Suicidal Tendencies As A Mediating Variable In The Relationship Between Future Anxiety And Learned Helplessness Among University Students

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Abstract

The current study aimed to examine the effect of suicidal tendencies as a mediating variable in the relationship between future anxiety and learned helplessness among university students. The sample consisted of (400) students, of them (140) males and (260) females who were selected randomly. To achieve the objectives of the study, the researcher used three measures, the Future Anxiety Scale prepared by the learned helplessness Scale prepared after verifying their psychometric properties. The results of the study showed that the prevalence of suicidal tendencies among university students was moderate. The field "Suicidal ideation," rank first, and the field of "Readiness to commit suicide ranked last." The findings also showed that the prevalence of learned helplessness among participants was of a moderate degree; the field of "low self-esteem," rank first, and the field of "low motivation" ranked last.

Introduction

Suicide is one of the issues that has greatly concerned social, educational, psychiatric, and legal circles due to its harmful impact on the lives of university students as well as society's structure, cohesion, and stability. It is a social phenomenon that nearly no society is immune to (Al-Sultani, 2014). It is also regarded as a severe global problem, the risk of which resides in its widespread prevalence and negative repercussions, whether it is a full suicide or a suicide attempt (Oreibi, 2018). According to Rudd (1989), suicide rates among the age group 15-24 have tripled in the last twenty years due to an increase in academic stress, uncertain professional futures, and unemployability. McDowell & Hosteller (2003) claim that identifying individuals who are contemplating suicide is

difficult because they are often hesitant to reveal their problems or thoughts. Unfortunately, many university students also tend to hide their inner pain and fears so that their parents and closest friends are unaware of their suffering and thoughts. Furthermore, statistics do not reveal all of the facts. There have been cases of suicide that have gone uncounted in statistics due to a lack of knowledge about the victim's intentions or motive; for example, a death that appears to be an accident may include suicidal tendencies, such as participating in high-risk occupations and sports, and life-threatening habits (such as smoking, and increased alcohol and drug abuse). Suicidal ideas range from sporadic planning to detailed planning, role-playing, and failed efforts, which may be expected to

fail or be discovered or maybe totally intended to succeed (Arias, et al. 2003).

Suicidal ideation was defined by Othman, Youssef, Fahmy, Haggag, and Abd El-moez (2014) as a range of contemplations, desires, and preoccupations with death and suicide. However, any potentially fatal act of self-destruction may not be entirely planned (Lamis & Lester, 2011; Nock & Sterba, 2009).Suicidal tendencies can be predicted by these indications: previous suicide attempts, suicide threats, talking about death, distributing personal belongings, sudden changes in behaviour such as rebellion and violent behaviour, withdrawal, insomnia, sleeping for long periods, fatigue, or exhaustion, exposing oneself to risk, and writing a draft of a suicide note are among the signs that can alert the possibility of a suicide attempt (McDowell's & Hosteller, 2003).Suicide has been linked to an inability to address difficulties. Disability in this regard is described as a lack of expectation of improvement in current living situations, and it is directly linked to suicidal tendencies (Brown, et al., 2000; Linehan & Shearin, 1988; Dieserud, et al., 2003). In addition, many with difficulties believe they are incompetent, ineffective, and thus they underestimate their abilities. These negative self-perceptions work automatically, resulting in cognitive distortions and biases in event interpretation (Yoshihama, 2002). Indeed, a person's perceptions of his personality characteristics, abilities, values, ideals, goals, way of life, and emotional trends can critically affect his behaviour and attitudes as well as his motivation, compatibility, and effectiveness. Yet, positive self-concepts urge the person to face life and enter new situations, while negative self-concepts lead to helplessness and failure (Rintoul, et al., 1998; Rotter,

1990). Suicidal tendencies are also higher in young individuals who have few reasons to stay alive than in university students who have many reasons to stay alive (Ivanoff, et al., 1994).

Previous Studies

Several studies in the field of suicidal tendencies have been completed. The researcher reviews prior studies, taking into consideration the chronological sequence of those studies, as follows: Damle and Dabir (2019) used a sample of 450 students to investigate self-concept as a predictor of suicidal thoughts in engineering colleges in the Nagpur region.. and Dosari's (2018) study sought to identify the hard life events of university students and their relationship to the possibility of suicide, (2017) investigated the degree of future anxiety among a group of university students trying to illegally emigrate and its relationship to both despair and the perception of suicide ., (2014) aimed to determine whether stress and depression act as predictors of suicidal ideation among students at Sana'a University,. Jason et al,. (2006), which was conducted on a sample of 1049 male and female students, concluded that depression, helplessness, isolation, stress factor, and family factors all contribute to suicidal behaviours. The results of the study of (O Connor & O Connor, 2003) suggested a significant correlation between adverse events and both the feeling of helplessness and the perception of suicide, and that the feeling of helplessness mediates the relationship between the perception of suicide and negative life events. Dyck (1990) conducted a study to identify the positive and negative trends that underlie the perception of suicide.

