suicidal ideation.

A longitudinal study conducted by Wiktorsson et al. (2011) recruited 101 people in the base year and 60 out of 85 people who were alive during the follow up after one year in Sweden

with a mean age of 80 and used the Swedish version of the Sense of Coherence Scale (SOC-29) to examine to which extent their participants feel their lives comprehensive, manageable and meaningful. Also, the Montgomery–Asberg Depression Rating Scale (MADRS) (Montgomery and Asberg, 1979) was used to rate depression. While the Brief Scale for Anxiety (BSA) (Tyrer et al., 1984) was used to assess anxiety. The Geriatric Depression Scale (GDS) (Yesavage et al., 1982) was used to evaluate hopelessness. Then, the Cumulative Illness Rating Scale for Geriatrics (CIRS-G) (Miller et al., 1992) was used to rate physical illness/disability. The study found that high suicide intent is associated with a low sense of coherence which means there is a negative correlation.

Mellqvist et al. (2011), conducted a cohort study using 80 participants from Sweden with a mean age of 79.4 years. The Sense of Coherence Scale (SOC-29) was used to measure the level of sense of coherence, the Comprehensive Psychopathological Rating Scale (CPRS) was used to diagnose major depression and the Cumulative Illness Rating Scale for Geriatrics (CIRS-G) was used to identify the chronic physical illness. The result showed a negative association between sense of coherence and suicide attempters which explains that suicide attempters have a low level of sense of coherence.

Coping Strategy

Coping is a concept referring to the actions and behaviors that individuals can perform to manage their stress (Algorani & Gupta, 2021). Individuals use coping skills as they are conscious responses that can be utilized in order to reduce or tolerate stress. When people are dealing with a stressful situation, they tend to use a variety of strategies and actions to manage their stress. As cited in Abdollahi and Carlbring (2016) and Campos et al (2016), Lazarus and Folkman (1984)

established the word coping styles, and it is defined by one's aptitude and competence to deal

with problems. There are two basic styles of coping, which are problem-focused and emotion-

focused. They typically focused on self-reassurance in dealing with a variety of problems.

Problem-focused coping style is a type of coping strategy that tries to eliminate stresses or deal

with the stressors directly in which individuals are seeking to address the source of the problem.

Meanwhile, emotion-focused coping styles can help individuals to become less emotional and

irrational in regard to stressful situations (Stanislawski, 2019). Studies have discovered that

adapting problem-focused coping methods are considered to be more effective. This is because

they are linked to a higher level of psychological well-being (Holahan and Moos 1987; Penley et

al., 2002; Shimazu and Schaufeli 2007 as cited in Akhtar and Kroener-Herwig 2017). On the

other hand, depressive symptoms, phobic anxiety, and somatization are linked to the utilization

of emotion-focused coping methods (Holahan and Moos 1987; Penley et al., 2002; Watson and

Sinha 2008 as cited in Akhtar and Kroener-Herwig 2017). Additionally, coping can also be

classified as active or avoidant. Active coping is a method in which an individual strives to direct

control over the stressful event by employing a suitable behavior and accepting the responsibility

to fix the problem whereas avoidant coping is a coping mechanism in which the individual

disengages from the situation by changing their behavior rather than facing it (Perez-Tejada,

2019).

One's ability to successfully deal with crises has a direct impact on the emergence of

suicidal ideation, and they may experience a high level of stress if they lack coping skills. Some

studies implied using a problem-focused strategy is the most effective. Adaptive coping

strategies are often more efficient in handling stressful situations compared to maladaptive

coping strategies (Ong and Thompson, 2019). Nevertheless, there are other studies found that

there are certain coping methods linked to poorer outcomes (Algorani & Gupta, 2021), and suicide risk is associated with maladaptive coping strategies (Campos et al., 2016). Moreover, one's choice of coping methods is influenced by their personality as well as the stressful situation. Past research has discovered that as an immediate reaction to a stressful situation, the most effective coping method is avoiding it. Psychological and interpersonal theories stated that itis crucial to develop as well as implement an appropriate coping strategy when experiencing stressful events because it can act as a safeguard for individuals (Hussain et al., 2020).

Coping strategy and suicidal ideation

Ong and Thompson (2019) conducted a cross sectional study in Hong Kong by using Suicidal Behaviors Questionnaire-Revised (SBQ-R) and Religious Coping (R-COPE) scale, along with recruiting 117participants aged between 18 to 28 years old. The study discovered that SI, previous suicide attempts, and the likeliness to commit suicide in the future were linked to higher levels of avoidance coping and lower levels of accommodation and self-help coping. In regard to the latterstatement, SI was not predicted by accommodation or self-help coping as it was found to be greatly lowered when individuals utilize more accommodation and self-help coping skills.

Moreover, lower levels of avoidance coping, combined with higher levels of cognitive reappraisal, reflect individuals' resistance to suicidal behavior.

Another study by Park and Kim (2018), that was conducted in South Korea by using stress coping strategies scale and suicidal ideation scale that was administered to college students discovered that the number of 20 to 24 years old college students who committed suicide is significantly higher than those 15 to 19 years old when they are confronted with stressful and uncertain situations. It was stated that the behaviors are usually compulsive. It was also found

that suicidal ideation diminishes as they are increasingly utilizing problem-focused coping skills, but it was significantly influenced by emotional stress coping techniques. Additionally, Liang et al (2020) analyzed 2074 responses to the Suicidal Behaviors Questionnaire Revised Scale (SBQ-R) and The Brief COPE Scale that was administered to individuals in China and discoveredthat suicidal behavior was negatively linked to active coping and positive reframing, while being positively linked to self-distraction, substance abuse, behavioral disengagement, venting, and self-blame.

A study by Abdollahi and Carlbring (2016) that was conducted using a coping inventory for stressful situations and Beck Scale for Suicidal Ideation (BSSI) with 547 participants aged between 19 to 24 years old in Iran has found that the significance effect of coping styles in mediating the association between the two forms of perfectionism and suicidal ideation. Another study by Mckeown et al (2017) that was conducted using Coping Styles Questionnaire (CSQ-3) and Beck Hopelessness Scale (BHS) with 204 participants aged between 18 to 61 years old in the United Kingdom has found that the association between attachment anxiety and hopelessness was mediated by emotional coping. It was also revealed that hopelessness could be reduced if people utilized more detached coping skills rather than emotional coping skills.

Furthermore, by using the Coping Orientation to Problems Experienced (COPE) and The Adult Suicidal Ideation Questionnaire (ASIQ),Gonzalez (2019) recruited 381 participants aged between 18-25 years old in America and revealed that when individuals tend to use avoidant coping and impulsively react to the negative life events, they have a greater impact on SI, drinking to cope, heavy alcohol use, and alcohol problems. The particular reason for this circumstance is because an increased avoidant coping and negative urgency in individuals were closely attributed to less use of problem-solving skills.Another study in the same country by

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Martin and Bohecker (2021) has found that 733 individuals aged between 18 to 67 years old who were at risk for suicidal behaviors tend to mention denial and self-distraction as important coping factors. Researchers have utilized the patient health questionnaire 9 and The Brief-COPE in determining depression, suicidal ideationas well as their coping skills.

On top of that, also in America, Morrison and Hopkins (2019) recruited 137 African American individuals aged between 17 to 41 years old to answer The Africultural Coping Systems Inventory (ACSI) and The Brief Symptom Inventory (BSI-18). They discovered that individuals who have SI, and have attempted suicide, have a history of depression. Furthermore, when examining their coping styles, spiritual-centered and cognitive-emotional coping styles have found to be consistently predicting SI. However, only spiritual-centered coping styles predicted suicidal attempts when Africultural coping styles were examined. Surprisingly, overall cultural identity and cognitive emotion management were not shown to be associated with SI or behavior. Besides, those who have had SI were found to use only 1/4 of Africultural coping strategy. Consequently, they scored the lowest score on the most effective cultural coping mechanism.

In Australia, Gurvich et al. (2021) recruited 1495 participants aged between 18 to 85 yearsold by asking them to answer The Beck Depression Inventory (BDI) as well as The Brief Cope Inventory in order to assess their SI and coping strategies. The study discovered that having a stronger mental health is linked to the utilization of positive emotion coping skills; humour and positive reframing were linked to a lower depression score. Contrarily, other coping skills, such as self-blame, behaviour disengagement, usage of instrumental support, self-distraction, and venting are inefficient for mental health. Those coping skills have been linked to a higher degree of depression, anxiety, and stress.

A cross-sectional and longitudinal study done by Grazioli et al. (2018) in Switzerland with 4617 participants aged between 19 to 20 years old found that there were no direct link involving depressive symptoms, for example, motivation to cope with drinking is positively correlated with depressive symptoms, and over time, depressive symptoms are positively correlated with suicide attempts. The results were analyzed by using the scale of suicide attempts adapted from the college alcohol study and Drinking Motives Questionnaire Revised Short Form (DMQ-R SF). Similarly, in the same country, a study with 120 participants aged between 14 to 77 years old in a randomized control study by Gysin-Maillart et al. (2021) that used The Brief COPE Inventory and The Beck Scale for Suicide Ideation (BSSI) discovered that the increasing rate of active (problem-focused) coping reduce SI while behavioral disengagement predicted SI.

SOC and Coping strategy

A study conducted by Konaszewski et al. (2021), with a sample of 632 university students from University of Bialystok in Poland aged between 19 to 25 years old by using The Sense of Coherence Scale-13 to assess sense of coherence and The Coping Inventory for Stressful Situations to assess the basic coping styles in stressful situations in this research. The results indicated that sense of coherence was positively related to task-oriented coping style but negatively related to emotion-orientated coping style. There was no significant relationship found between the sense of coherence and avoidance-oriented coping style. Besides, Kim et al. (2021) conducted a cross-sectional study among 148 participants aged between 20 to 75 years old. To measure sense of coherence, The Sense of Coherence Scale-13 was used while to measure coping strategies, the Korean Form of Cancer Coping Questionnaire (K-CCQ) was used in this research. Results showed that there was a positive relationship between the sense of coherence and positive reframing and also with planning but not with active coping.

