SUMMARY

In this competitive world, professionals are facing lot of problems related to their work place. The problem got exaggerated when they are married because of one reason or the other. These unexplained reasons and poor coping strategies sometimes lead to genesis of suicidal ideation which may lead to deliberate self harm. The professionals in many areas such as corporate, health, education, military and other are at greater risks for these problems. There are several factors which may be responsible for suicidal ideation. These factors are personal, social and environmental.

Recent reviews (Greene, Chorpita, & Austin, 2009; Yamokoski, Scheel, & Rogers, 2011) show that there is increase in the suicidal ideations among general population specially in youth, adult and old age due to many factors. A large number of studies focus on the role of depression, hopelessness, some of the personality dimensions like psychoticism. Now recent studies try to find out the role of other factors like affect mainly negative affect and health problems. Negative affect is associated with suicidal ideation (Hirsch, Duberstein, Chapman, & Lyness, 2007; Yamokoski et al., 2011). Recent reviews (Bacskai, Czobor, & Gerevich, 2012; Takusari, Suzuki, Nakamura, & Otsuka, 2011) suggest role of health problems in suicide ideation. Studies show the relationship between stress and suicidal ideation (Ang & Huan, 2006; Griffith, 2012; Zhang et al., 2012). After the extensive review, it is found that there are number of factors which lead to suicidal ideation. Earlier studies are mainly focussed on adolescents, old age persons, and clinical sample of depression and other mental disorder. Other sections of the population are not taken which may face different problems which may contribute in suicidal ideation. The present study was planned for the sample of married professionals to find out role of health, negative affect, depression and stress in suicidal ideation among. There is
large number of studies on suicidal ideation in the area of youth, adult and old age but there is paucity of research in the area of married professional especially in India with these variables together. The present study is an attempt in this line.

The problem can be stated as

“Role of Health, Negative Affect, Depression and Stress in Suicidal Ideation among Married Professionals”

OBJECTIVES
1. To examine differences between married male and female professionals on mental health problems, general health problems and negative affect.
2. To study gender differences on depression, daily stress and suicidal ideation among married professionals.
3. To study relationship between mental health problems, general health problems and suicidal ideation among male and female professionals.
4. To find relationship between negative affect and suicidal ideation.
5. To investigate relationship between depression and suicidal ideation among male and female professionals.
6. To examine relationship between daily stress and suicidal ideation among professionals.
7. To examine predictive strength of suicidal ideation among married professionals.

HYPOTHESES
1(a). Female married professionals would show high mental health problems as compared to male counterparts.

1(b). There are no gender differences on general health problems among married professionals.

1(c). There is no difference between married male and female professionals on negative affect.

2(a). Level of depression among female professionals would be high as compared to their male counterparts.
2(b). There is no difference between married male and female professionals on daily stress.

2(c). Female would show high level of suicidal ideation as compared to male counterparts.

3(a). There is positive relationship between mental health problems and suicidal ideation among male and female professionals.

3(b). There is positive relationship between general health problems and suicidal ideation.

4. There is positive relation between negative affect and suicidal ideation among male and female professionals.

5. There exists positive relationship between depression and suicidal ideation among married male and female professionals.

6. There is positive relationship between daily stress and suicidal ideation among married male and female professionals.

7. Some of the factors related to health problems, daily stress, negative affect and depression would predict suicidal ideation among married professionals.

SAMPLE:

The present study is conducted on a sample of 300 regularly employed married professionals (150 male and 150 female) drawn from different organisations using simple random sampling method. The age range of the sample was from 25 to 40 years. The length of marriage was more than two years. The job experience of individuals in the profession was at least five years. Only those professionals are included who gave their consent for the study. The sample excludes those professionals who are suffering from any psychiatric illness.
TOOLS WERE USED:

- Symptom Check List-90 (SCL-90) (Derogatis, et al., 1973)
- General Health Questionnaire- 30 (GHQ-30) (Goldberg, et al., 1988)
- Positive and Negative Affect Schedule (Expanded Form) (PANAS-X) (Watson & Clark, 1994)
- Beck Depression Inventory- (BDI-II) (Beck et al., 1996)
- Daily Stress Inventory (DSI) (Brantley, 1989)
- Adult Suicidal Ideation Questionnaire (ASIQ) (Reynolds, 1991)

In order to meet the objectives of the present study, the obtained data were subjected to various statistical analysis. These are t-test, Discriminant Functional Analysis (Stepwise), Pearson Product Moment Method of Correlation and Multiple Regression Analysis.

