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POSITIVE PSYCHOTHERAPY PERSPECTIVE ON SUICIDE: INVESTIGATING SUICIDAL THOUGHTS AND SUICIDE PROBABILITY

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Abstract

This study aims to investigate Positive Psychotherapy (PPT) perspective on Suicide. Are there significant differences between PPT's core structures of adults with or without suicidal thoughts? Are there significant relationships between suicidal probability and PPT structures of adults with suicidal thoughts? 253 volunteers participated in the study. WIPPF inventory and Suicide Probability Scale were used. We conducted Independent T test and linear multiple regression analysis on SPSS. Results showed PPT structures and suicide ideation, and probability are related on various levels and sub dimensions. These core structures differ between adults with or without suicidal thoughts. PPT structures predicted suicide probability for adults with suicidal thoughts. We elaborated on results based on literature and provided some suggestions.

Keywords: Suicide, positive psychotherapy, suicidal thoughts, suicide probability.

INTRODUCTION

Suicide is a concern all around the globe. Nearly 800.000 people die due to suicide around the world, every year (WHO, 2018). It is the second most common cause of death among ages of 15 to 29 (WHO, 2016). Authorities points out that the number of people who attempted to suicide might be 20 times more than the people who died because of the act (WHO, 2016). While there are studies and projects of prevention of suicide ideation and attempts in literature, the topic continues to be a severe problem. This points out to the fact that innovative studies are needed on the subject. Therefore, this study aims to investigate a new approach on suicidal ideation: Positive Psychotherapy perspective on suicide.

While looking into suicide, there are two definitions to run across: Suicide attempt and suicidal thoughts (or ideation). Suicide attempt is injuring oneself in a deadly way with or without the result of the death. As stated above it's much more common to attempt suicide than realizing it. According to a meta-analysis study, people who has previous suicide attempts are up to 40 times more likely to commit suicide than those who don't (Harris & Barraclough, 1997). This makes people with previous suicide attempts a risk group compared to the general population. On the other hand, suicidal thoughts are even more often seen than attempts. The number of adolescents who have suicidal thoughts from time to time is 6-7 times more than ones with attempts (Beautrais, 2001). Also, very recent data from Omary's (2021) research shows that not only those with psychopathology (major depression episodes) are in danger of suicidal ideation and attempts. Suicide prevention interventions should be on general population scale, helping all individuals independent from the presence of psychologic disorders.

TIJSEG
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www.tijseg.org
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With the concern of suicide in society above being said, there are many studies on preventing suicide in academic literature. Mann et al (2005) searched through it to investigate the different ways used in studies to prevent suicide between 1996 and 2005 and found about 17. There is usage of antidepressants (Cheung et al., 2006; Isaccsson et al., 1994; Wohlfarth et al., 2006), screening in primary care (; LeFevre, 2014; O'connor et al., 2013a; 2013b), follow-up care (Luxton et al., 2013), curriculum programs (Aseltine & DeMartino, 2004; Spirito et al., 1988), public education programs (May et al., 2005) and more. And nevertheless, psychotherapy is another way.

Psychotherapy has various approaches to help people to maintain their mental health. Many approaches have their own treatment models, programs, and techniques about suicidal attempts/thoughts. Cognitive Behavioral Therapy is one of them which has a 10-session treatment model for preventing repeating suicide attempt in adults (Brown et al., 2005), a 10-session cognitive invention for suicidal adolescents and young adults (Henriques et al., 2003) another 12 session model for adolescents (Stanley et al., 2009). Some other approaches for suicide are Interpersonal Psychotherapy (Heisel et al., 2015), counseling (Paulson and Worth, 2002) and Positive Psychotherapy (PPT).