A cross-sectional study conducted by Ngai (2019) recruited 201 women from Hong Kong aged between 40 to 60 years old with the use of The Sense of Coherence Scale-13 to measure sense of coherence and the Brief COPE Inventory to measure the coping strategies in this research. The study found that sense of coherence was negatively correlated with maladaptive coping but positively correlated with problem-focused coping, emotional-focused coping and adaptive coping. In addition, a cross-sectional study conducted by Calandri et al. (2017) recruited 102 participants with the mean age of 35.8 and standard deviation of 11.9 with the use of The Sense of Coherence (SOC) Scale to evaluate sense of coherence and the Coping with Multiple Sclerosis Scale (CMSS) to evaluate the coping strategies in this study. The study found that sense of coherence was positively correlated with emotional release and avoidance while sense of coherence and problem solving were not statistically significant.

According to a cross-sectional study by Betke et al. (2021) that was conducted using The Sense of Coherence Questionnaire (SOC-29) and Inventory to Measure Coping Strategies with Stress (Mini-COPE) with 91 participants aged between 22 to 52 years old in Poland has found that nurses that are high in sense of coherence used less alcohol or drug strategy, denial, behavioral disengagement and focus on and venting of emotions strategies compared to nurses with low sense of coherence. This finding is consistent with another cross-sectional, descriptive and correlational study conducted by Reguera-García et al. (2021), with a sample of 84 patients from Spain with a mean age of 46.9 and standard deviation of +/- 9.7 years old by using The Sense of Coherence Scale-13 and Questionnaire on Coping COPE-28 in this research. The results showed that sense of coherence was positively related to coping strategies including positive reframing, active coping and acceptance but negatively related with behavioral disengagement, denial and self-blaming coping strategies. In addition to this, according to a

cross-sectional study by Fernández-Martínez (2019) that was conducted using The Sense of Coherence Scale-13 and COPE-28 in this research with 463 participants with a mean age of 20.96 years old in Spain has found that there were positive relationship between sense of coherence and humor, active coping, positive reframing, emotional support, instrumental support, religion, planning and acceptance while there were no relationship between sense of coherence and behavioural disengagement, self-distraction, substance use, venting, self-blaming and denial.

Moreover, another cross-sectional study conducted by Kim et al. (2021) among 148 participants aged between 20 to 75 years old. To measure sense of coherence, The Sense of Coherence Scale-13 was used to measure sense of coherence while Jalowiec Coping Scale (JCS-60) was used to measure emotion-focused and problem-focused coping in this research. Results showed that sense of coherence negatively correlated with problem-focused and emotional-focused coping. Similarly, a cross-sectional study conducted by de Freitas Valadares et al. (2020) recruited 50 participants from Brazil aged between 18 - 70 years old with the use of Dysphonia Coping Strategy Protocol (PEED-10), Brazilian version of Voice Disability Coping Questionnaire to measure the coping strategies applied by dysphonia people and Sense of Coherence scale (SOC-13), adapted and validated for Brazilian Portuguese used to measure the sense of coherence in this study. The study showed that sense of coherence was weakly and negatively correlated with emotion-focused coping strategy.

Furthermore, Mitonga-Monga & Mayer (2020) conducted a non-experimental, quantitative study among 197 participants aged between 40–55 years old in Democratic Republic of Congo (DRC). The researcher used the Sense of Coherence Scale-29 and the Coping Strategies Scale (CSC) in this research. The finding stated that sense of coherence is positively

correlated to problem-focused and seeking support coping where it stated that participants with

high sense of coherence tend to implement positive coping strategies, for example problem-focus

and seeking support strategies to cope with stress in the work environment. Apart from this,

Andruszkiewicz et al. (2017) conducted a cross-sectional study among 188 participants aged

between 60–89 years old. The researcher used the The Polish adaptation of the Orientation to

Life Questionnaire (SOC-29) to assess the sense of coherence and Coping Strategies

Questionnaire (CSQ) to assess pain-coping strategies. The finding stated that sense of coherence

is statistically and significantly correlated to pain-coping strategies and patients with higher

sense of coherence tend to use catastrophizing strategies less and admit that they can cope and

control the pain.

Theoretical Framework

The theoretical framework for this research is the personality coping outcome theory.

According to Xu et al. (2017), it stated that the theory creates an assumption that when an

individual experiences a stressful situation, it influences their personality with coping differently,

which in turn affects the adjustment of outcomes. The definition will be used in this research

because personality traits are associated with cognitive restructuring and distractions (You,

2018). Furthermore, an individual's stable qualities of the person are defined by the specific

circumstance that is available, such as the cognitive appraisal in terms of the stressful events

faced during the situation, for an individual to be able to manage with everyday stressors. Coping

with stress is a complex process because it requires some traits like responses. Human adaptation

is a significant determinant that helps in that adaptation and coping with the specific construct of

the situations such as; an individual can be able to reflect the individual ability for a dynamic

transaction that is between the stressful situation and the individuals (Biggs, 2017). Therefore,

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for an individual to cope with stress, it is required of them to have beenable to analyze their ability to deal with stress.

There are different types of coping that individuals utilize when trying to remove their stressors; this includes emotion-focused coping, avoidant coping, and problem-focused coping (Xu et al., 2017). For instance, extraversion individuals experience the tendency to associate with the outside activities and themselves; this is referred to as being outgoing, assertive, and enthusiastic (You, 2018). Also, they can adjust their moods and communicate with others; as a result, when they are effaced with stressors, they can utilize problem-focused coping styles to solve their issues.

To add upon the personality coping outcomes and how it contributes to a sense of coherence is on agreeableness characteristics, which involves being likeability, friendliness, helpfulness, kindness, and trust (Xu et al., 2017). This affected the likelihood of an individual to social networks. Agreeableness affects the problem-focused coping style (Biggs, 2017). Also, openness involves the ability to be imaginative, interest curiosity, and have a broader interest. This helps an individual cope with difficulties; this may be through restructuring the cognition to cherish the illusion of reality (You, 2018). Besides, conscientiousness affects the tendency of an individual to respond, organized and international help affects the individuals' coping approaches in a way that helps in focusing the energy on problem solving.

Based on the framework of the theory, personality and coping strategies are linked to the outcome. Based on the explanations mentioned above, this model is suitable to use in the present study to discuss about the relationship between sense of coherence, coping strategies and suicidal ideation. Individuals who possess a weak sense of coherence tend to perceive their life as less comprehensible, less manageable, and less meaningful (Kim et al., 2021) which causes them to

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use less problem-solving coping skills in order to cope with their stressors. People who face

difficulties in handling various kinds of challenges and emotions and have poor problem coping

skills cause someone to have suicidal ideation and attempts (Bilsen, 2018).

Conceptual Framework
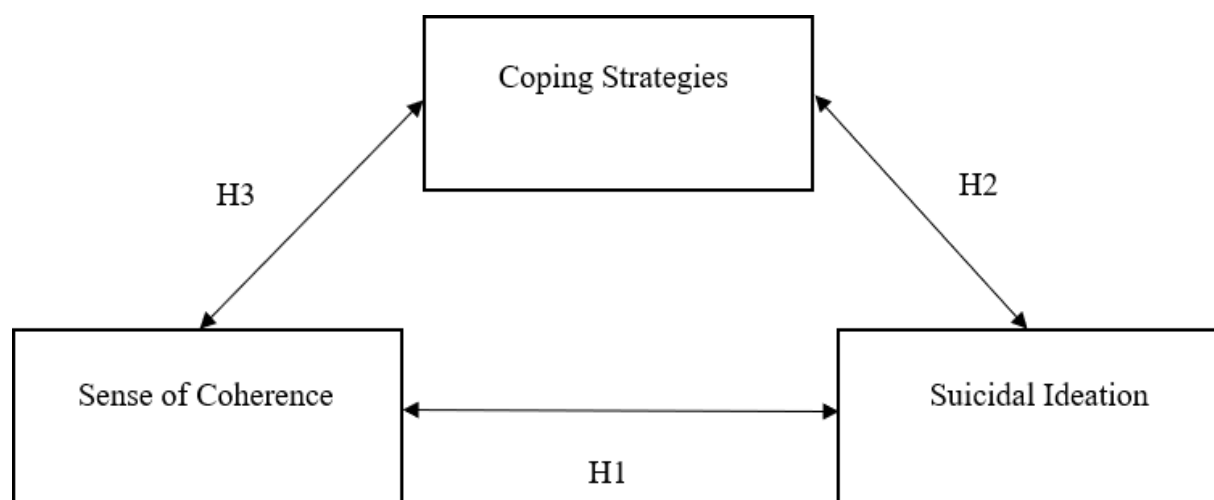
Figure 1. The Relationship between Sense of Coherence, Coping Strategies and Suicidal Ideation

among Young Adults in Malaysia.

Based on the past studies mentioned above, a conceptual framework model is proposed

and illustrated, as shown in Figure 1, regarding the relationship between sense of coherence,

coping strategies and suicidal ideation. There are three independent variables in this study which

are sense of coherence, coping strategies and suicidal ideation. From the literature review, it is

suggested that there is a significant relationship between sense of coherence and suicidal

ideation. Coping strategies have a significant relationship with suicidal ideation. Sense of

coherence has a significant relationship with Coping Strategies. Thus, the present study aimed to

identify the relationship between sense of coherence, coping strategies and suicidal ideation.

