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Research Paper

Suicide- a Retrospective Study of Psychodynamics and Relevent Socio Economic Factors

Medical Science

KEYWORDS : Psychodynamics, socio economic factors, suicide

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ABSTRACT

BACKGROUND

Suicide means self murder. It is observed in a number of psychiatric conditions. Psychodynamics and socio economic factors play a role in suicide. This study is done to assess the influence of mental illness, personality traits and stress factors and also the socio economic factors like education, occupation, family income on suicide.

AIMS OF THE STUDY

To study the socio demographic, economic data and psychological factors associated with suicide patients.

MATERIALS AND METHODS

For this study 50 patients who were brought to ASRAM Medical College Hospital with attempted suicide between 2008 June to 2009 September were assessed after their physical condition had improved.

TOOLS

Kuppuswamy's socio economic status scale
Thematic appreciation test
Rorscharch's ink blot test
Beck's hopelessness scale
Presumptive stressful life events scale of Gurneet Singh

RESULTS

Unmarried males & married females showed statistically significant high risk of suicide People of Lower socioeconomic status attempted suicide more than middle and upper income groups. Major psychological themes associated with suicide are despair & hopelessness, anger & hostility towards authority figures or parents, loss of loved object, narcissistic injury, identification with dead. Most patients showed insecurity, impulsivity & demand of immediate gratification. Early parental loss occurred in 5 patients. Psychosocial stressors played a role in majority of cases.

Psychiatric disorders: 20% cases of depression, 10% cases of schizophrenia & psychotic disorders, 10% cases of personality disorders, 20% cases of alcoholism are associated with suicide.

CONCLUSION

More vulnerability to suicide is seen in young and productive age group and people who are more prone to psychological stressors like low SE status lower educational level, unemployment, rural background. Hopelessness, desperation & anger are the most predominant psychological themes- Alcohol decreases the threshold for impulsivity thus increasing the chance of suicide. Thus family members should be counselled about the risk of suicide in the patient.

INTRODUCTION

Suicide is derived from Latin word which means self murder. Suicide is to the psychiatrist as cancer is to the internist. The psychiatrist may provide optimal care yet the patient may die by suicide. Because we lack satisfactory laboratory or clinical predictors, the psychiatrist is expected to carefully evaluate and document the risk of suicide in his/her patients and act accordingly.

Suicide is an important issue in Indian continent. More than one lakh lives are lost every year due to suicide in our country. In the last two decades the suicide rate has increased from 7.9 to 10.3/ lakh population. There is a wide variation in suicide rates in our country. Kerala, Karnataka, Tamilnadu, Andhra Pradesh have a suicide rate of more than 15/ lakh, while in the northern states of Punjab, Uttar Pradesh, Bihar and Jammu and Kashmir the suicide rate is less than 3/ lakh. Recent reports from Vellore suggest that the suicide rate in India is grossly under-reported. These verbal studies found the average annual suicide rate for general population to be 95/ lakh, 148/ lakh in females, 58/ lakh in males and 189/ lakh in the elderly.

The majority of suicides in India are those below the age of 30 yrs. There is a near equal suicide rate in men and women (1.4:1). More Indian women die by suicide than their western counterparts. There are many perspectives from which one may view suicide. Among them are the historical, sociological, cultural, epidemiological, biological, genetic, psychological, diagnostic, philosophical, theological, economical, occupational.

Suicide in India is associated with complex array of factors such as poverty, low literacy rate, unemployment, family violence, breakdown of joint family system, unfulfilled romantic ideas, inter-generational conflicts, loss of job or loved one, failure of crops, huge debt burden, harassment by in-laws, depression, chronic physical illness, alcoholism, easy access to means of suicide.

Edwin schneidman writes of the victim's unbearable mental pain "Psychache" and how terminally his or her perceptions narrow, i.e. "tunnel vision", he or she can see only one solution i.e. his or her death. In depressed state, a state that can be envisaged as looking at world through black coloured glasses so that the past, present, future all look dark or bleak. This all pervasive lens may induce more hopelessness and despair and ultimately for some, suicide appears to be the only answer.

Nemeroff and John Mann have each posited stress diathesis models of suicide. These hold that individuals who are born with genetically modulated tendencies towards impulsivity (diathesis) when stressed by external events later in life, particularly if they become depressed are more likely to harm themselves than those, not so predisposed. Childhood trauma is the main predisposing factor for impulsive suicide. Such events therefore may apparently produce the impulsive / aggressive/ suicide diathesis if they are early and severe enough or serve as stressors if they occur later and are somewhat less traumatic.

Data from India for contribution of mental illness to suicide

rates are limited. Some suggest higher risk in mental disorder. Other evidence suggests chronic stress and precipitating life events rather than severe mental disorders.