Research problem

The annual statistical report for 2018, issued by the Department of Statistics, showed the continuous increase in total suicides in Jordan during the past years, as total suicides reached 142 cases during 2018, with an increase of 9.2% compared to 2017. In addition, the researcher believes that the university stage plays a role in suicide planning. It starts impulsive, which leads to some people committing suicide under pressure. Eventually, as the young man approaches graduation and enters the work market, he becomes increasingly conscious of societal issues such as corruption and unequal opportunities, leading to some university students' incapacity to change reality and a loss of passion for life.Future anxiety and learned helplessness are two variables directly linked to suicide. After that, he gives up..

The significance of the study is as follows:

1. Bridging the gap in scientific research by establishing a link between suicidal tendencies, future fear, and learned helplessness.
2. The significance of the study's age group, which is the university stage. It is constructed for the benefit of future generations.
3. This study can assist a variety of people, the most significant of which are those who are interested in scientific research and graduate studies in this subject, as well as those who work in the field of youth in various institutions and those who work in primary health care.
4. Helping decision-makers to establish appropriate social and legislative policies, and to develop treatment, corrective and preventive plans, to reduce the spread of the phenomenon

of suicide and its effects on university students and society.

Study Objectives

identifying the prevalence of the three variables (suicidal tendencies, future anxiety, and learned helplessness); and determining if suicidal tendencies can mediate the association between future anxiety and learned helplessness.

Mean Study Questions

1- What is the prevalence rate of (suicidal tendencies, future anxiety, and learned helplessness) among university students?

Study Limitation

1. Objective limitation: This study was limited to studying suicidal tendencies as a mediating variable in the relationship between future anxiety and learned helplessness among university students.
2. Spatial Limitation: This study was applied to undergraduate students at Jadara University.
3. Time limit: The first semester of the academic year 2020/2021.

Methods and Procedures

Study Approach

Based on the nature of the research and the data to be obtained, the descriptive approach was utilized, as it is concerned with studying the phenomenon by understanding it and interpreting the relationships causing it accurately, and then predicting changes in some variables (educated helplessness, suicidal tendencies), in the light of the independent variable (future anxiety). And to achieve the study's goal in identifying the

significance of the causal relationships between the variables of the study to arrive at a hypothetical causal model that determines the direct and indirect effects of future anxiety and suicidal tendencies in their relationship to learned helplessness.

Population and Sample
The study population consisted of all the (5000) students at Jadara University, who are registered in the scientific and humanities faculties according to the admission and registration statistics at Jadara University for the academic year 2020/2021. As for the study sample, it consisted of (400) male and female students who were present during the study procedures; They were chosen by simple random method.

Regarding the gender variable, female students have the highest frequency rate (260) and the highest percentage (65.0%), while male students have the lowest frequency rate (140) and the lowest percentage (35.0%). . In terms of the college variable, humanities colleges have the highest frequency rate (229) with a percentage of 57.3 %, whilst scientific colleges have the lowest frequency rate (171) with a percentage of 57.3 5 (42.8 %).

Instrument

The Suicidal Tendency Scale:
The researcher used the Suicidal Tendency Scale, which she was prepared (Abdel Hafeez, 2017) to measure the suicidal tendency among university students. The scale consists of (57) statements, and the scale also includes positive and negative statements. The scale was designed based on the five-point scale "strongly agree", "agree", "neutral", "disagree", and "strongly disagree" and they

are expressed in degrees (5, 4,3,2,1) respectively. The scale also includes the following main dimensions: social motives for suicide, suicidal ideation, the tendency to self-harm, indifference and pessimism about life, willingness to commit suicide, and the desire to die. The maximum score that can be obtained is (285) and the lowest score is (57). Shukair (2005) method was used to determine the levels of suicidal inclination as follows: (57-123) indicates a low level, (124-219) indicates a moderate level, and (220-285) indicates a high level.