Positive Psychotherapy

Positive Psychotherapy (PPT) is a humanistic and transcultural psychodynamic therapy (Peseschkian, 1997; Peseschkian & Tritt, 1998). It has multiple subjects such as well-being, subjective well-being, depression, hope, forgiveness, happiness, capacity development and more (Eryılmaz, 2017; Peseschkian, 1997). To outline the core structures of PPT and understand how it approaches different dimensions of one's mental health, four fundamental concepts can be put under scope. These concepts are primary capabilities, secondary capabilities, balance model and model dimensions (Eryılmaz, 2020).

The primary-secondary capabilities are PPT structures which are based on the two basic capacities of human beings: Love and perception/know (Peseschkian, 2014). All individuals considered to be born with the capacities of love and perception/know. Capacities of love and perception/know form primary and secondary capabilities. These capabilities consist of one's cognitive, emotional, and behavioral patterns (Eryılmaz, 2020). Primary capabilities are love, patience, time, sexuality, contact, hope, trust, and faith. All of them emerged from the capacity of love. Secondary capabilities are orderliness, cleanliness, punctuality, honesty, courtesy, achievement, reliability, obedience, loyalty, thrift, and justice. All of them emerged from the capacity of perception/know. These capabilities become a part of the personality and they are regarded as linked with each other. According to PPT, the lack or extreme usage of capabilities is the cause of losing the balance of one's physical and mental health. (Eryılmaz, 2020; Peseschkian, 1997; Peseschkian & Walker, 1987).

Balance model is another core concept in PPT. As other theories and models discourse on optimal functioning and the basic needs of human's and how they satisfy them; PPT also puts emphasis on these matter with its balance model concept (Eryılmaz, 2020; Peseschkian & Tritt, 1998). Balance model consists of 4 domains: body, achievement, fantasy/spirituality, and contact. The concept is that every person experiences some level of conflicts in their daily lives. When a conflict occurs, people make preferences for a solution to deal with the conflict. The solutions are linked with the 4 domains stated above (Dobiala & Winkler, 2016; Eryılmaz, 2020; Peseschkian & Tritt, 1998). When body domain is used for conflict solving, the relationship between psychology and psychosomatic perception and their body image should be investigated. Why does one react with their stomach or heart when facing conflict? When the achievement/mind domain is used, people try to solve the conflict via focusing on working or running away from studying. When using contact, people might isolate themselves from their environment or try to get support from people around them. Finally, with the usage of fantasy/spirituality domain people try to solve the conflict by using their imagination, fantasies, dreams, or intuitions (Cope, 2016; Eryılmaz, 2020; Peseschkian, 2014). While facing a conflict some may prefer to choose a solution of body, or some may prefer fantasy more than other

domains. By doing so people try to satisfy their needs and achieve to the level of an optimal functioning (Eryılmaz, 2020). PPT emphasizes on balance between these dimensions and investigates the extreme usage of domains during therapy process for mental disorders (Cope, 2014; Eryılmaz, 2020).

Moving on to another core concept of PPT, model dimensions are important for developing an individual's basic capacity of love. Model dimensions consists of the relationships emerged from the individual, their parents, parents' social environment and parents' religion (Dobiala & Winkler, 2016). When people are born into their families, the primary source of information and behavior is their parents. Parents teach their children how to live in the world and society, also they become their role models. Therefore, an individual's perceptions about themselves, relationships between couples, relationships with others (society) and future/religion/meaning of life are influenced by their parents. PPT take these matters in hand with four model dimensions: I (relationships between individual, their parents, and siblings), you (relationships between parents/husband-wife), we (relationships between parents and environment) and origin we (relationships between parents and religion/philosophy of life) (Dobiala & Winkler, 2016; Eryılmaz, 2020; Peseschkian, 2014;).