Chapter 3

Methodology

Research Design

This study used a quantitative method to collect data by distributing questionnaires to participants through online surveys. Researchers saved effort, time, and money when a study was conducted by using a quantitative method (Daniel, 2016). The online survey method was used in this study to collect and gather all data from participants due to precautions as the COVID-19 cases in Malaysia were still leading. So, online surveys are advised instead of distributing surveys physically. Moreover, online surveys were contact-free, easier, and safer compared to physical mode. participants answered the online survey using smartphones, laptops, and other digital devices which are handy. Furthermore, this online survey was a self-administered survey, where participants answered the surveys without the help of researchers (Kumar, 2014). Furthermore, the current study was a cross-sectional design as the collected data from participants was to examine the relationship between the variables: sense of coherence, coping strategies, and suicidal ideation by researchers at the same point of the time. Setia (2016), a cross-sectional design was used when collecting data from participants at a single time by researchers. Moreover, this research design was very suitable and helped researchers to conduct the Final Year Project as it required a short duration of time and it was convenient.

Sample Techniques

Sample size. To get the suggested sample size for Pearson's Product Moment Correlation (PPMC) in this study, researchers used G*Power 3.1.9.4 version software. This study required a minimum target sample size of 84 participants. The effect size was 0.3 which showed a medium effect size. The power analysis was 0.80 which means there was an 80% chance of the result

being significant. Lastly, the margin of error was 0.05. Nevertheless, data that was gathered had incomplete or missing data when participants answered the online survey. Thus, it was estimated that the minimum sample size required was 126 after increasing it by 50%.

Participants. In this study, 262 youth participants were recruited as participants. A total number of 195 participants were valid samples after screening the data. The data of 30 participants were used for the pilot study. A total of 165 youth participants with the age between 18 to 28 years old ($M = 21.82$, $SD = 1.66$) have participated in the current study. The target sample consists of 53 males (32.1%) and 112 females (67.9%) (Table 1).

Furthermore, the nationality of all the participants that took part in this study were Malaysians. Most of the participants were 63 Chinese (38.2%), followed by 56 Indians (33.9%), 41 Malays 41(24.8%), and 5 other ethnicities (3%). Also, the highest to lowest number and percentage of participant's working status are 142 Students (86.1%), followed by 17 Full-time employed (10.3%), and 6 Unemployed (3.6%) (Table 1).

Sampling Methods. Current study used a non-probability sampling method; purposive sampling method. The purposive sampling method was used because researchers set certain criteria for participants who answered the survey. The selected criteria should be met by participants in order to answer the survey questions for their study and only those who have fulfilled the criteria will be selected (Etikan et al., 2016). The inclusive criteria set by researchers for this study were that participants should be Malaysian young adults who are 15 years old and above with the age range of 15 to 29 years old. The exclusive criteria set by researchers for this study were participants who are non-Malaysian, not able to read and understand the English language, below the age of 15, and above the age of 29.

Research Location. The research location for this study was across Malaysia by distributing online surveys. The online survey was created using Qualtrics and distributed to participants by researchers using social media such as Facebook, WhatsApp, and Microsoft Teams.

Research Procedure

This study's online survey was created using Qualtrics. It was a simple and user-friendly online survey. The online survey was in English as it is a Universal language. Then, Universiti Tunku Abdul Rahman's (UTAR) scientific and ethical committee approval was obtained first. The reference number of the approval letter was U/SERC/282/2021. This is to ensure that there will not be any ethical issues during the data gathering process. Researchers then distributed the online survey once the research was approved. The online survey was distributed to their friends and others through social media such as Facebook, WhatsApp, and Microsoft Teams. The online survey was sent together with a description of the study, the title of the study, motive, objective, and criteria for participants who can take part. This is to ensure participants understand the study and that those who fit the criteria of this study should take part. Those participants who met the criteria set by researchers were selected. By going through the demographic information of each participant, researchers only selected the participants who met the criteria.

The survey consists of six sections, A, B, C, D, E, and F. Firstly, before Section A was the introduction of the research, procedures, confidentiality, willingness to participate, and researcher's contact information. In Section A, the personal data protection statement was included. Followed by Section B was the consent form for research participation and personal data protection. Next, Section C was about the demographic information of the participants. Then, Section D was the Sense of Coherence Scale (SOC-13). Subsequently, Section E was the

scale of Brief-COPE. Lastly, Section F was the Risk Assessment Suicidality Scale (RASS). The online survey consists of 53 items and approximately requires 10 – 15 minutes to complete the survey.

Research Instruments

There were three instruments used in present study by researchers to examine the relationship between sense of coherence, coping strategies, and suicidal ideation. These three instruments examine the intensity of suicidal ideation, the level of sense of coherence, and coping strategies used by participants who are young adults. Adding to that, participants were also shown Personal Data Protection Statement and consent form beforehand where they have to agree to take part and answer the online survey or disagree to withdraw from participating in this study. Moreover, three questions will be created to gather the participant's demographic information.

Demographic information. Participant's demographic information was gathered before they answered the online survey. Three closed-ended questions were asked in the demographic information section. Firstly, participants' ages were asked. Secondly, the participant's sex to ensure whether they are male, female, or other. Thirdly, their race was being asked in this study.

Risk Assessment Suicidality Scale (RASS) (Fountoulakis et al., 2012). The Risk Assessment Suicidality Scale was used to measure the participant's risk behaviour for suicide. The RASS was developed by Fountoulakis et al. (2012). This instrument has a brief of 12-item. For example, "Do you ever think that it would be better if you were dead?", "Do you think that it is a wonderful thing that you are alive?", and "Have you ever hurt yourself in any way deliberately during your whole life so far?". In addition, by answering the RASS questionnaires, participants are doing a self-report to measure their suicidal risk behaviours. The scale has three

subscales, Intention (5-items), Life (4-items), and History (3-items) of suicide attempts are measured using RASS. Each item from 1 to 10 is rated on a 4-point Likert scale ranging from 0 (not at all) to 3 (very much) while items 11 and 12 are rated on a 4-point Likert scale ranging from 0 (never) to 3 (many times). There is no reversed scoring in RASS. The higher the mean scores, then the higher the suicidal risk for the participant. The Cronbach's alpha for the RASS scale is ($\alpha = 0.76$). This is a very valid and reliable instrument that can be used to assess suicidal risk among mental patients as well as the general population (Fountoulakis et al., 2012). The Cronbach's alpha in this study was ($\alpha = 0.729$). To achieve a good reliability, the item 3 was removed and then the Cronbach's alpha for the RASS scale showed ($\alpha = 0.808$). It showed a very strong internal consistency.

Sense of Coherence Scale (SOC-13) (Antonovsky, 1993). The SOC Scale was developed by Antonovsky (1993). It consists of 13-items to measure participants' sense of coherence and to which extent they find their lives meaningful, manageable, and comprehensible. For example, "Do you have the feeling that you don't really care about what goes on around you?", "Has it happened that people whom you counted on disappointed you?", and "Do you have very mixed-up feelings and ideas?". The Sense of Coherence Scale is made up of three components: Comprehensibility (5-items), Manageability (4-items), and Meaningfulness (4-items). The items in this scale are rated on a 7-point Likert scale which ranges from 1 (very often) to 7 (very seldom or never). According to Holmefur et al. (2014), the total scores have to be summed up altogether as a whole including all subscales and it can range from the lowest score from 13 points to the highest score from 91 points. The scores have to be summed up to get a total score. There are 5-items negatively stated and reversed in scoring which are 1, 2, 3, 5, and 7. The higher the total scores, the stronger the sense of coherence. The Cronbach's alpha for the

SOC-13 scale is ($\alpha = 0.799$). The scale is reliable and valid just like the long version. The Cronbach's alpha for this scale in this study is ($\alpha = 0.806$). It showed a very strong internal consistency.

Brief COPE (Carver, 1997). Brief COPE was developed by Carver (1997) to measure multidimensional scales to assess various coping methods or stress-related cognition. This scale is a shorter version of the COPE inventory with 60-items developed by Carver et al. 1989. This Brief COPE scale contains 28-items with four subscales, problem solving (4-items), avoidance (10-items), positive reframing (6-items), and social support (8-item) with a 4-point Likert scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). For example, "I've been getting comfort and understanding from someone", "I've been taking action to try to make the situation better", "I've been using alcohol or other drugs to help me get through it", and "I've been learning to live with it". The scoring method is by calculating the total score for each subscale. The higher the total score for the subscale, the higher the tendency to implement the corresponding coping strategy of the subscale. There is no reverse scoring in this Brief COPE scale. The Cronbach's Alpha are problem solving ($\alpha = 0.74$), avoidance ($\alpha = 0.64$), positive reframing ($\alpha = 0.71$), and social support ($\alpha = 0.82$). The scale has satisfactory psychometric properties (Baumstarck et al., 2017). In this study, the Cronbach's Alpha are problem solving ($\alpha = 0.862$), avoidance ($\alpha = 0.763$), positive reframing ($\alpha = 0.756$), and social support ($\alpha = 0.757$). It showed a very strong internal consistency.

Data Analysis Plan

Once all the data were collected, researchers then proceeded with the data analysis process. Then the SPSS was used to screen the data and run the analysis to examine the reliability of the scales. Researchers also screened data by checking the assumptions, outliers,

and descriptive statistics to identify demographic information such as standard deviation and

mean, overall scores of Risk Assessment Suicidality Scale (RASS), Sense of Coherence (SOC-

13), and Brief COPE. Then, the *Pearson Correlation* technique was used to examine the

relationship between sense of coherence, coping strategies, and suicidal ideation.

Chapter 4

Results

Descriptive Statistics

Demographic information of participants consisting of gender, age, ethnicity, nationality, and working status was listed in the following tables by using the standard deviation, mean, total number, and percentages of participants.