Future Anxiety Scale:
The researcher used the Future Anxiety Scale which was prepared by (Hayajneh, 2014) to measure future anxiety. The scale consists of (26) statements where the statements are developed in a negative direction. A five-point scale was used including these responses "always", "often", "sometimes", "rarely", and "never" and are expressed as (5, 4, 3, 2, 1) respectively. The scale also consists of the following main dimensions: Anxiety of the future, Health anxiety, Mental anxiety, and Thinking about the future. The degree of the responses is measured according to these ranges(1-2.33) "low" level, (2.34-3.67) "Moderate" level, and (3.68-5) " high" level.

The Learned Disability Scale:
The researcher used the Learned Helplessness Scale, which she prepared (Dogan, 2016) to measure the Learned Helplessness. The scale consists of (40) statements. A five-point scale was used with these responses: "always", "often", "sometimes", "rarely", and "not applicable" and they are represented by scores (5, 4, 3, 2, 1) respectively. The scale included the following main dimensions: the expectation of

failure, low self-esteem, low motivation, and low ability to control events.

Instrument reliability

To obtain the instrument reliability, Cronbach's alpha was applied to all dimensions of the study for the pilot sample of (50) individuals (see Table 2).

Table 2. Cronbach's alpha coefficients for the study Fields/domains & the overall tool

N	Domains	Items	Reliability Coefficients
1	Apathy and pessimism about life	11	0.80
2	Tendency to self-harm	10	0.56
3	Readiness to commit suicide	6	0.91
4	death wish	8	0.83
5	Social motives for suicide	11	0.55
6	suicidal ideation	11	0.87
	Suicidal tendencies	57	0.59
1	Anticipate failure	10	0.89
2	low self-esteem	10	0.87
3	low motivation	10	0.86
4	Low ability to control events	10	0.85
	Learned helplessness	40	0.96
1	The anxiety of the future	10	0.92
2	Health Anxiety	9	0.83
3	Mental Anxiety "thinking about the future"	7	0.89
	Future Anxiety	26	0.95

* The Cronbach's alpha coefficients for the scale of suicidal tendencies field ranged between (0.55-0.91), the highest domain was " Planning to commit suicide" domain," and the lowest was "social motives for suicide" domain. The Cronbach's alpha coefficient for the overall scale (0.59.). Regarding the * Cronbach's alpha coefficients of the field learned helplessness scale, it ranged between (0.85-0.89), the highest score was for the "

Anticipate failure " domain, and the lowest for the "Low ability to control events." Where the obtained results of Cronbach's alpha coefficient for the overall scale was (0.96). And Cronbach's alpha coefficients for the future anxiety scale ranged between (0.83-0.92), the highest domain was "Anxiety of the future", and the lowest was for the "health anxiety" domain. However, Cronbach's alpha coefficient for the overall scale was (0.95). All

reliability coefficients are high and acceptable for achieving the purposes of the study.
Results and Discussion

Results of the first question

What is the prevalence rate of (suicidal tendencies, future anxiety, and learned helplessness) among university students? Descriptive analysis was obtained to answer this question (means and standard deviations) of all measures and dimensions (see Table 3).

Table 3.Descriptive analysis for the dimensions (n=400)

N	Domains	Mean	SD	Rank	Level
1	Apathy and pessimism about life	3.92	0.66	3	High
2	Tendency to self-harm	3.26	0.58	4	Moderate
3	Readiness to commit suicide	1.41	0.75	6	Low
4	Death wish	2.02	0.79	5	Low
5	Social motives for suicide	3.93	0.46	2	High
6	Suicidal ideation	4.44	0.60	1	High
	Total	3.38	0.22	-	Moderate

Statements (1-6) represent the participants' responses on the items of the suicidal tendency's domain. The means ranged between (1.41-4.44), where the field "suicidal ideation" ranked first with a mean (4.44) and a high level. Planning to commit suicide ranked last with a mean of (1.41) and a low level, The overall mean of the measure was (3.38), with a moderate level.