Current Study

Positive Psychotherapy (PPT) as a way of leading individuals on the pathway of self-help, can be a valid and affective therapy intervention for adults with suicidal thoughts. PPT is applied to treatment for many disorders such as, mood, stress-related, neurotic, and behavioral disorders (Cagande et al., 2020). In literature, PPT perception used with clients of PTSD (Sinici et al., 2014; Sarı & Eryılmaz, 2020), depression (Eryılmaz, 2016), narcissistic disorder (Kılıç & Eryılmaz, 2019), treatment-resistant obsessive-compulsive disorder (Sinici et al., 2018), addiction (Karaaziz & Çakıcı, 2019), anxiety disorder (Kök Eren & Eryılmaz, 2019), and offenders (Eryılmaz, 2018). PPT can be effective for the treatment of suicide ideation and attempt. Hence, the aim of this study is to investigate Positive Psychotherapy perspective on suicide.

The aim of the study is to investigate Positive Psychotherapy perspective on suicide by investigating suicidal thoughts and suicide probability.

Research questions of this study are:

(1) Do mean scores of primary capabilities significantly differ between groups of adults with and without suicidal thoughts?

(2) Do mean scores of secondary capabilities significantly differ between groups of adults with and without suicidal thoughts?

(3) Do mean scores of balance model significantly differ between groups of adults with and without suicidal thoughts?

(4) Do mean scores of model dimensions significantly differ between groups of adults with and without suicidal thoughts?

(5) Is there a significant relationship between suicide probability and primary capabilities of adults with suicidal thoughts?

(6) Is there a significant relationship between suicide probability and secondary capabilities of adults with suicidal thoughts?

(7) Is there a significant relationship between suicide probability and balance model dimensions of adults with suicidal thoughts?

(8) Is there a significant relationship between suicide probability and model dimensions of adults with suicidal thoughts?

TIJSEG
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www.tijseg.org
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METHOD

Participants

Participants were 156 (61.7%) females and 97 (38.3%) males, 253 in total. Participants were enrolled university students; 188 of them (74.3%) were studying in Faculty of Education, 53 (20.9%) of them were studying in Faculty of Electric and Electronics, the rest (4.8%) 12 were enrolled in some other faculties, such as engineering, medicine, and letters etc. Distribution of age was as follows; 23 of 18 years old (9.1%), 28 of 19 years old (11.1%), 45 of 20 years old (17.8%), 55 of 21 years old (21.7%), 54 of 22 years old (21.3%), 31 of 23 years old (12.3%), and the rest 17 (6.7%) volunteers' age were from 24 to 35.

We limited study group as adults without psychopathology. There were 19 participants who had suicide attempts in the past. We conducted a Mann-Whitney U test to see if people with suicide attempts differed from people without attempts considering suicide probability. The results showed, there were no significant differences between these two groups ($p > 0.05$) for suicide probability. So, we included 19 participants with past suicide attempts in our analysis. We asked participants about their suicidal thoughts; 145 participants marked that they don't have suicidal thoughts. The rest 108 participants marked that they have suicidal thoughts (from rarely to always).

Data Collection

Data collecting procedure was during the spring of 2019. The data was collected via Google Forms and participants were informed about the study subject and the measures. Participants confirmed that they volunteered to participate. Authors were present while participants answered the form. Their additional questions were also answered. It took approximately 25 minutes for a volunteer to finish the form.

Measures

To investigate suicidal thoughts which might exist in study group, we asked "How often do you have suicidal thoughts?" in our form and group answered in 5 Likert type between 1 (=none) and 5 (=always). Turkish versions of Wiesbaden Inventory of Positive Psychotherapy and Family Therapy (WIPPF) and Suicide Probability Scale were used.

Wiesbaden Inventory of Positive Psychotherapy and Family Therapy (WIPPF) is a scale which measures Positive Psychotherapy's structures. Inventory has 88 questions, developed by Peseschkian and Deidenbach (1988) and it is a 4-point Likert type instrument. The Turkish adaptation of the WIPPF is made by Sarı et all (2010). The values of inventory's dimension of primary and secondary capabilities found as; Chi-square value = 398.49, degree of freedom (df) = 151 and value of RMSEA = 0.074. The values of inventory's dimension of balance model found as; Chi-square value = 2.52, degree of freedom (df) = 2 and value of RMSEA = .029. The values of inventory's model dimensions found as; Chi-square value = .02, degree of freedom (df) = 2 and value of RMSEA = .00. The Cronbach Alpha reliability of the primary capabilities is .75 and for the secondary capabilities it is .77 (Sarı et al., 2010).