Table 1

Descriptive Statistic of Participant's Gender, Age, Ethnicity, Nationality, and Working Status

	n	%	*M*	*SD*
Gender			1.68	0.47
Male	53	32.10		
Female	112	67.90		
Age			21.81	1.66
Ethnicity			2.15	0.83
Malay	41	24.80		
Chinese	63	38.20		
Indian	56	33.90		
Others	5	3.00		
Nationality	165	100	1.00	0.00
Working Status			1.24	0.63
Student	142	86.10		
Unemployed	6	3.60		
Full Time Employed	17	10.30		

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Table 1 showed a total of 165 participants, with the age range of 18 to 28 years old that have participated in this study. All the participants were from Malaysia. Female participants were more than the male participants in percentages of 67.9 and 32.1 respectively. The majority of the participants are Chinese (38.2%), Indian (33.9%), Malay (24.8%), and a minority being others (3%). Participants were mainly students (86.1%), followed by full time employed (10.3%) and unemployed (3.6%).

In the raw data set, a total of 262 participants have responded to this study. Data cleaning was done by removing the missing values, incomplete responses, blank responses, and data entry errors. Participants who did not comply with the set criteria such as Malaysian youths, age range between 15 to 29 were removed from the data collection as well. To minimize biases and incorrect interpretation of the results found from the data collected, this study only accepted responses with a minimum completion of 75% (Baruch & Holtom, 2008). After the data cleaning process, a total of 195 participants were retained. 30 participants were used in the pilot study. Hence, the remaining data of 165 participants were used in the current study.

Test of Normality

Table 2

Measure	*SD*	*M*	Skewness	Kurtosis
Sense of Coherence (SOC-13)	11.41	49.82	.05	.67
Brief COPE – Social Support	4.40	20.21	-.03	- .02
Brief COPE – Problem Solving	2.89	11.53	-.40	-.26
Brief COPE – Avoidance	4.91	21.00	.22	.04
Brief COPE – Positive Reframing	3.68	16.56	-.25	-.03
Risk Assessment of Suicidal Ideation (RASS)	5.44	19.36	1.03	.91

Normality for all the variables using Skewness and Kurtosis

Table 2 showed the skewness and kurtosis of SOC, social support, problem solving, avoidance, positive reframing coping strategies, and suicidal ideation were significant and normal. The skewness value for SOC was .05, coping strategies such as social support coping strategy was -.03, problem solving coping strategy was -.40, avoidance coping strategy was .22, positive reframing coping strategy was -.25 and suicidal ideation was 1.03. The kurtosis scores

for SOC were positively skewed (.67), coping strategies of social support coping strategy was negatively skewed (-.02), problem solving coping strategy negatively skewed (-.26), avoidance coping strategy was positively skewed (.04), positive reframing coping strategy negatively skewed (-.03), and suicidal ideation was positively skewed (.91). These results demonstrated that SOC, coping strategies, and suicidal ideation was normally distributed as all the values of skewness and kurtosis were within the range of ±2 (Gravetter & Wallnau, 2014).

Correlation Analysis between Age Suicidal Ideation

Table 3

Result of Pearson's Correlation between Age and Suicidal Ideation

		Suicidal Ideation
	Pearson's correlation	-.07
Age	Sig. (2 tailed)	.350
	N	165

Table 3 showed the *Pearson's correlation* results that age and suicidal ideation were not significantly correlated among the participants, $r = -.07$, $p = .350$. Hence, this indicates that age and suicidal ideation were not related.

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Inferential Analysis

Table 4.1

Result of Pearson's Correlation between SOC and Suicidal Ideation

		Suicidal Ideation
SOC	Pearson correlation	-.48
	Sig. (1-tailed)	<.001
	N	165

RQ1: Is there any significant relationship between sense of coherence (SOC) and suicidal ideation (SI)?

According to Table 4.1 above, it demonstrated the relationship between SOC and SI. The *Pearson's correlation* results indicated that there was a significant negative correlation between SOC and suicidal ideation, $r(163) = -.48$, $p < .001$. Results showed that people with high SOC were less likely to have suicidal ideations in their life.

Table 4.2

Result of Pearson's Correlation between Coping Strategies and Suicidal Ideation

		Social Support Coping Strategy	Problem Solving Coping Strategy	Avoidance Coping Strategy	Positive Reframing Coping Strategy
Suicidal Ideation	Pearson correlation	-.04	-.25	.58	.14
	Sig. (1 tailed)	.306	.001	<.001	.036
	n	165	165	165	165

RQ2: Is there any significant relationship between coping strategies (CS) and suicidal ideation (SI)?

According to Table 4.2, the results showed the relationship between social support, problem solving, avoidance, and positive reframing coping strategies and suicidal ideation. The results indicated that there was no significant correlation between social support coping strategy and suicidal ideation, r (163) = -.04, p = .306. There was a significant negative correlation between problem solving coping strategy and suicidal ideation among participants, r (163) = -.25, p = .001. In addition, there was a significant positive correlation for avoidance coping strategy and suicidal ideation among the participants, r (163) = .58, p < .001. Also, it showed a significant positive correlation between positive reframing strategy and suicidal ideation among participants, r (163) = .14, p = .036.

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Table 4.3

Result of Pearson's Correlation Between SOC and Coping Strategies

		Social Support Coping Strategy	Problem Solving Coping Strategy	Avoidance Coping Strategy	Positive Reframing Coping Strategy
SOC	Pearson correlation	.27	.38	-.48	.04
	Sig. (1 tailed)	<.001	<.001	<.001	.322
	n	165	165	165	165

RQ3: Is there any significant relationship between sense of coherence (SOC) and coping strategies (CS)?

Table 4.3 showed the relationship between SOC and coping strategies consisting of social support, problem-solving, avoidance, and positive reframing. The *Pearson's correlation* results indicated that the relationship between SOC and social support coping strategy was significant and positively correlated, $r(163) = .27$, $p < .001$. Furthermore, there was a significant positive correlation between SOC and problem solving coping strategy among the participants, $r(163) = .38$, $p < .001$. Besides, there was a significant negative correlation between SOC and avoidance coping strategy among the participants, $r(163) = -.48$, $p < .001$. Lastly, there was no significant positive correlation between SOC and positive reframing coping strategy among the participants, $r(163) = .04$, $p = .322$.

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Chapter 5

Discussion

RQ1: The Correlation between SOC and Suicidal Ideation

In present study, a significant negative correlation has discovered between the sense of coherence and suicidal ideation. The hypothesis is supported. The result of negative correlation indicates that an individual with high sense of coherence tends to have low suicidal ideation. This result was parallel with the previous study by Paika et al. (2017) that stated higher level of SOC associates with lower level of suicidal risks. Adding to that, result of current study is also consistent with previous studies which found negative correlation between SOC and suicidal ideation (Drum et al., 2017; Kim & Ko, 2020). According to Sjöström et al. (2012), the result also found that low SOC associates with high suicide attempts and stated that low SOC score can be a sign of high suicidal ideation. This is because individuals with a high level of sense of coherence tend to maintain good health and be positive when encountering difficulties in life while some could not handle it (Schmuck et al., 2021). A study by Mellqvist et al. (2011) also found that there were negative association between suicide attempts and sense of coherence which explains the individuals who attempted suicide experienced low sense of coherence. The finding of this study was also supported by the study of Wiktorsson et al. (2011) where there was a negative correlation between sense of coherence and suicide intent which means if the degree of SOC is low then the suicide intent is high among the participants. Hence, individuals with greater level of sense of coherence are less likely to experience suicidal ideation. Based on personal perception, individuals with high sense of coherence are more likely able to manage hard times and stressors in daily life compared to those who have low sense of coherence which leads them to have high suicidal ideation.

RQ 2: The Correlation between Coping Strategies (CS) and Suicidal Ideation (SI)

Problem-focused Coping Strategy and Suicidal Ideation

In this study, there is a significant negative correlation between problem-focused CS and SI. The hypothesis is supported. The result of negative correlation indicates that an individual with a high level of problem-focused CS tends to have low SI. This implies that when an individual knows how to take proactive measures to deal with the problems that they are dealing with, stress can be reduced, and consequently lowered the possibilities of SI. The result is in line with the findings from Abdollahi and Carlbring (2016). In addition, according to the findings of other studies, problem-focused coping strategies can be deemed to be more beneficial than other coping strategies. In comparison to other coping styles, those with problem-focused CS were more likely to have positive outcome expectations and were less likely to experience SI (Abdollahi & Carlbring, 2016). This is due to the fact that they are associated with a greater degree of overall psychological well-being (Holahan and Moos 1987; Penley et al., 2002; Shimazu and Schaufeli, 2007 as cited in Akhtar and Kroener-Herwig, 2017). Chang et al. (2011) reported that individuals who are active in participating in the problem-focused CS are more likely to report greater life satisfaction and self-esteem.

Avoidant Coping Strategy and Suicidal Ideation

There is a significant positive correlation between avoidant CS and SI in this study. The hypothesis is supported. The result of positive correlation indicates that an individual with a high level of avoidant CS tends to have high SI. According to Abdollahi and Carlbring (2016), avoidance CS were discovered to be positively related to SI in individuals aged between 16-24 years old. The particular reason behind this circumstance is due to the fact that avoidance CS does not address the underlying causes of stress. Hence, when employed excessively, it has a

tendency to make stress and anxiety worse. In addition, negative life events have a higher impact on SI when people tend to utilize avoidant CS and respond impulsively to them. The particular reason for this circumstance is because an increased avoidant coping and negative urgency in individuals were closely attributed to less use of problem-solving skills (Gonzalez, 2019). Furthermore, avoidance entails escaping oneself from the stressors instead of confronting them immediately. As cited by Zhang et al. (2012), it has been discovered that suicide victims, suicidal inpatients, and population-based adolescents and young adults who have SI lack the ability to effectively cope with difficult situations (Wilson et al., 1995; Lai Kwok & Shek, 2009; Zhang et al., 2010).