Table 4. Descriptive analysis for the Apathy and pessimism about life (n=400)

N	Items	Mean	SD	Rank	Level
1	Life is the source of all my pain	3.31	1.28	10	Moderate
2	Life means nothing to me	4.01	1.28	6	High
3	When I think about life, I get pessimistic	3.49	1.26	9	Moderate
4	I don't quite think about persons around me	3.96	1.17	7	High
5	I hate everything that has to do with my life	4.11	1.11	4	High
6	I don't have a purpose for my life	4.11	1.09	4	High
7	If a person is unhappy, he should commit suicide	4.73	0.64	1	High
8	I think that the complexities of life can reach the point of committing suicide for a human being	3.85	1.34	8	High

N	Item	Mean	SD	Rank	Level
9	I don't dare to face life	4.16	1.09	3	High
10	I don't care how others often see me	2.69	1.37	11	Moderate
11	The best solution to problems is suicide	4.71	0.66	2	High
		3.92	0.66		High

Table (4) shows that the means of this field ranged between (2.69-4.73), where Item (7), which reads, "If a person is unhappy, he should commit suicide" came in the first place with a mean of (4.73) and a high level. Item (10), which states "I don't care how others often see me" with a mean (2.69) and a moderate level, and the overall mean of the field "Apathy and pessimism about life" was (3.92) and with a moderate level.

Table 5. Descriptive analysis of the Tendency to self-harm domain (n=400)

N	Item	Mean	SD	Rank	Level
1	I smoke a lot	3.96	1.47	1	High
2	I prefer to drive a fast car	3.52	1.42	4	Moderate
3	I don't care if I get hurt	3.66	1.36	3	Moderate
4	I love risk and adventure	2.26	1.22	10	Moderate
5	I don't sleep much	3.13	1.36	8	Moderate
6	I concerned about the quality of my food.	3.47	1.22	5	Moderate
7	I often visit the doctor	2.37	0.95	9	Moderate
8	I am afraid of diseases	3.15	1.38	7	Moderate
9	My behavior is reckless	3.30	1.23	6	Moderate
10	I take medicines without consulting a doctor	3.85	1.30	2	High
	Total	3.26	0.58	-	Moderate

Table (5) shows that the means ranged between (2.26-3.96), where Item (1) which states "I smoke a lot" ranked first a mean of (3.96) and a high level, while Item (4) which reads, "I love risks and adventures" ranked last with a mean of (2.26) and a moderate level. The overall mean of the domain "tendency to self-harm" is (3.26) and with a moderate level.

Table 6. Descriptive analysis of "Planning to commit suicide" (n=400).

N	Item	Mean	SD	Rank	Level
1	I'm about to commit suicide.	1.38	0.91	5	Low
2	I've devised the ideal method for killing myself.	1.43	0.96	3	Low
3	I've decided on the ideal method for killing myself.	1.46	0.97	1	Low
4	I can choose a manner of suicide.	1.40	0.84	4	Low

5	I finished devising a plan to kill myself.	1.46	0.93	1	Low
6	I'm about to commit suicide.	1.35	0.80	6	Low
	Readiness to commit suicide	1.41	0.75	-	Low

Table (6) illustrates that the means ranged between (1.35-1.46). Item (3), stating, "I've decided the ideal method for killing myself." and item (5), which states "I finished devising a plan to kill myself" came first with a mean (1.46) and a low degree. Where item (6) came in the last place with an arithmetic mean (1.35) and a low level. The overall mean of the field "Readiness to commit suicide" is (1.41) and to a low degree.

Table 7. Descriptive analysis of "Death Wish" (n=400)

N	Item	Mean	SD	Rank	Level
1	I impatiently waiting for my death	1.81	1.24	6	Low
2	As long as my destiny is death, suicide is better than waiting	1.26	0.64	8	Low
3	I often think about the afterlife	2.89	1.38	1	Moderate
4	death rest	2.73	1.39	2	Moderate
5	The best thing in life is that it ends in death	2.06	1.26	3	Low
6	Chronic illness means death	1.91	0.97	4	Low
7	Many of my conversation topics are about death	1.63	0.99	7	Low
8	I wish I could sleep without waking up	1.90	1.30	5	Low
	Total	2.02	0.79	-	Low

Table (7) shows that the means ranged between (1.26-2.89). Item (3), which states, "I often think about the afterlife" ranked first with a mean (2.89) and a moderate degree, and in the last rank item (2) which states, "As long as my destiny is death, suicide is better than waiting," with a mean of (1.26) and a low degree. The overall mean of the field "Death wish" is (2.02) and with a low degree.