Suicide Probability Scale (SCS) is a 4-point scale with a total of 36 questions. It is developed by Cull and Gill (1988) to measure probability of suicide in adolescents and adults. The minimum score is 36 while the maximum score is 144. The Turkish adaptation of the scale has been made for four times by different academics. In this study, the most recent reliability study's been taken as source, which is the study by Batıgün and Şahin in 2018. SCS has 4 dimensions, and their Cronbach Alpha reliabilities are hopelessness = .73, suicide ideation = .75, negative self-evaluation = .81 and hostility = .71. Based on the advice of authors, questions numbered 5 and 19 are not included in the evaluation of the total score, hence they have been found negatively factored in the study mentioned above.

Data Analysis

An Independent T Test was conducted to compare Positive Psychotherapy structures in groups of adults with and without suicidal thoughts. Later several multiple linear multiple regression analyses

TIJSEG
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were conducted between structures of Positive Psychotherapy and Suicide Probability scores of adults with suicidal thoughts. We used SPSS 26.0 to analyze the data.

RESULTS

Based on the results of the independent t test, there were significant differences between some of the sub dimensions as following: Contact, t (251) = 2.60, p<.01; trust, $t_{(195.41)}$ = 2.65, p<.01; hope, $t_{(251)}$ = 4.06, p<.001 and love, $t_{(186.09)}$ = 3.79, p<.001 in primary capabilities (**Table 1**). Punctuality, $t_{(251)}$ = -2.24, p<.05; and reliability $t_{(251)}$ = 2.10, p<.05 in secondary capabilities (**Table 2**). Body, $t_{(251)}$ = 3.41, p<.01 and fantasy, $t_{(251)}$ = -3.67, p<.001 in the dimension of balance model (**Table 3**). All model sub-dimensions differed; I, $t_{(251)}$ = 3.69, p<.001; you, $t_{(251)}$ = 2.31, p<.05; we, $t_{(251)}$ = 2.04, p<.05 and real us, $t_{(251)}$ = 2.46, p<.05 (**Table 4**). Except punctuality, body and fantasy, all other sub dimensions mentioned above had higher means in people without suicidal thoughts than people with.

Table 1. Descriptive statistics and independent t test results of primary capabilities

	Adults Without Suicidal Thoughts		Adults With Suicidal Thoughts			
	Mean (n = 145)	**SD**	**Mean (n = 108)**	**SD**	**df**	**tp**
Primary Capabilities						
Patience	7.95	1.83	7.87	2.04	251	.33
Time	8.70	1.66	8.33	1.87	251	1.63
Contact	8.90	1.67	8.32	1.93	251	2.60**
Trust	9.64	1.21	9.16	1.56	195.41	2.65**
Hope	10.21	1.53	9.39	1.73	251	4.06***
Sexuality	8.14	1.62	8.34	1.73	251	-0.97
Love	9.84	1.28	9.08	1.76	186.09	3.79***
Faith	9.54	1.71	9.42	1.89	251	.53

*p<.05, **p<.01, ***p<.001

Table 2. Descriptive statistics and independent t test results of secondary capabilities

	Adults Without Suicidal Thoughts		Adults With Suicidal Thoughts			
	Mean (n = 145)	**SD**	**Mean (n = 108)**	**SD**	**df**	**tp**
Secondary Capabilities						
Orderliness	8.35	1.78	8.28	1.82	251	.29
Cleanliness	6.95	1.88	6.68	1.88	251	1.15
Punctuality	8.75	2.09	9.34	2.03	251	-2.24*
Courtesy	9.64	1.61	9.70	1.28	249.89	-.34
Honesty	9.09	1.48	9.37	1.77	205.60	-1.34
Achievement	8.21	1.92	8.60	2.06	251	-1.57