DEFINITION OF SUICIDES

Schneidman defined suicide as a conscious act of self induced annihilation best understood as multi dimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution.

Diekstra redefined suicide as an act with fatal "outcome" that is deliberately initiated and performed by the person himself or herself in the knowledge or expectation of its fatal outcome.

AIM OF THE STUDY

To study the socio demographic, economic data and the psychological factors associated with suicidal patients.

METERIAL AND METHODS

For this study 50 patients who were brought to ASRAM Medical College Hospital Eluru with attempted suicide between 2008 June to 2009 September were assessed after their physical condition had improved.

TOOLS USED:

- A semi structured proforma was used to record the socio demographic data like age, sex, marital status, educational status and rural and urban background.
- Socio- economic status was assessed by using Kuppuswamy socio-economic status scale modified by D.Mishra and H.P Singh for urban population and Prasad's classification modified by Kumar by linking it to gross national produce and All India consumer price index was used in rural population.

Thematic Apperception Test- Indian adoption by Dr.Umachowdhary

This test was developed by Henry Murray in 1943 at the Harvard psychological clinic. It consists of a series of 10 black and white pictures that depict individuals of both sexes and of different age groups who were involved in a variety of different activities.

Typically a patient is shown 10 TAT cards one after another and asked to make up stories about them. The patient is asked to tell what is going on in the picture, what is going on before the picture was taken, what the individuals in the picture are feeling and thinking and what is likely to happen in the future.

Rorschach's Ink blot Test: it was invented by Herman Rorschach in the year 1910. It is the most frequently used projective personality instrument. The test consists of 10 ambiguous symmetrical ink blots. Minimal interaction between the patient and examiner occurs while the Rorschach is administered.

Typically examiners score Rorschach responses according to the location determinant and content.

Beck's hopelessness scale: it was designed to quantify hopelessness. The scale was administered to several diverse sample of patients to assess its psychometric properties. The scale was found to have a high degree of internal consistency and showed a relatively high correlation with clinical ratings of hopelessness.

It has a 20 item true or false statements. Nine items were selected from a test of attitudes about the future, structured in a semantic differential format. The remaining 11 items were drawn from a pool of pessimistic statements which seemed to reflect different facets of the spectrum of negative attitudes about the future. A cut off score of 10 and above, correctly identified eventual suicide.

Presumptive stressful life events scale of Gurmeet Singh

This scale is used to measure the stressors which may present in patient's life in the last one year and in life time. On an average it is presumed that, a person can withstand two stressors in a year and about 10 events in life time without suffering any obvious physical & psychological disturbance. There are about 51 stressful life events as per the scale. They are scored depending upon the severity of stress they cause.

RESULTS

TABLE-1

AGE AND SEX WISE DISTRIBUTION OF THE SAMPLE PATIENTS		
AGE (In Yrs)	Male N=30	Female =20
15-24	11(36.6%)	9(45%)
25-34	5(16.6%)	3(15%)
35-44	6(20%)	5(25%)
45-54	5(16.6%)	3(15%)
>55	3(10%)	0
Chi Square = 0.55 df =4 NS		

Most of the patients in the sample are in the age group of 15-24 yrs followed by 35-44 yrs in both the sexes. In the above conducted study there is no statistical significance between age and sex wise distribution.

TABLE-2

Marital status and sex wise distribution of patients

Marital Status	Male N= 30	Female N= 20
Married	8(26.6%)	13(65%)
Unmarried	20(66.6%)	6(30%)
Separated/widowed	2(6.6%)	1(5%)
Chi square=7.55	df = 2	P= 0. 025

Unmarried males & married females showed statistically significant high risk of suicide.

TABLE-3

Educational status of Patients

EDUCATION	MALE N= 30	FEMALE N= 20
Illiterate	7(23.33%)	8(40%)
Primary education	10(33.33%)	8(40%)
High school	8(26.66%)	2(10%)
Degree	4(13.33%)	1(5%)
Professional course	1(3.33%)	1(5%)
Chi square=1.19 df=4, NS		

Most of the patients are illiterate & educated till primary level. In the above conducted study, there is no statistical significance between education and sex wise distribution.

Socio economic status

In the studied sample, 36 subjects (70.2%) are from rural areas and the remaining 14 subjects (29.8%) are from urban areas.

Prasad's classification for rural people

Table 4

Class-1	2(5.55%)
Class-2	2(5.55%)
Class-3	8(22.22%)
Class-4	20(55.55%)
Class-5	4(11.11%)

Kuppuswamy's classification modified by D.Mishra and H.P.Singh

Table 5

Upper	2(14.35%)
Upper middle	1(7.15%)

Lower middle	3(21.45%)
Lower Lower	8(57.15%)

People of lower socio economic status attempted suicide more than middle and upper income groups as observed in the conducted study.