Table 8. Descriptive analysis of "Social motives for suicide" (n=400)

N	Item	Mean	SD	Rank	Level
1	Many who committed suicide are my role models in life	4.69	0.72	3	High
2	I don't think about suicide because I care about my family	3.10	1.45	10	Moderate
3	I don't think about suicide because I care about my parents	3.25	1.44	9	Moderate
4	Suicide is a message to society	4.21	1.24	7	High

	Item	Mean	SD	Rank	Level
5	I'm thinking of committing suicide because I'm heavy on my surroundings	4.58	0.77	5	High
6	Social problems are what makes a person commit suicide	3.30	1.47	8	Moderate
7	I'm thinking of committing suicide because someone in my family committed suicide	4.80	0.56	1	High
8	Some of my friends committed suicide	4.62	0.84	4	High
9	What prevents me from committing suicide is society's attitude towards my behaviour	1.57	1.01	11	Low
10	Suicide is a punishment for society	4.43	1.07	6	High
11	Suicide is a practical solution to all social problems	4.72	0.69	2	High
	Total	3.93	0.46	-	High

The means of this domain ranged between (1.57-4.80). Item (7), which states, "I'm thinking of committing suicide because someone in my family committed suicide" ranked first with a mean (4.80) and a high degree, and Item. (9), which states, "What prevents me from committing suicide is the society's attitude towards my behaviour" ranked last with a mean of (1.57) and a low degree. The overall mean of the field "social motives for suicide" is (3.93) and with a high degree.

Table 9 . Descriptive analysis of suicidal ideation, (n=400)

N	Item	Mean	SD	Rank	Level
1	The first thing I think about every day is suicide	4.71	0.68	3	High
2	I thought for a long time about suicide	4.52	0.93	7	High
3	The best death is by suicide	4.76	0.59	1	High
4	Many of my conversations are about suicide	4.68	0.74	4	High
5	I thought about I might write when I committed suicide	4.51	0.96	8	High
6	The suicide is a brave individual	4.66	0.78	5	High
7	I really want to kill myself	4.64	0.86	6	High
8	I tend to watch suicide movies	4.47	1.00	10	High
9	I tend to read stories about suicide	4.54	0.92	9	High
10	Suicide is a reward for me.	4.72	0.67	2	High
11	What terrifies me that accompanies suicide (blood, pain, sadness...)	2.63	1.48	11	Moderate
	Total	4.44	0.60	-	High

Table (9) shows that the means of this domain ranged between (2.63-4.76). Item (3) which states "The best death is by suicide" came in the first place with a mean of (4.76) and a high degree, and in the last rank item (11) which states, "What terrifies me that accompanies suicide (blood, pain, sadness…)" with a mean of (2.63) and a moderate degree, and the overall mean of the field "suicidal ideation" is (4.44) and at a high degree.This finding indicates that young individuals are experiencing suicidal thoughts and sentiments, believing that life is not worth living, and are attempting to escape the unpleasant reality. This is consistent with what was mentioned (Beck et al., 1999), where he sees that people who consider suicide do not expect to receive any kind of reinforcement as a result of their survival, and thus they find that thinking about suicide is positive reinforcement because their suicide causes people who they leave behind to feel sorry for them; they suffer tortures of conscience for the rest of their lives.According to Gallo & Pfeffer (2003), no form of death can inflict on the family a prolonged feeling of mourning, remorse, and perplexity like suicide does. The study further says that a collection of psychological dynamics, including the young individual's general animosity, self-destruction, a sense of shame, a feeling of inadequacy, and self-blame, urge them to commit suicide.Factors for suicide among university students include loss of romantic relationships, inability to tolerate academic challenges, and other life stressors. In addition to issues related to low problem-solving skills and low self-esteem. This result is consistent with the study of (Rudd, 1989), the results of which showed that 14.9% of them acted in some way according to the perception of suicide without making suicide attempts and that 5.5% made actual suicide attempts.

Table 10. Descriptive analysis of the domains with the overall scale (n = 400)

N	Item	Mean	SD	Rank	Level
1	Anticipate failure	4.05	0.80	2	High
2	low self esteem	4.23	0.74	1	High
3	low motivation	3.91	0.78	4	High
4	Lack ability to control events	4.05	0.74	2	High
	Total	4.06	0.72	-	High

Table (10) shows that the means of this domain ranged between (3.91-4.23). Low self-esteem ranked first with a mean (4.23) and a high level, and the field low motivation rank last with a mean of (3.91) and a high level, The overall mean of the scale obtained a mean (4.06) and a moderate level.

Table 11. Descriptive analysis of Anticipate failure (n=400

Table 15. Descriptive analysis of all the fields with the overall measure, (n=400)

N	Item	Mean	SD	Rank	Level
1	The anxiety of the future	2.05	0.92	3	Moderate

N	Item	Mean	SD	Rank	Level
2	Health anxiety	2.13	0.82	2	Moderate
3	Mental anxiety, thinking about the future	2.34	0.98	1	Moderate
	Total	2.15	0.83	-	Moderate

Table (15) shows that the means ranged between (2.05-2.34). The field "mental anxiety and thinking about the future" ranked first with a mean (2.34) and a moderate level, while "Anxiety of the future" came in the last rank with a mean of (2.05) and a moderate level. The overall mean of the measure was (2.15), and at a moderate level.