TIJSEG
ISSN: 1300 – 7432
www.tijseg.org
Turkish International Journal of Special Education and Guidance & Counseling 2022, volume 11, issue 2

Table 3. (Continued). Descriptive statistics and independent t test results of secondary capabilities

	Adults Without Suicidal Thoughts		Adults With Suicidal Thoughts			
	Mean (n = 145)	**SD**	**Mean (n = 108)**	**SD**	**df**	**tp**
Reliability	10.11	1.26	9.77	1.30	251	2.10*
Thrift	6.28	1.78	6.38	1.85	251	-.45
Obedience	8.67	1.42	8.47	1.53	251	1.06
Justice	9.57	1.47	9.29	1.69	251	1.43
Loyalty	10.37	1.11	10.26	1.20	251	.79

*p<.05, **p<.01, ***p<.001

Table 4. Descriptive statistics and independent t test results of balance model

	Adults Without Suicidal Thoughts		Adults With Suicidal Thoughts			
	Mean (n = 145)	**SD**	**Mean (n = 108)**	**SD**	**df**	**tp**
Balance Model						
Body	7.75	1.73	8.52	1.85	251	3.41**
Achievement	7.97	1.88	8.35	2.03	251	-1.56
Social Contact	7.65	1.69	7.42	2.21	193.88	0.95
Fantasy	9.15	1.83	9.98	1.70	251	-3.67***

*p<.05, **p<.01, ***p<.001

Table 5. Descriptive statistics and independent t test results of model dimensions

	Adults Without Suicidal Thoughts		Adults With Suicidal Thoughts			
	Mean (n = 145)	**SD**	**Mean (n = 108)**	**SD**	**df**	**tp**
Model Dimensions						
I	23.71	4.17	21.78	4.02	251	3.69***
You	8.17	2.57	7.42	2.52	251	2.31*
We	8.67	1.75	8.13	2.06	251	2.04*
Real Us	8.12	2.36	7.37	2.43	251	2.46*

*p<.05, **p<.01, ***p<.001

We conducted 4 regression analyses to investigate if PPT's 4 structure can predict suicide probability in adults with suicidal thoughts. Primary capabilities of PPT predicted ($r = .712$, $r^2 = .507$, $F = 12.709$, $p<.001$) 51% percent of the total variant of suicide probability on negative direction (**Table 5**). Also, among eight primary capabilities, hope ($\beta=-.351$, $p<.001$) and love ($\beta= -.414$, $p<.001$) were significant.

TIJSEG
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www.tijseg.org
Turkish International Journal of Special Education and Guidance & Counseling 2022, volume 11, issue 2

Table 6. Regression analysis for primary capabilities

	B	SE B	β	t	p
Constant	131.346	7.523		17.460	.000***
Patience	-.590	7.523	-.092	-1.654	.251
Time	-.884	.511	-.127	-1.329	.187
Relationship	.166	.665	.025	.270	.788
Trust	.554	.712	.066	.778	.438
Hope	-2.766	.685	-.351	-4.040	.000***
Sexuality	1.134	.596	.150	1.904	.060
Love	-3.062	.606	-.414	-5.051	.000***
Faith	-.638	.579	-.092	-1.102	.273

***p<.001, **(r = .712, r2 =.507, p<.001)**

Secondly, 11 sub-dimensions of secondary capabilities analyzed for predicting suicide probability and it found significant (r = .427, r^2 = 182, F = 1.942, p<.05). In total, secondary capabilities predicted 18% of suicide probability. Among secondary capabilities, orderliness (β= -.233, p<.05), honesty (β= -.251, p<.05) and reliability (β= -.295, p<.01) can significantly predict suicide probability on negative direction (**Table 6**).