Positive Reframing Coping Strategy and Suicidal Ideation

In present study, there is a significant positive correlation between positive reframing, sometimes called positive thinking with SI. The hypothesis of this current study is not supported. The result of positive correlation indicates that an individual with a high level of positive reframing tends to have high SI. However, after analyzing past research, their findings were in contrast to the current study, i.e., positive reframing serves as a safeguard against SI. (Liang et al., 2020; Horwitz et al., 2018). Therefore, personal interpretation is used in this section. Based on our perspective, we agree that while it is acceptable to have a positive attitude and be optimistic, nevertheless, when it leads to disregarding, diminishing, or otherwise invalidating one's feelings, the optimism can become harmful. Besides, toxic positivity can induce a cycle of self-destruction. For instance, when one is constantly being told to "look at the bright side", at the end of the day, they may start to think that they are weak or broken. Consequently, this behavior may lead to constant self-doubt, people pleasing, and even overextending. Furthermore, as individuals, we tend to hear that practicing positive affirmations could change our life.

Although it might be true to some extent, we believe that implementing positive reframing when one is dealing with a stressful situation is just another way of avoiding the problem. For a clearer viewpoint, saying " I am strong and I can handle this" 'does not necessarily mean that the problems will disappear. Additionally, we believe that the use of positive reframing only operates at the surface level of one's conscious thoughts. It does little to overcome restricting thoughts and negative self-talk that are actually held in the subconscious mind. In actuality, it is healthy and normal to feel a variety of emotions, even the negative ones. However, while it is undeniable that dwelling on negative feelings is counterproductive, masking one's concerns with optimistic thinking is only a short-term solution. Therefore, based on the reasons stated, these might be the possibilities of the positive correlation between positive reframing and SI.

Social Support Coping Strategy and Suicidal Ideation

In the current study, there is no significant correlation between social support and SI. Therefore, the hypothesis is not supported. However, the results demonstrated the correlations exist between social support and SI. As the amount of social support grew, the likelihood of SI decreased. Even so, social support did not significantly influence the variance of SI. Our findings are in contrast with past research that mentioned greater levels of perceived social support were linked to a reduced risk for suicide-related behaviours, including SI and/or attempted suicide (Ibrahim et al., 2019; Scardera et al., 2020; Otten et al., 2022). Panesa et al. (2021) reported that when the variable is considered as an effect modifier between stressful events and suicide attempts, social support did not diminish the likelihood of suicide attempts. Based on the study, in order to define suicidal behaviour measures, the authors looked at 2 outcome variables: (1) the frequency of suicide attempts and (2) the severity of SI. It was revealed that there are no statistically significant moderating or mediating effects of perceived social support in the

relationship between stressful life events and SI. Assessing past studies and comparing with the current study, it can be proposed that instead of basing evaluations of social support on an overall score, it would be more beneficial to conduct additional research that takes into account its many diverse facets of it such as peer support, family support, and many more. Ibrahim et al. (2019) reported that having the support of family can be an important component in preventing SI. This is due to the fact that adolescents who have supportive families feel that they are loved and appreciated, and that their families are a part of a social network that they can turn to in times of need. Inversely, according to past studies, perceptions of school support are independently and negatively associated with SI. The association is especially apparent among adolescents who also report having a lower perceived parents' support. Additionally, findings indicate that perceptions of a low school and close friend support distinguished adolescents with vs without a history of suicide attempts, and that perceptions of perceived parents' support was independently associated with higher odds of a history of suicide attempts in the study (Miller et al, 2015). Naila and Takwin (2018) revealed that having friends as social support can predict SI significantly. According to Cheng and Chan (2004) as cited in Naila and Takwin (2018), youths' perceptions of friend support are higher than those of parental support. It was found that perceived social support can account for 11.3% of suicide ideation variance.

RQ 3: The Correlation between Sense of Coherence (SOC) and Coping Strategies

This section of the report explores the relevance of Antonovosky (1979) concepts of comprehensibility, meaningfulness and manageability for understanding coping experiences. According to Kim et al (2021), individuals with strong SOC perceive their life as more comprehensible, manageable, meaningful, and they successfully can manage stressful situations. Moreover, those with higher levels of SOC are more likely to have better levels of self-esteem, a

greater sense of being in charge of their lives, and a more positive and optimistic attitude on life. This shows that SOC has a crucial role in sustaining an excellent health, altering how well one functions in a stressful environment, and influencing the selection of CS.

SOC and Problem-focused Coping Strategy

In current study, there is a significant positive correlation between SOC and problem-focused CS. The hypothesis is supported. The result of positive correlation indicates that an individual with a high SOC level tends to have a greater problem-focused CS level. A study by Konaszewski et al. (2021) found that SOC was positively related to problem-focused CS. In addition, active CS, including problem-focused CS are usually utilized by individuals with a greater level of SOC (Betke et al., 2021). According to past research by Gambetta-Tessini et al. (2016), active coping is the most effective technique for increasing SOC. The CS matched the SOC's key component, "meaningfulness," i.e., the predisposition of an individual to regard needs and requirements as constructive challenges rather than obstacles. Additionally, a study by Konaszewski et al. (2021) also found that SOC was positively related to problem-focused CS. Mitonga-Monga and Mayer (2020) noted that individuals with high SOC tend to implement positive coping strategies like problem-focused CS because they look for coping mechanisms that will help them deal with the pressures in the environment. In a study investigating SOC and CS with stress involving nurses, it was found that nurses who had high levels of SOC were more likely to use problem-focused CS; it was more beneficial to health. They like to engage in a CS that requires active and constructive actions to cope with occupational stress (Betke et al., 2021).

SOC and Avoidant Coping Strategy

This study found that there is a significant negative correlation between SOC and avoidant CS. The hypothesis is supported. The result of negative correlation indicates that an

individual with a high level of SOC tends to have a low frequency in the use of avoidant CS.

Individuals, particularly youths with a low sense of meaningfulness take on challenges and try to

deal with problems and stressful situations, but they find it hard to do so. Therefore, instead of

taking specific actions, they may escape into fantasy and wishful thinking. Reguera-García et al.

(2021) indicated that SOC is negatively related to behavioral disengagement, denial, and self-

blaming coping strategies. On the other hand, the findings of CS revealed that avoidance or

passive coping is a risk factor for acceptance of depression and seeking out support for anxiety

(Roohafza et al., 2014). This could be due to the fact that some people are conditioned to

internalize their emotions rather than expressing them. For instance, a remorse over something

that the individuals did or embarrassment can feel so overwhelming causes them to lack the

motivation to discuss the problem. In the United States and Chinese samples study by Li (2015),

SOC had an inverse impact on anxiety through the avoidance of CS. On the other hand, in a

study involving juveniles, they are more likely than the youth in the comparison group to use

avoidance CS. Besides, there was a correlation between the different ways CS and the

personality attribute of resilience. It was revealed that greater the resilience level, the greater the

possibility to make use of the avoidance CS. At the same time, while analyzing the impact of

individuals' SOC as predictors of engaging in alternative activities, it is also crucial to highlight

the significance of one's sense of meaningfulness, which was mentioned earlier, that could lead

to the use of avoidance CS. It can be anticipated that an individual will not indulge in avoiding

CS if they believe their life has meaning, and that exerting effort and being committed will be

worth it for them. Konaszewski et al. (2020). In summary, both studies mentioned that if there is

a high level of SOC, there will be less use of avoidance CS (Li, 2015; Konaszewski et al., 2020).

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

SOC and Positive Reframing Coping Strategy

In the current study, there is no significant correlation between SOC and positive reframing. Therefore, the hypothesis is not supported. Several studies found that there is a positive relationship between SOC and positive reframing (Kim et al., 2021; Reguera-García et al., 2021; Fernández-Martínez., 2019). By using positive reframing, it enables individuals to reframe a stressful situation in a more positive light. For instance, when people are trying to redefine a problem, they are looking at it in a fresh perspective that emphasizes the potential solutions to the problem rather than the threats associated with the problem. In addition, among active CS, positive reframing is the most protective factor for both depression and anxiety. It is a form of adaptive cognitive coping that helps people to feel better emotionally by shifting their attention and perspective to something more positive, causing it to have an inverse effect on depression and anxiety symptoms (Roohafza et al., 2014). However, it was found that despite the emotion-focused (positive reframing included), along with problem-focused are commonly used as CS, there was no connection between the variables and the SOC (Kristofferzon et al., 2018; Nolvi et al., 2022). The results are in line with the current study. Moreover, a study conducted by Kristofferzon et al. (2018) showed that people with chronic illnesses who have a strong SOC employ a small number of CS, but effective in order to maintain a high level of mental well-being. The findings further support Antonovsky's claim that a high SOC is unrelated to a certain CS. Rather, individuals with a high level of SOC possess a broad repertoire of CS that they can utilize in different situations. In addition, assessing SOC as a whole instead of each subscale could have contributed to the results which is not significant. Besides, assessing each subscale of SOC individually may provide deeper understandings regarding the studied variables.

