Chapter-VI

Conclusion
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CONCLUSION

In the previous chapter findings of the study was discussed in detail. In this chapter the essence of the findings was enumerated. Specific and general conclusions were drawn separately. Limitations, applied value and further scope of the study were also described in this chapter.

Keeping in mind the specific objectives, the specific conclusions of the study are presented below:

6.1 Specific Conclusions

1) There exists significant difference in profile of ego between normal and attempted suicide groups.

2) There exists significant difference in number of stressful Life Events between normal and attempted suicide groups.

3) There exists significant difference in cognitive styles (world, self and future) between normal and attempted suicide groups.

4) There exists significant difference in severity of experienced depression between normal and attempted suicide groups.

5) There exist significant negative correlations between 8 ego functions (viz., RT, SR, OR, TP, DF, SB, AF & MC) and suicidal ideation in normal group.

6) There exists significant negative correlation between 5 ego functions (viz., RT, JD, DC, TP & SB) and suicidal ideation in attempted suicide group.
7) There exists significant positive correlation between cognitive styles and suicidal ideation in ‘attempted suicide’ group.

8) There exists significant positive correlation between number of stressful Life Events and suicidal ideation in ‘attempted suicide’ group.

9) There exists significant positive correlation between experienced depression and suicidal ideation in attempted suicide group.

10) It has been found that ego functions predict suicidal ideation in normal group.

11) It has been found that ego functions predict suicidal ideation in attempted suicide group.

12) It has been found that number of stressful life events do not predict suicidal ideation beyond the impact of ego functions in normal group.

13) It has been found that number of stressful life events do not predict suicidal ideation beyond the impact of ego functions in attempted suicide group.

14) It has been found that cognitive styles (world, self and future) do not predict suicidal ideation beyond the impact of ego functions and number of stressful life events in normal group.

15) It has been found that cognitive styles (world, self and future) predict suicidal ideation beyond the impact of ego functions and number of stressful life events in attempted suicide group.

16) It has been found that depression predicts suicidal ideation beyond the impact of ego functions, stressful life events and cognitive styles in normal group.

17) It has been found that depression predicts suicidal ideation beyond the impact of ego functions, stressful life events and cognitive styles in ‘attempted suicide’ group.
18) It has been found that ego functions predict cognitive styles (world, self and future) in normal group.

19) It has been found that ego functions predict cognitive styles (world, self and future) in 'attempted suicide' group.

20) It has been found that number of stressful life events do not predict cognitive styles (world, self, future) beyond the impact of ego functions in normal group.

21) It has been found that number of stressful life events do not predict cognitive styles (world, self and future) beyond the impact of ego functions in 'attempted suicide' group.

22) It has been found that ego functions significantly predict depression in normal group.

23) It has been found that ego functions significantly predict depression in attempted suicide group.

24) It has been found that number of stressful life events do not predict depression beyond the impact of ego functions in normal group.

25) It has been found that number of stressful Life Events do not predict depression beyond the impact of ego functions in attempted suicide group.

26) It has been found that cognitive styles do not predict depression beyond the impact of ego functions and number of life events in normal group.

27) It has been found that cognitive styles predict depression beyond the impact of ego functions and number of stressful life events in attempted suicide group.

6.2 General Conclusion

The present study explored the role of ego functions in formation of psychopathology of suicidal behaviour. The present work also emphasized the importance of specific
cognitive styles and depression in suicide. The present study focused on exploring relationship and relative contributions of various ego functions, stressful Life Events, specific cognitive styles and depression in developing suicidal ideation or suicidal behaviour in normal and attempted suicide group.

To conclude it may be said that, total ego profile is found to be poor in attempted suicide group in comparison to the normal. All the ego functions e.g., RT, JD, SR, DC, OR, TP, AR, DF, SB, AF, SF and MC are found to be different in attempted suicide group than the normal. Among 12 ego functions, 5 (RT, JD, DC, TP and SB) are found to have a significant negative correlation with the suicidal attempt in 'attempted suicide' group. Cognitive styles (considering world, self and future) is found to be better in normal group than the 'attempted suicide' group. Severity of depression is found to be greater in 'attempted suicide' group than the normal. Cognitive styles and severity of experienced depression has been found to be positively correlated with suicidal ideation as well as suicidal attempt in 'attempted suicide' group.

Number of stressful life events do not seem to contribute much in developing suicidal ideation both in normal and attempted suicide group as found from the present study.

Among the predictor variables impaired ego functions, poor cognitive styles along with greater experience of depression are found to be most contributory factors in developing psychopathology of suicidal ideation and subsequent suicidal attempt in 'attempted suicide' group. So EFs as personality constellation if impaired it leads to develop cognitive distortions which further contribute to develop clinical depression that might play a leading role in generating suicidal ideation and subsequent suicidal attempts. So the present study emphasizes the roles of EFs in suicidal behaviour.

6.3 Limitations

The present study is seen to have few limitations. Higher degree of sophistication and increased generalisability would have been achieved if certain factors were taken into consideration:
1. The first limitation is concerned with the fact that the sampling is purposive in nature.

2. Some of the subjects in 'attempted suicide' group were on anti-depressant medicines which could not be controlled as doses and types of medicine were different.

3. The lethality and mode of attempts were different in different group of people. They were not assessed and identified separately.

4. Other predictor variables like Locus of Control, Hopelessness were not taken into consideration in the present study.

5. It would have been more appropriate if samples were collected from different parts and strata of Kolkata Metropolis were included. This could have increased the generalisability of the study.

6.4 Applied Value of the Study

1. Global impairment in ego function profile along with constrictive cognitive style could be used in risk stratification for suicidal vulnerability in general population.

2. Assessment of EFs may be conceptualized as a mental status examination with substantial practical usefulness. These profile associated with cognitive styles depict broad spectrum of personality much broader than most mental status tests with specific information to the nature and degree of ego dysfunction and how these deficits may affect other areas of ego functioning.

3. The findings of the present study could be used to formulate psychotherapy for suicidal patients. Recommended mode of psychotherapy might be to alter or manipulate the ego profile and specific cognitive styles which are responsible for mal-adaptation through cognitive therapy. The ego has often been defined as an aggregate of percepts or learned patterns of behaviour. To the extent that these learned patterns of behaviour can be affected by newly experienced perception (by mode of therapy), so can the structure of the ego and specific cognitive styles could be modified and changed, even if at a slow rate.
4. The findings of the present study have prognostic aspects. Comparatively less impaired ego profile with better cognitive style suggest better prognosis.

So it is evident that the present study has widespread clinical application and contributes to risk evaluation, understanding the formation of psychopathology of suicidal behaviour, deciding the mode of psychotherapy and prognosis.

6.5 Further Scope of the Study

1. Adolescent (below 18 years) and elderly (above 45 years) population also considered as high risk group for attempted suicide. Further study including these two groups may be conducted to evaluate the pattern of their ego profile, so that a comparison could be drawn with the present findings.

2. In the present study high risk group for attempted suicide such as substance abuse, psychosis, personality disorders and other medical co-morbidities could not be included. In future studies may be conducted to evaluate the various ego profiles of these populations.

3. Person with previous suicidal attempts was not taken in this study. Further study can be conducted to see if any relation exists between number of attempts and ego profile.

4. Further study may be conducted to find out the role of other variables that are considered to be relevant with formation of psychopathology of suicidal behaviour such as hopelessness, locus of control, and reason for living in future.