Table 7. Regression analysis for secondary capabilities

	B	SE B	β	t	p
Constant	108.422	15.746		6.886	.000***
Orderliness	-1.669	.813	-.233	-2.053	.043*
Cleanliness	.913	.715	.132	1.277	.205
Punctuality	1.205	.734	.188	1.641	.104
Courtesy	-.351	1.029	-.034	-.341	.734
Honesty	-1.851	.816	-251	-2.268	.026*
Achievement	.853	.678	.135	1.258	.211
Reliability	-2.958	1.070	-.295	-2.766	.007**
Thrift	.204	.682	.029	.300	.765
Obedience	-.363	.937	-.042	-.387	.699
Justice	.113	.755	.015	.150	.881
Loyalty	.638	1.243	.058	.514	.609

*p<.05, **p<.01, ***p<.001 **(r = .427, r2 =.182, p<.05)**

Regression on balance model showed that body (β= 267, p<.05) predicted suicide probability on positive direction. In total, balance model significantly predicted (r = .332, r^2 = 110, F=3.186, p<.05) 11% of suicide probability (**Table 7**). Finally model dimensions predicted 15% suicide probability (r = .386, r^2 = 149, F=4.515, p<.01). Based on the analysis, real us (β= -.291, p<.05) sub dimension significantly predicted suicide probability on negative directions (**Table 8**).

TIJSEG
ISSN: 1300 – 7432
www.tijseg.org
Turkish International Journal of Special Education and Guidance & Counseling 2022, volume 11, issue 2

Table 8. Regression analysis for balance model

	B	SE B	β	t	p
Constant	66.131	8.972		7.371	.000***
Body	1.883	.747	.267	2.522	.013*
Achievement	-11147	.608	-.179	-1.885	.062
Social Contact	.036	.575	-.006	-.063	.950
Fantasy	.261	.833	.034	.314	.754

*p<.05, **p<.01, ***p<.001 **(r = .332, r2 =.110, p<.05)**

Table 9. Regression analysis for model dimensions

	B	SE B	β	t	p
Constant	96.096	7.274		13..212	000***
I	-.236	.382	-.073	-.617	.539
You	-.260	.673	-.050	-.386	.701
We	-.253	.707	-.039	-.358	.721
Real Us	-1.560	.613	-.291	-2.543	.012*

*p<.05, **p<.01, ***p<.001 **(r = .386, r2 =.149, p<.01)**

DISCUSSION and CONCLUSIONS

The results show that all of four structures of Positive Psychotherapy have differentiations depending on having suicidal thoughts, and they can predict suicide probability as well. Adults without suicidal thoughts have significantly higher scores of trust, contact, hope and love capabilities than adults with suicidal thoughts. There are direct connections between these capacities and psychopathology. For example, the low usage of capability of contact blocks people to have rewarding relationships with others and can make them experience social punishments. This can lead to depression and anxiety (Burt et al., 2008; Eryılmaz, 2020). The low usage of capability of trust can mean distrust towards others in relationships or towards self-confidence. It can be seen throughout many personality disorders such as paranoid, antisocial, avoidant, and dependent (APA, 2013; Eryılmaz, 2020). This study's results indicate that these capabilities are also particularly important when considering suicide.