SOC and Social Support Coping Strategy

In the current study, there is a significant positive correlation between SOC and social support. The hypothesis is supported. The result of positive correlation indicates that an individual with a high level of SOC tends to have high social support. It is no longer news that having a solid social support network is crucial to assisting a person through difficult times. The result of the current study is in line with Jiang and Luo (2021), which also mentioned that there is positive correlation between perceived social support and SOC. Additionally, in a study investigating SOC and CS with stress involving nurses, It was found that nurses who have high levels of SOC were more likely to utilize the CS of social support. (Betke et al., 2021). Furthermore, having a solid support system to lean on may aid in stress reduction. For instance, talking about our concerns with loved ones and spending time with them can help us to feel less anxious, and at the same time improve our mood. It was found that family social support is one of the strongest protective factors against anxiety and depression (Roohafza et al., 2014). The particular reason for this circumstance is because by lowering the impression of a situation as a threat and raising the notion that resources are accessible, perceived social support plays a protective role for psychological issues. Moreover, it was revealed that social support partially moderates the relationship between SOC and perceived professional benefits among Chinese registered nurses. The findings were in line with what was hypothesized. It suggests that by boosting the nurses' access to social support, it can enhance their SOC, which in turn can lessen feelings of burnout on the job (Zhan et al., 2019).

Implications

We hope that this research can fill the disparity in the relationship between sense of coherence, coping strategies, and suicidal ideation among youths in Malaysia. The current study

found that suicidal ideation can be predicted by distinguishing one's level of sense of coherence and coping strategies. By measuring the sense of coherence, coping skills, and the risk of suicide, for example, accounted for significantly more variance in the statistical prediction of suicidal ideation. In addition, we are able to identify how the level (high or low) of sense of coherence and coping skills can affect one's suicidal ideation. Additionally, the current study also hopes to alter the public's perception and understanding in the importance of regulating one's sense of coherence and choosing the appropriate coping strategies in order to reduce suicidal ideation.

The various problems that life presents can be dealt with using a variety of coping strategies, and certain strategies are preferred by some individuals over the other strategies. In the chapter on the relationship between stress, coping, and hope, Lazarus and Folkman (1984) addresses the three types of coping within the idea of stress and coping, and one of it being the problem-focused CS (as cited in Abdollahi and Carlbring, 2016; Campos et al., 2016). Problem-focused CS appears to have a close relationship with suicidal ideation. It involves the identification and management of the source of the problem. On the other hand, the current study shed a light on how some coping strategies can be unhelpful in reducing suicidal ideation. It was found that positive reframing is positively correlated to SI, which contradict the findings that we have referred to (Liang et al., 2020; Horwitz et al., 2018). Hence, due to the limited research, we anticipate that future studies will expand upon this topic. Furthermore, in accordance to this current findings, we hoped that the public as well as the professionals related to the field could identify in depth relating effectiveness of CS in dealing with life concerns such as suicidal ideation. This is because CS are not created equal. There are some CS (positive thinking and avoidance) that can be appealing to use because they provide immediate relief. The utilization could lead to worse issues in the future.

The sense of coherence by Antonovsky (1979) is the central concept related to resilience in the salutogenic theory is the core construct in the salutogenic model that deals with the origins of health and well-being rather than disease. We consider that two processes may need to be incorporated into health promotion operations in order to enhance SOC: (1) equipping individuals to choose suitable GRRs (resources within individuals or environment e.g., attitudes, self-efficacy, social support) for responding with everyday challenges, (2) encourages individuals to reflect on stressful situations to recognize the stressor, find the GRRs that can be utilized to cope with the stressor, and believe that dealing with the stressor can be meaningful. The current study shows that the GRRs were properly implemented, demonstrating that when the resources are utilized appropriately, they aid in the maintenance of or movement toward a better mental wellbeing (Super et al., 2015). This supports Antonovsky's contention that a strong SOC is not linked to a particular CS. Instead, those with a high level SOC have a diverse repertoire of CS that they can employ as appropriately and dynamically as the circumstance demands. In addition, the current study investigates the relationship between sense of coherence with coping skills and suicidal ideation as a whole. Antonovsky (1979) mentioned that there are three elements associated with a sense of coherence which are the sense of comprehensibility, manageability, and meaningfulness. Future research should study each elements of SOC in determining how it can be associated with coping strategies and suicidal ideation.

If the current study is replicated in future research, it is vital that prevention and intervention programmes include an emphasis on lowering maladaptive CS in addition to enhancing problem-focused CS. We anticipate that the results of this current study may aid in the increasing of the society awareness regarding the seriousness of having suicide ideation, particularly in youths. By examining the factors, we are looking forward to being of an extra help

in facilitating the public's, including youths' view in acquisition of information and resources that can improve their wellbeing, and prepare them for life's challenges both now and in the future, either positive or negative. Moreover, the results have important ramifications for preventative measures and treatments aimed at educating youths about healthy CS in order to reduce suicidal ideation.

Limitations

There were a few limitations found in this study. Firstly, the questionnaire which consisted of 53 items excluding the demographic information was too lengthy for the participants which caused them 10 to 15 minutes or longer to complete the questionnaire depending on the pace of the individual. Longer surveys can result in a loss of interest for participants. This leads to incomplete results as some of the participants quit answering the survey and left it unattended. Surveys with more items can make participants feel fatigued. A short or a five-minute survey might retain 95% of participants; whereas a longer or fifteen-minute survey might retain only 50% of participants (Buhrmester et al., 2011).

Secondly, purposive sampling which is a non-probability sampling method was used to collect data in current study where researchers depend on their own judgments to select participants for their study. Participants were approached based on the researchers' convenience and availability which limits the collected sample to represent the population. This results in an imbalance of the data collected among the gender and ethnicity where the females multiplied the number of males who participated and were mostly Chinese (38.2%), followed by Indians (33.9%), Malays 41(24.8%), and other ethnicities (3%). In this study, the ethnic group of the participants was not proportionate to the population statistics of Malaysia; thus, the findings could not truly generalize the Malaysian population due to biased results.

Additionally, there were no participants in the age range from 15 to 17 years old in our study when our target population was Malaysian with the age range from 15 to 29 years old. The level of SOC, usage of coping strategies and level of suicidal ideation for people within 15 to 17 years old will be different respectively due to their stressful situations they face in secondary schools that will affect the results. This enables us to not generalize the findings of the target sample to represent the target population..

In addition, the self-administered questionnaires led the participants to answer them dishonestly, causing deception. This is because the participants will be answering the survey on their own without the researcher's guidance and observation. They may not be able to evaluate themselves precisely as well as answer questionnaires carelessly. Consequently, this may lead to fake responses that will affect the results. This may have contributed to the not significant results obtained from this study which were contradicting the past studies.

Recommendation

In future studies, researchers can create short and concise surveys. Researchers can apply shorter version scales that have acceptable good reliability and validity instead of longer version scales. Shorter surveys can keep the participants engaged and result in higher response rates from participants (Ikart, 2019). A higher response rate from participants can also result in a higher quality of data and study. Researchers should also make sure the survey is a short five to ten minutes length of the survey and is focused on the objective of the study at the same time.

Furthermore, it is recommended for future researchers to use probability sampling methods in their studies to collect data to avoid biased data. This can ensure an equal chance given to target samples which can result in better research representativeness. Researchers can use the stratified sampling method to collect data to have an equal probability among the

different populations. Adding to that, Malaysia is a multiracial country and this sampling method can be very suitable to ensure there is a proportionate probability among different ethnicities. When the results are not biased, they can generalize the population of the study. Moreover, by using stratified sampling methods, researchers can also ensure the targeted age groups for the study will be chosen.

Lastly, future studies are also recommended to conduct their study by using the qualitative research method replacing the quantitative research method. Qualitative research methods can help researchers to collect valuable data using a smaller sample size compared to quantitative. It can also avoid deception, potential bias, misinterpretation, survey fatigue, and missing data. Also, researchers can implement causal research to investigate the cause and effects of suicidal ideation with the variables and other contributing factors that cause suicidal ideation.

Conclusion

The current study intends to explore the association between a sense of coherence, coping strategies, and suicidal ideation among 165 youths in Malaysia using an online survey. Results showed that SOC and suicidal ideation was significant and positively correlated. The correlation between problem solving coping strategy with suicidal ideation is significant and negatively correlated while the avoidance coping strategy and suicidal ideation showed a significant and positively correlated. However, the correlation between social support coping strategy and suicidal ideation was not significant, and the positive reframing coping strategy and suicidal ideation showed significant and positive correlations which were inconsistent with previous research findings. In addition, results also showed that the SOC was significant and positively correlated with social support and problem solving coping strategies whereas SOC was

significant and negatively correlated to avoidance coping strategies. However, the correlation

between SOC and positive reframing coping strategy was not significant. In this study, some

findings are similar and consistent with previous studies but some are contradictory.

Nevertheless, the results of this study can act as foundation for upcoming scholars to study the

causal association between SOC, coping strategies, and suicidal ideation. Moreover, future

researchers can also use other variables such as stressors or gender with suicidal ideation.

Besides, the results of the current research can aid the youths and others to comprehend potential

variables which could influence suicidal ideation. Accordingly, youths can take appropriate

measures to help them.

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Appendix A

Questionnaire (Online Survey)

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DU012(A)

UNIVERSITI TUNKU ABDUL RAHMAN
FACULTY OF ARTS AND SOCIAL SCIENCE
BACHELOR OF SOCIAL SCIENCE (HONS) PSYCHOLOGY
UAPZ3013 Final Year Project 1
Year 3 Trimester 1
(202110)

Introduction
This research is being conducted as the requirement for the subject **UAPZ3013 FINAL YEAR PROJECT 1**. The topic of this research is "The Relationship Between Sense of Coherence, Coping Strategies, and Suicidal Ideation among Youths in Malaysia".

Procedures
This online survey consists of **6 sections**. You are required to **complete all the questions** in the 4 sections. Section A is the personal data protection statement, Section B is consent form for research participation and personal data protection, Section C is the demographic information of the respondents, Section D is the Sense of Coherence Scale (SOC-13), Section E is Brief-COPE, and Section F is Risk Assessment Suicidality Scale (RASS). This online survey consists of 53 items and will take approximately 10 – 15 minutes to complete the survey.