Psychodynamic factors

Table 6

Factors	Male N=30	Female N=20
Anger	8	5
Despair & hopelessness	10	9
Loss of love object	8	4
Narcissistic injury	2	1
Identification with dead	2	1
Chi square=1.19 df = 4 NS		

Anger and hostility against authority figures and parents and despair and hopelessness are observed in most patients. Loss of a love object, narcissistic injury and identification with dead are observed to be factors related to suicide in some of the subjects. Four subjects were found to give a h/o early parental loss.

Discussion

In this study, majority of the sample were young people. In studies from USA, the rate in increase is nearly proportional to age. There is a biphasic increase with the age group of 30-35yrs having rates as high as elderly.

In our study, adolescents, young adults and middle aged people are represented more. Predominance of adolescent suicidal patients is particularly worrisome. (The increase in rates may be due to alcohol and drug abuse, decreased role of religion and breakdown of the joint family system.)

There is a male preponderance in our study. This is at variance with western literature where in the majority of suicidal patients are females. The culturally predominant position of males in India causes them more stress.

In our study a statistically significant association was found in unmarried males (66.66%) and married females (65%) for suicidal tendency (chi-square=7.55 df=2 p=0.025).

In our study, married females showed statistically significant prevalence in suicidal behavior as compared to married males. Woman in our society have to endure a lot of stress and may face frequent quarrels with and harassment from their husband and in-laws. Husbands of suicidal women are most frequently alcoholics and irresponsible. The incidence of all depressions grouped together is much higher in females. This consists of suicidal ideation as a prominent clinical feature.

In our study the majority were from rural background. Rural people might be having lesser education, unemployment and financial problems leading to their increased vulnerability. Our study showed that suicides were prevalent in both urban & rural areas.

Psychodynamic themes associated with suicidal ideation in our sample are:

- Anger and hostility towards authority figures or parents.
- Despair and hopelessness
- Loss of love
- Narcissistic injury
- Identification with dead.

Rorschach test results

Most patients showed insecurity and some are impulsive and demanding immediate gratification as represented by FM>M responses. Many m responses represent environmental forces are threatening and the patient is feeling helpless. FK responses show diffuse anxiety or free floating nature and frustration of affective anxiety. C responses show pathological emotions. Reality distortions occur as indicated by F-responses.

Psychiatric disorders

Mood disorder	10(20%)
Schizophrenia and psychotic disorder	5(10%)
Personality disorder	5(10%)
Alcoholism	10(20%)
No disorder	20(40%)

Hamilton depression rating scale

Scores:

19-22 - 3

14-18 - 4

8-13 - 3

In our study 40% of subjects did not show any diagnosable psychiatric illness. 20% showed alcoholism & schizophrenia. Another 20% showed mood disorders, personality disorders accounted for 10% each.

In our sample one suicide pact occurred between young lovers who consumed organophosphate substance fearing that their love may not be approved by their elders and they wanted to unite after their death.

The most striking affects are despair and hopelessness. The experience of despair is characterized by intolerable emotional pain and abandonment of self. Suicidal despair is often associated with a subjective sense of aloneness in which the person feels devoid of all external and self regulatory support structures with no hope and aloneness that will never be relieved. For persons suffering from intolerable emotional or physical pain, suicide is experienced as a release or escape.

For persons splitting the subjective image as good self and bad self, suicide is the elimination of bad self. Aggression turned inward and guilt are other psychodynamic themes present in some persons. The fantasies of reunion and spiritual rebirth are other themes present in some patients. Essentially, no systematic emperical research has examined the psychodynamics of suicidal ideation.

Majority of patients in our study had psychosocial stressors like interpersonal problems, financial problems, love failures, fear of examination& not being able to join in the desired course are other problems associated with suicide attempts. Most of the patients committed suicide impulsively.

CONCLUSION

In our study, more vulnerability to suicide is seen in the young and productive age group. There is over representation by people of low socio economic status, lower educational level, unemployed and of the rural background. These people are more prone to psychological stressors and disorders.

Measures like National rural employment guarantee scheme which guarantees minimum specified days of work for rural

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people should be implemented properly so that these people get some sort of employment. Literacy rate and medical facilities should be improved.

Alcoholism accounted for 20% of suicides. Alcohol decreases threshold for impulsivity thus increasing the chance of suicide.

Hopelessness, desperation and anger are the most predominant psychological themes. Thus the family members need to be counselled about the risk of suicide in the patient.

However since the sample in our study is small and the subjects were those who were admitted in hospital, these findings may not be replicable in general population.

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