Table 17. Descriptive analysis of the field "Health Anxiety", (n=400)

N	Item	Mean	SD	Rank	Level
1	I get short of breath every time I think about the future	1.82	1.18	7	Low
2	I am afraid of getting serious diseases	2.32	1.32	4	Low
3	I feel general weakness and lack of vitality	2.21	1.28	6	Low
4	I have a constant headache	2.36	1.35	3	Low
5	Because of my frequent physical and health changes, I feel unaccepted by others.	1.51	1.01	9	Low
6	I fear for my health from environmental pollution	2.38	1.29	2	Moderate
7	I am worried about not having children after marriage	2.23	1.35	5	Low
8	I suffer stomach cramps when thinking about the future	1.82	1.15	7	Low
9	I can't sleep every time I think about the future	2.50	1.37	1	Moderate
	Total	2.13	0.82	-	Low

Table (17) shows that arithmetic means for this field ranged between (1.51-2.50). Item (9), which states, "I can't sleep every time I think about the future," came in the first place with a mean (2.50) and a moderate level, and in the last place item (5) which reads, "Because of my frequent physical and health changes, I feel unaccepted by others" with a mean of (1.51) and a low level. The overall mean of the "health Anxiety" domain was (2.13) and with a low level.

Table 18. Descriptive analysis of "Mental Anxiety", (n=400)

N	Item	Mean	SD	Rank	Level
1	I feel unfocused and distracted	2.82	1.32	1	Moderate
2	I get scared when I think about the future	2.28	1.26	4	Low
3	I expect danger to happen at any time	2.69	1.27	2	Moderate
4	I get very anxious when imagining having an accident	2.34	1.22	3	Moderate

5	I'm having a hard time mentally planning for the future	2.14	1.21	5	Low
6	Thinking about the future makes me feel insecure	2.00	1.18	7	Low
7	I worry about family failure	2.10	1.33	6	Low
	Total	2.34	0.98	-	Moderate

Table (18) shows that the means of this field ranged between (2.00-2.82). Item (1) levelled first with a mean (2.82) and a moderate level. Item (6)) levelled last with a mean (2.00) and a low level. The overall mean of "mental anxiety" was (2.34) with a moderate level. Results in Table (18) indicate that the adolescent stage is a period of storms, tension, and harshness, characterized by psychological crises and dominated by suffering, frustration, anxiety, and compatibility issues produced by what university students are exposed to in the family and society (Zahran, 1992). The university student's anxiety for the future obscures a clear view of his potential and paralyzes his abilities, making it difficult to create realistic goals that are consistent with his ambitions in reaching the future goals that he seeks and that provide him happiness and fulfilment. Some research confirmed that university students who lose their sense of time due to the control of suicidal tendencies over them have a lack of clarity in their future vision, which is accompanied by a gloomy feeling about their future, so they prefer to restore to the past, to escape from the psychological pain they live. Eby (2004) also sees that when the individual is exposed to stressful events and he realizes his inability to confront them, he feels hopelessness, low self-esteem, and depression, and in the end, he generalizes his experiences of failure and helplessness to the present and the future, and then he feels that there is no hope in the future, and there is no point in trying as long as he is doomed to failure. This result is in accord with Abdul Ghaffar's (2001) assertion that the individual's future - not his past - is the source of anxiety and terror, worry and fear of what the days may bring, and that the individual feels anxious because something could jeopardize his survival at any time. According to Siegel (2012), we plan our futures by what we think and do every day, and he suggests that individuals keep journals of their thoughts, which they may read later to discover how they prepared their futures with the ideas that prompted their subsequent acts. It also agrees with the study of (Derakshan& Eysenck, 2009) which suggested that anxiety is related to those events that are expected to occur in the future than those that occurred in the past. While the results of this study differ from the study of (Hamoudh, 2017) which confirmed that the level of future anxiety among university students was generally high.

Recommendations

1. Conducting additional research on the association between suicidal tendencies and other characteristics that were not addressed in this study, such as parenting practices.
2. Activating the International Day for Suicide Prevention, which falls on September 10th, to promote religious and social awareness of the dangers of suicide.

3. Educating psychologists on how to deal with suicidal tendencies among university students.

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