Primary capabilities can predict up to 51% of suicide probability; especially hope and love capabilities are significant. In literature, hope and suicide risk found related in many studies and research emphasize the importance of hope in people with suicide risk and they see it as a warning sign of suicide (Beck et al., 2006; Davidson et al., 2010; Rudd, 2008). Cognitive Therapy uses hope to intervene the suicidal behavior in suicide attempters (Henriques et al., 2003). Likewise, in Integrated Motivational-Volitional Model of Suicidal Behavior, hope was found as a negative predictor for suicide ideation (Tucker et al., 2016). In PPT, hope is considered as a primary capability that emerged from the capacity of love. Additionally, hope is an important principle in PPT therapy process (Eryılmaz, 2020). Hopeless people tend to have negative perspective about their goals in life and therefore they are more likely to stop trying to achieve their goals in life. By getting increasingly hopeless, individuals can give up on life in total and build suicidal thoughts. Maybe even attempt suicide. Some results in literature show that hopelessness is a stronger predictor of suicide than depression (Beck et. Al., 1985; Snyder, 2001). In PPT the capacity of hope means that person believes that there is a way out of pain/stress, they and their family can have a nice future. This equals to having life goals and a sense of direction in one's life (Peseschkian, 2014). Hence, when approaching

the treatment/prevention of suicidal ideation and probability the element of hope can be a game changer.

Along with hope, capability of love plays a key role for suicide probability. Motives of love seen in suicide notes regardless of sex and age (Canetto & Lester, 2002). Intense senses of love are associated with suicide attempts (Yaseen et al., 2012). We can also explain the relationship through Social Analysis of Structural Behavior (SASB) Model (Benjamin, 1993). SASB model tests the transactions (tissues) in interpersonal and intrapersonal relationships. Benjamin (1993) suggests that with using four keys (love, hate, differentiation, and enmeshment) psyche such as fears, wishes and patterns can be easily described. Just like in PPT's balance principle, SASB also considers the unbalance between dimensions are the cause of psychopathology (Benjamin, 1993; Eryılmaz, 2020). In PPT, mental disorders are the results of efforts made by the individual, who was simply trying to restore balance. Therefore, these remarks about the associations between love, balance and psychopathology can be used to understand suicide; how it emerges and how to treat or prevent it. Working on achieving a balance on capability of love can help treatment or wellbeing interventions for those who have suicidal thoughts.

Continuing with secondary capabilities, results show significant differences between adults with or without suicidal thoughts. Secondary capabilities emerge from the capacity of perception/know. People learn different things every day. They shape their perceptions about the outside world and themselves. These capabilities are the reflections of their perceptions about themselves and others (Peseschkian, 2014). Thus, they use them actively during daily life. In the results of independent t test, reliability and punctuality scores significantly differed but in opposite ways. People with suicidal thoughts had higher levels of punctuality capability. This means that people with suicidal thoughts have problems with time pressure. And they are trying to control time's pressure in their daily lives, more than people without suicidal thoughts. On the other hand, being trusted by others, having a sense of order and responsibility, also being honest with yourself can decrease suicide probability.

Our results indicate that being too punctual and dealing with time pressure might be unhealthy. In fact, suicide is an act of killing oneself in a scheduled time decided by oneself. Therefore, the pressure of time must be a valid variance in the topic of suicide. A study made by Fawcett et al. (1990) about time-related predictors of suicide supports our discussion. During depression, the concept of time becomes so definite that a person would feel constant feeling of guilt about time; stuck between past and future (Fuchs, 2013). There can be a similar relationship between time pressure and suicide. Trying to control time too much including the "when" about one's own end... On the contrary, people who use the reliability capability more than who don't; will act to gain trust from others and for them to maintain this, they will take responsibilities in their relationships. Roen et al. (2008) also consider emotional responsibility to others as a preventative factor for suicide. Therefore, we can say that reliability is another capability effective for suicide treatment. Similarly, being honest with yourself can help decrease suicide probability. When someone uses their honesty capability, they can be authentic. By being authentic, people can be honest with themselves. They can acknowledge their own thoughts, feelings, behaviors, desires, choices, beliefs, and reactions (Harter, 2002). With increasing honesty capability, people can understand and accept their desires, thoughts, etc. and choose to work on them; instead of giving up and choosing to commit suicide. Another affective capability for suicide probability is orderliness. Having a sense of order in one's home/study or workplace can help feeling control over one's life. Additionally, to maintain order people would have to take responsibility at home or workplace. This might lead to actively coping with daily pressures and conflicts. Hence it can provide a feeling of control against the feeling of desperation, which is the common case for many suicidal people.

