Chapter-VII

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In today's society suicide is a major problem. It is highly undesirable event and urgently requires development of preventive approaches. In recent years a large proportion of admission to medical wards has been people who have deliberately taken drug overdoses or harmed themselves in other ways. It has become clear that only a small minority of these patients intends to take their lives, the rest have other motives for their actions. Stengel (1952) identified epidemiological differences between the two groups and proposed the terms 'suicide' and 'attempted suicide' to distinguish two forms of behaviour. He supposed that a degree of suicidal intent was essential in both groups, in other words those who survived were 'failed suicide'. Kessel (1965) proposed attempted suicide should be replaced by 'deliberate self poisoning' and 'deliberate self injury'. Later, Kreitman (1977) introduced the term 'parasuicide' for the same act. The term indicates a behavioural analogue of suicide but without conveying a psychological orientation towards death. 'Deliberate self harm' (DSH) is the term used by the 'Royal College of Psychiatrists (1994) and Government bodies (Department of Health and Social Security, 1984). The distinction between DSH and attempted suicide is not absolute. There is an important overlap. Many patients were ambivalent at the time, uncertain whether they wished to die or live and took it as a chance for temporary escape from their problems. Though the term 'attempted suicide' and 'deliberate self harm' (DSH) is used interchangeably, but in the present study the term 'attempted suicide' is being used.

Earlier researchers have explored the reasons for suicide and generated/descended various hypotheses. Researches in psychological factors have found hopelessness depression and lack of problem solving as major factors associated with suicide. Beck et al. (1975, 1990) and Paykel (1975) pointed out effect of life stress leading to subsequent illness and suicide. Age, gender, substance abuse, availability of lethal means, life events,
past suicidal attempts, unemployment, social isolation, few reasons for living, chronic medical condition are other major risk factors found to be associated with suicidal attempts.

Hendin (1991) reviewed some of the common meanings of death ascribed to patients who commit suicide: death as reunion, rebirth, retaliatory abandonment, revenge and self punishment or atonement. The fantasy of reunion with a lost object through death may account for the phenomenon of anniversary suicide, as well as suicide that occurs during bereavement. The fantasy of rebirth is related to the fantasy of identification with the lost object. The patients view themselves as incomplete in the absence of the missing object and view the reunion through suicide as a form of rebirth. Suicide and suicide attempts as retaliatory abandonment are seen in patients who feel that the only way they can have mastery over a situation is through control of living or dying. This illusion of mastery and maintenance of control may account for individuals who keep the means for suicide readily available even if they never attempt suicide. Suicide as revenge correlates with the classical Freudian observation of the unconscious wish to kill the ambivalently regarded lost object. As an extension of this unconscious wish, unconscious rage and murderous impulse are seen as the need for self punishment or atonement. The patients feel guilty about his hatred of the object, and suicide not only serves as revenge but also accomplishes atonement. Shame and humiliation are two other factors that sometimes underlie suicide. Some may view it as a face saving mechanism after suffering social humiliation (e.g. sudden loss of status or income), psychiatrically ill patients may feel shame related to suicidal ideation and may be reluctant to seek treatment or rely on support systems.

In the backdrop of the previous research findings, the present study attempted to explore the role of ego functions, cognitive styles, number of stressful life events in last one year and depression in attempted suicide. At the same time attempts were made to know how ego functions, stressful life events, cognitive styles and depression predict suicidal ideation. The sample consisted of two groups namely attempted suicide group (attempted suicide for the first time) and normal group of 100 subjects in each. Both the groups were divided into 50 male and 50 female subjects. Consent was taken from every subject
before being included for the study. Socio demographic data were collected with the help of a Personal Information Schedule. Each of the subjects were individually administered the Ego Function Assessment Scale (Modified) by Bellak (1989), Adult Suicidal Ideation Questionnaire (Reynolds, 1987), Beck Depression Inventory (Beck et al., 1961), Cognitive Style Test (Blackburn et al., 1986), The Presumptive Stressful Life Events Scale (Singh et al., 1984) for assessment. Normal subjects were screened by General Health Questionnaire-28 (Goldberg & Hiller, 1979) before being selected as a subject for the study. Bengali adaptations of all these scales were used for the present study.

Descriptive statistics like means and standard deviations were done to show the nature of the data. The two groups were compared using two-way ANOVA (F-test) and Pearson's Product Moment Coefficient of Correlation. Hierarchical Multiple Regression Analysis (HMRA) were done to find out whether components of stressful life events predict suicidal ideation beyond the impact of ego functions and whether component of cognitive styles predict suicidal ideation beyond the impact of ego functions and stressful life events and whether depression predict suicidal ideation beyond the impact of ego functions, stressful life events and cognitive styles. Further analysis of HMRA were done to find out contributions of ego functions and life events in predicting cognitive styles and to find out contributions of ego functions, life events and cognitive styles in predicting depression in both normal and attempted suicide group.

The result suggests that no significant difference exists between males and females with respect to criterion variable (ASIQ) and among all 17 predictor variables except in two ego functions. Significant difference is found between attempted suicide group and the normal group in regard to the total ego profile consisting of 12 ego functions.

Among 12 ego functions, 5 are found to have a significant negative correlation with the suicidal attempt in 'attempted suicide' group.

Cognitive style (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 found to be positively correlated with suicidal attempt in ‘attempted suicide’ group.

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.

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.