Confidentiality
All information provided by respondents will remain private and confidential. The information given will only be reported as group data with no identifying information and only use for academic purposes. All information will be kept securely where only the research team members will have the access to it.

Participation
Participation in this research is completely voluntary. Respondents have the right to quit or refuse to participate at any point of time.

Contact information
For any inquiry regarding this online survey can contact the research team at rameshshobhanah@1utar.my (Shobhanah A/P Ramesh), reshmikaallan@1utar.my (Reshmika A/P Elangovan) or imaninaamani@1utar.my (Nur Imanina Amani Binti Mustakim).

Date: _____

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DU012(A)
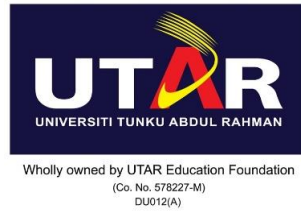
Personal Data Protection Statement

In accordance with Personal Data Protection Act 2010 ("PDPA") which came into force on 15 November 2013, Universiti Tunku Abdul Rahman ("UTAR") is hereby bound to make notice and require consent in relation to collection, recording, storage, usage and retention of personal information.

Notice:

1. The purposes for which your personal data may be used are inclusive but not limited to:-

- For assessment of any application to UTAR
- For processing any benefits and services
- For communication purposes
- For advertorial and news
- For general administration and record purposes
- For enhancing the value of education
- For educational and related purposes consequential to UTAR
- For the purpose of our corporate governance
- For consideration as a guarantor for UTAR staff/ student applying for his/her scholarship/ study loan

2. Your personal data may be transferred and/or disclosed to third party and/or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents for purpose of fulfilling our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.

3. Any personal information retained by UTAR shall be destroyed and/or deleted in accordance with our retention policy applicable for us in the event such information is no longer required.

4. UTAR is committed in ensuring the confidentiality, protection, security and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading and updated. UTAR would also ensure that your personal data shall not be used for political and commercial purposes.

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Consent Form for Research Participation and Personal Data Protection

Title of Project: The Relationship Between Sense of Coherence, Coping Strategies, and Suicidal Ideation among Youths in Malaysia.

NOTE: This consent form will remain with the UTAR researchers for their records

I understand I have been asked to take part in the research project specified above by UTAR students for the purpose of their **UAPZ3013 Final Year Project 1** have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records.

I understand that:	YES	NO
I will be asked to complete a questionnaire about the sense of coherence, coping strategies, and suicidal ideation.	☐	☐
My participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way	☐	☐
I may ask at any time for my data to be withdrawn from the project	☐	☐
No information I have provided that could lead to the identification of any other individual will be disclosed in any reports on the project, or to any other party	☐	☐
I will remain anonymous at all times in any reports or publications from the project	☐	☐
It is my sole responsibility to look after my own safety for the above project. In the event of any misfortune or accidental injury involving me, whether or not due solely to personal negligence or otherwise, I hereby declare that UTAR shall not be held responsible.	☐	☐

By submitting this form, I hereby authorise and consent to UTAR processing (including disclosing) my personal data and any updates of my information, for the purposes and/or for any other purposes related to the purpose.

I acknowledge that if I do not consent or subsequently withdraw my consent to the processing and disclosure of my personal data, UTAR will not be able to fulfill their obligations or to contact me or to assist me in respect of the purposes and/or for any other purposes related to the purpose.

Please feel free to contact the researchers via EMAIL (All member names) if you have any inquires.

Acknowledgment of Personal Data Protection Notice

[   ] I have been notified by you and that I hereby understood, consented and agreed per UTAR above notice.

[   ] I disagree, my personal data will not be processed.

Name: **Date:**

Signature:

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

SECTION A: Demographic Information

Please fill up the following information.

1. Age: _____

2. Gender: Male ☐

      Female ☐

      Other ☐

3. Ethnicity: Malay ☐

      Chinese ☐

      Indian ☐

      Others (Specify:_____)

4. Nationality: Malaysian ☐

      Non-Malaysian ☐ (Specify:_____)

5. Working Status: Student ☐

      Unemployed ☐

      Full time employed ☐

6. Marital Status: Single ☐

      Married ☐

      Others (Specify:_____)

SECTION B: To which extent do you find your life meaningful, manageable, and comprehensible?

Instructions: Please read each statement and CLICK the number which indicates how much the statement applied to you. There are no right or wrong answers.

1.	Do you have the feeling that you don't really care about what goes on around you?	**1** **Very seldom or never**	**2**	**3**	**4**	**5**	**6**	**7** **Very often**
2.	Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well?	**1** **Never happened**	**2**	**3**	**4**	**5**	**6**	**7** **Always happened**
3.	Has it happened that people whom you counted on disappointed you?	**1** **Never happened**	**2**	**3**	**4**	**5**	**6**	**7** **Always happened**
4.	Until now your life has had:	**1** **No clear goals or purpose at all**	**2**	**3**	**4**	**5**	**6**	**7** **Very clear goals and purpose**
5.	Do you have the feeling that you're being treated unfairly?	**1** **Very often**	**2**	**3**	**4**	**5**	**6**	**7** **Very seldom or never**
6.	Do you have the feeling that you are in an unfamiliar	**1** **Very often**	**2**	**3**	**4**	**5**	**6**	**7**

		1	2	3	4	5	6	7
	situation and don't know what to do?							**Very seldom or never**
7.	Doing the things you do every day is:	**1** **A source of deep pleasure and satisfaction**	**2**	**3**	**4**	**5**	**6**	**7** **A source of pain and boredom**
8.	Do you have very mixed-up feelings and ideas?	**1** **Very often**	**2**	**3**	**4**	**5**	**6**	**7** **Very seldom or never**
9.	Does it happen that you have feelings inside you would rather not feel?	**1** **Very Often**	**2**	**3**	**4**	**5**	**6**	**7** **Very seldom or never**
10.	Many people—even those with strong character—sometimes feel like sad losers in a certain situation. How often have you felt this way in the past?	**1** **Never**	**2**	**3**	**4**	**5**	**6**	**7** **Very often**
11.	When something has happened have you generally found that:	**1** **You overestimated**	**2**	**3**	**4**	**5**	**6**	**7** **You saw things in**

		or underestimated its importance						the right proportion
12.	How often do you have the feeling that there's little meaning in the things you do in your daily life?	1 Very often	2	3	4	5	6	7 Very seldom or never
13.	How often do you have the feeling that you're not sure you can keep under control?	1 Very often	2	3	4	5	6	7 Very seldom or never

SECTION C: How do you cope in life?

Instructions: Please read each statement and CLICK the number which indicates how much the statement applied to you. There are no right or wrong answers.

1= I haven't been doing this at all

2= I have been doing this a little bit

3= I have been doing a medium amount

4= I have been doing this a lot

Social Support					
1.	I've been getting comfort and understanding from someone	**1**	**2**	**3**	**4**
2.	I've been getting help and advice from other people	**1**	**2**	**3**	**4**
3.	I've been saying things to let my unpleasant feelings escape	**1**	**2**	**3**	**4**
4.	I've been getting emotional support from others	**1**	**2**	**3**	**4**
5.	I've been trying to get advice or help from other people about what to do	**1**	**2**	**3**	**4**
6.	I've been expressing my negative feelings	**1**	**2**	**3**	**4**
7.	I've been praying or meditating	**1**	**2**	**3**	**4**
8.	I've been trying to find comfort in my religion or spiritual beliefs	**1**	**2**	**3**	**4**
Problem Solving					

9.	I've been taking action to try to make the situation better	**1**	**2**	**3**	**4**
10.	I've been concentrating my efforts on doing something about the situation I'm in	**1**	**2**	**3**	**4**
11.	I've been trying to come up with a strategy about what to do	**1**	**2**	**3**	**4**
12.	I've been thinking hard about what steps to take	**1**	**2**	**3**	**4**
Avoidance					
13.	I've been using alcohol or other drugs to help me get through it	**1**	**2**	**3**	**4**
14.	I've been using alcohol or other drugs to make myself feel better	**1**	**2**	**3**	**4**
15.	I've been criticizing myself	**1**	**2**	**3**	**4**
16.	I've been blaming myself for things that happened	**1**	**2**	**3**	**4**
17.	I've been refusing to believe that it has happened	**1**	**2**	**3**	**4**
18.	I've been saying to myself "this isn't real"	**1**	**2**	**3**	**4**
19.	I've been doing something to think about it less0, such as going to movies0, watching TV…	**1**	**2**	**3**	**4**
20.	I've been giving up the attempt to cope	**1**	**2**	**3**	**4**
21.	I've been turning to work or other activities to take my mind off things	**1**	**2**	**3**	**4**
22.	I've been giving up trying to deal with it	**1**	**2**	**3**	**4**
Positive Thinking					
23.	I've been making jokes about it	**1**	**2**	**3**	**4**
24.	I've been making fun of the situation	**1**	**2**	**3**	**4**

25.	I've been learning to live with it	1	2	3	4
26.	I've been accepting the reality of the fact that it has happened	1	2	3	4
27.	I've been trying to see it in a different light0, to make it seem more positive	1	2	3	4
28.	I've been looking for something good in what is happening	1	2	3	4

SECTION D: To what extent do you have risk behaviour for suicide?

Instructions: Please respond to the following questions by ticking the square to the right that corresponds best to what is characteristic of you during the last week.