In our results, people with suicidal thoughts focus more on their bodies and fantasies. They significantly use their body and fantasy to cope with conflicts they have in daily life. Moreover, body was a significant predictor of suicide probability. Orbach et al. (2001) found that the wishes of death

are strongly related to hateful relationships with body. In another study suicidal people showed different attitudes toward their bodies (Orbach, 2003). Friedman et al. (1972) speak of acts of conscious self-harm toward body among suicidal adolescents. Additionally, Winnicott (1960, as cited in Kaslow et al., 1998) involved fantasy in the definition of suicide, which is the fantasy of destroying bad aspects of oneself in case of threat. Based on that, it is completely normal for a suicidal person to fantasize more than others. Death fantasies are touched on when treating suicidal people (Hendin, 1975, 1981; Movahedi, 2004). Guided or positive fantasy techniques can be used in therapy sessions (Fowler, 2003; Marroquín et al., 2013). Therefore, the amount and content of the fantasy might be the key; reframing deathly fantasies to positive may help for coping of suicidal people.

Results point out healing pathway through real us dimension for suicidal probability in people with suicidal thoughts. Model dimensions play a role on developing capacity of love, which predicted 51% of suicidal probability (see table 5). I dimension shows the relationships of individual's thoughts of themselves and how they satisfy their needs and wants/desires. Also, I dimension is related with body on coping with conflicts (Peseschkian, 2014). A healthy structure on I dimension would regulate body coping. This can prevent extreme usage of body which might decrease suicidal thoughts. Real Us dimension represents person's thoughts on future, religion, and philosophy of life (Peseschkian, 2014). Peseschkian (2014) takes religion and philosophical opinion as the most important effect on personal experiences. Because people use their opinions to make sense of their life. People also explains themselves "Why are they living?" "What would happen if they died?" "What will happen when they die?" through these opinions they created (Argyle, 2001). Studies show that religious thoughts about suicide protect from suicide attempts (Lawrence et al., 2016). Based on these remarks, building, or developing healthy opinions on life and death can help decreasing suicidal probability upon treatment for suicidal adults.

Conclusions and Suggestions

This study's results show that PPT structures and suicide ideation and probability are related on various levels and sub dimensions. These core elements differ between adults with or without suicidal thoughts. PPT structures predicted suicide probability for adults with suicidal thoughts. These results point out to some key points for treatment or wellbeing increasing interventions for preventing suicidal thoughts or probability through PPT: (1) Love and hope might play a key role preventing suicide. (2) Reliability, honesty, and orderliness capabilities can be improved for daily life connections. (3) Too much usage of punctuality might increase time pressure and desperateness, hence it's worth looking into. (4) Too much and deathly fantasy can have a negative effect. The amount and content of fantasies during the day can be regulated for better mental state. (5) Disarranging the focus on body can help decrease suicidal thoughts and probability. Coping and conflict solving strategies can be used for achieving/improving balance. (6) Looking into the client's self-image, thoughts on themselves and their religious/philosophical opinions can be important to understand the meaning of themselves and life they have in their head. This can point out clues for coping ways for conflicts which would benefit the client's mental health.

Limitations

This study's participant group is limited to adults without psychopathology. Also participating adults are relatively young adults.

Authors Contributions

Gaye Bırni: Research design, data collection, data analysis, data interpretation, drafting the manuscript, manuscript subscription.

Ali Eryılmaz: Research design, data collection, data analysis, data interpretation, revising the manuscript.

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Authors report there are no competing interests to declare.

Ethical Statement
This study was conducted according to ethical and research standards. All participants participated to study were volunteers. Information about study subject, aim and researchers were given to the participants. Informed consent has obtained.

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