		Not at all	A little bit	Much	Very Much
1.	Are you afraid that you are going to die?	0	1	2	3
2.	Do you ever think that it would be better if you were dead?	0	1	2	3
3.	Do you think that it is a wonderful thing that you are alive?	0	1	2	3
4.	Have you felt that it's not worth living?	0	1	2	3
5.	Do you think of harming yourself physically?	0	1	2	3
6.	Do you often think of committing suicide if you have the chance?	0	1	2	3
7.	Do you make plans concerning the method to use in order to finish your life?	0	1	2	3
8.	I am thinking of suicide but I won't do it.	0	1	2	3
9.	Do you enjoy life?	0	1	2	3
10.	Are you feeling tired from your life?	0	1	2	3
		Never	Once	2-3 times	Many times
11.	Have you ever hurt yourself in any way deliberately during your whole life so far?	0	1	2	3
12.	Have you ever attempted suicide during your whole life so far?	0	1	2	3

Appendix B

SPSS Output: Cronbach's Alpha Sense of Coherence Scale (SOC)

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.806	.806	13

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
SOC 1r	45.58	114.514	.323	.204	.804
SOC 2r	46.31	113.447	.448	.439	.792
SOC 3r	46.31	111.947	.438	.414	.793
SOC 4	45.41	114.097	.443	.388	.793
SOC 5	45.78	112.931	.451	.395	.792
SOC 6	45.88	111.668	.478	.405	.789
SOC 7r	45.49	116.056	.349	.253	.800
SOC 8	46.44	112.333	.464	.323	.791
SOC 9	46.17	105.495	.596	.436	.778
SOC 10r	46.33	111.709	.488	.395	.789
SOC 11	45.92	116.841	.334	.201	.801
SOC 12	46.13	114.502	.365	.166	.799
SOC 13	46.16	109.695	.534	.381	.785

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix C

SPSS Output: Cronbach's Alpha for Brief-COPE Subscale (Social Support)

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.757	.765	8

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
BC 1	17.52	15.654	.474	.396	.729
BC 2	17.56	14.784	.650	.541	.701
BC 3	17.72	16.958	.228	.148	.769
BC 4	17.59	14.939	.534	.375	.717
BC 5	17.63	14.649	.597	.444	.706
BC 6	17.88	16.115	.348	.159	.750
BC 7	17.72	14.766	.410	.639	.743
BC 8	17.86	14.694	.459	.644	.732

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix D

SPSS Output: Cronbach's Alpha for Brief-COPE Subscale (Problem Solving)

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.862	.863	4

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
BC 9	8.64	4.916	.709	.538	.825
BC 10	8.57	4.917	.753	.582	.808
BC 11	8.72	4.714	.733	.537	.815
BC 12	8.65	5.069	.648	.434	.849

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix E

SPSS Output: Cronbach's Alpha for Brief-COPE Subscale (Avoidance)

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.763	.764	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
BC 13	19.72	21.571	.344	.797	.754
BC 14	19.73	21.614	.320	.795	.756
BC 15	18.46	19.872	.367	.479	.753
BC 16	18.49	19.129	.512	.536	.731
BC 17	18.95	19.198	.524	.421	.729
BC 18	19.21	19.119	.539	.465	.727
BC 19	18.27	20.331	.341	.289	.756
BC 20	18.95	18.778	.575	.373	.722
BC 21	18.28	21.361	.230	.230	.770
BC 22	18.90	19.105	.529	.331	.728

Appendix F

SPSS Output: Cronbach's Alpha for Brief-COPE Subscale (Positive Thinking)

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.756	.762	6

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
BC 23	14.18	9.918	.444	.670	.736
BC 24	14.21	10.177	.395	.669	.749
BC 25	13.59	9.877	.553	.378	.706
BC 26	13.41	10.085	.571	.447	.705
BC 27	13.68	9.634	.534	.629	.710
BC 28	13.72	9.644	.508	.586	.717

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix G

SPSS Output: Cronbach's Alpha for Risk Assessment Suicidality Scale Before Item Deleted

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.729	.737	12

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
RASS 1	21.83	29.861	.142	.152	.740
RASS 2	21.82	25.609	.558	.579	.683
RASS 3	20.88	36.851	-.456	.587	.808
RASS 4	21.94	25.960	.560	.563	.684
RASS 5	22.36	25.721	.650	.601	.674
RASS 6	22.33	24.858	.753	.734	.660
RASS 7	22.42	27.014	.534	.553	.691
RASS 8	21.88	24.241	.580	.484	.676
RASS 9	20.93	33.477	-.185	.427	.774
RASS 10	21.50	26.654	.512	.450	.692
RASS 11	22.24	26.575	.481	.495	.695
RASS 12	22.52	27.556	.540	.511	.693

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix H

SPSS Output: Cronbach's Alpha for Risk Assessment Suicidality Scale After Item Deleted

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.808	.810	11

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
RASS 1	18.83	34.703	.101	.107	.829
RASS 2	18.82	28.963	.629	.545	.776
RASS 4	18.94	29.460	.620	.561	.777
RASS 5	19.36	29.562	.674	.601	.774
RASS 6	19.33	28.504	.791	.732	.761
RASS 7	19.42	30.990	.554	.550	.786
RASS 8	18.88	27.717	.624	.480	.775
RASS 9	17.93	39.026	-.266	.219	.856
RASS 10	18.50	30.410	.551	.449	.785
RASS 11	19.24	30.490	.502	.491	.790
RASS 12	19.52	31.605	.557	.505	.787

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix I

SPSS Output: Frequency Table for Descriptive Table

Statistics

		AGE	GENDER	ETHNICITY - Selected Choice	NATIONALITY	WORKING STATUS
N	Valid	165	165	165	165	165
	Missing	0	0	0	0	0
Mean		21.81	1.68	2.15	1.00	1.24
Std. Error of Mean		.129	.036	.065	.000	.049
Median		22.00	2.00	2.00	1.00	1.00
Mode		22	2	2	1	1
Std. Deviation		1.660	.468	.831	.000	.626
Variance		2.755	.219	.690	.000	.392
Skewness		.710	-.773	.032		2.335
Std. Error of Skewness		.189	.189	.189	.189	.189
Kurtosis		2.671	-1.420	-.938		3.720
Std. Error of Kurtosis		.376	.376	.376	.376	.376
Range		10	1	3	0	2
Minimum		18	1	1	1	1
Maximum		28	2	4	1	3

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix J

SPSS Output: Frequency Table for Demographic Information

AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18	3	1.8	1.8	1.8
	19	11	6.7	6.7	8.5
	20	18	10.9	10.9	19.4
	21	21	12.7	12.7	32.1
	22	79	47.9	47.9	80.0
	23	15	9.1	9.1	89.1
	24	8	4.8	4.8	93.9
	25	7	4.2	4.2	98.2
	28	3	1.8	1.8	100.0
	Total	165	100.0	100.0	

GENDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	53	32.1	32.1	32.1
	Female	112	67.9	67.9	100.0
	Total	165	100.0	100.0	

ETHNICITY - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Malay	41	24.8	24.8	24.8
	Chinese	63	38.2	38.2	63.0
	Indian	56	33.9	33.9	97.0
	Others (Please Specify)	5	3.0	3.0	100.0
	Total	165	100.0	100.0	

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

WORKING STATUS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student	142	86.1	86.1	86.1
	Unemployed	6	3.6	3.6	89.7
	Full time employed	17	10.3	10.3	100.0
	Total	165	100.0	100.0	

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix K

SPSS Output: Correlations between Age and Suicidal Ideation

Descriptive Statistics

	Mean	Std. Deviation	N
AGE	21.81	1.660	165
MEAN_RASS_WITHOUT_RASS3	19.3636	5.43710	165

Correlations

		AGE	MEAN_RASS_WITHOUT_RASS3
AGE	Pearson Correlation	1	-.073
	Sig. (2-tailed)		.350
	N	165	165
MEAN_RASS_WITHOUT_RASS3	Pearson Correlation	-.073	1
	Sig. (2-tailed)	.350	
	N	165	165

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix L

SPSS Output: Correlations among Variables

Correlations

		TOTAL_SOC	TOTAL_BC_SOCIALSUPPORT	TOTAL_BC_PROBLEMSOLVING	TOTAL_BC_AVOIDANCE	TOTAL_BC_POSITIVETHINKING	MEAN_RASS_WITHOUT_RASS3
TOTAL_SOC	Pearson Correlation	1	.268**	.382**	-.481**	.036	-.475**
	Sig. (1-tailed)		.000	.000	.000	.322	.000
	N	165	165	165	165	165	165
TOTAL_BC_SOCIALSUPPORT	Pearson Correlation	.268**	1	.363**	.141*	.278**	-.040
	Sig. (1-tailed)	.000		.000	.035	.000	.306
	N	165	165	165	165	165	165
TOTAL_BC_PROBLEMSOLVING	Pearson Correlation	.382**	.363**	1	-.219**	.309**	-.247**
	Sig. (1-tailed)	.000	.000		.002	.000	.001
	N	165	165	165	165	165	165
TOTAL_BC_AVOIDANCE	Pearson Correlation	-.481**	.141*	-.219**	1	.067	.583**
	Sig. (1-tailed)	.000	.035	.002		.196	.000
	N	165	165	165	165	165	165
TOTAL_BC_POSITIVETHINKING	Pearson Correlation	.036	.278**	.309**	.067	1	.140*
	Sig. (1-tailed)	.322	.000	.000	.196		.036
	N	165	165	165	165	165	165
MEAN_RASS_WITHOUT_RASS3	Pearson Correlation	-.475**	-.040	-.247**	.583**	.140*	1
	Sig. (1-tailed)	.000	.306	.001	.000	.036	
	N	165	165	165	165	165	165

**. Correlation is significant at the 0.01 level (1-tailed).

*. Correlation is significant at the 0.05 level (1-tailed).

SENSE OF COHERENCE, COPING STRATEGIES AND SUICIDAL IDEATION

Appendix M

Turnitin Originality Report of FYP 1

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Appendix N

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