MAIN FINDINGS OF THE STUDY

1. On Mental Health Dimension, married female professionals are significantly higher (t = 4.28, p < .001) on Somatisation (Mean = 9.67, SD= 6.76) as compared to married male professionals (M = 6.31, SD = 6.81). Similarly female are high on Obsessive Compulsive (M = 8.48, SD = 5.55) as compare to male counterparts (M = 6.45, SD = 5.35, t = 3.22, p < .001). Furthermore female are high on Depression (M = 9.63, SD = 6.70) as compare to male counterparts (M = 6.80, SD = 6.49). The t-value is 3.71 (p <.001). Female have high scores on Anxiety (M = 6.76, SD = 5.35) as compared to male group (M = 4.83, SD = 5.40). The obtained t-value is 3.11 (p <.001). Similarly, female are high on Phobic Anxiety as compared to male group, mean of both male and female groups are 2.91 and 4.21 and SD are 4.09 and 4.05, respectively. The obtained t value is 2.75 which is significant at .01 level. No significant difference is found between male and female on Interpersonal Sensitivity, Hostility, Paranoïd
Ideation and Psychoticism. The above results justify the hypothesis 1(a) that female professionals would high on mental health problems as compared to their male counterparts.

2. On General Health related Anxiety, the female professionals are high (M=14.39) as compared to male counterparts (M=10.39), t-value of 3.57 shows that they differ significantly. Similarly on General Health related Somatisation, both the groups differ significantly (t = 4.36, p <.001). The female are higher (M=11.36, SD =5.70) than male (M= 8.39, SD= 6.09). Another variable of General Health Problems i.e. Social Dysfunction has significant difference (t =4.23, p<.001). The male has a mean of 2.39 as compare to 3.59 for female group. The SD are 2.41 and 2.47 for male and female respectively. Furthermore female are high on Depression (M =2.23, SD = 1.89) as compare to male group (M =1.77, SD = 2.03). The t-value is 1.99 which is significant at .05 level of probability. On the basis of above results, hypothesis 1(b) of no difference on the variable is rejected, as female are higher than their male counterparts on General Health variables.

3. On the basis of results regarding group differences on Negative Affect, hypothesis 1 (c) is rejected as significant differences are found on dimensions of Negative Affect i.e. Fear, Hostility, and Sadness. On all the dimensions of Negative Affect, Female professionals score higher as compared to their male counterparts. No significant differences are found on Guilt, a dimension of Negative Affect.

4. Hypothesis 2(a) regarding group differences on Depression is accepted as female (M= 5.06, SD= 7.14) are higher than their male counterparts (M= 3.88, SD= 7.03) (t=4.41, p<.001) on Depression.

5. On the basis of results pertaining to group differences on Daily Stress, hypothesis 2(b) is rejected as significant differences are found on dimensions of Daily Stress, i.e.
Interpersonal Problems, Personal Competency, Cognitive Stressors, Environmental Hassles, and Varied Stressors among professionals. Female professionals are high on Stress as compared to their male professionals.

6. No significant difference is found between male and female professionals on Suicidal Ideation. The above results do not justify the hypothesis 2(c) that female would show high level of suicidal ideation as compared to male counterparts hence the above hypothesis is rejected.

7. Discriminant Functional Analysis finds five variables i.e. Depression (p<.001), General Health Related Anxiety (p<.001), Paranoid Ideation (p<.001), General Health Related Depression (p<.001) and Cognitive Stressor (p<.001) which discriminate between low and high suicidal ideation groups, overall Wilk’s Lambda equals to .46 (F = 31.32, df = 5/136).

8. Mental Health Problems have high positive correlation with Suicidal Ideation among professionals. Among male professionals, relationship between Suicidal Ideation and Dimensions of Mental Health Problems are generally moderate i.e. Suicidal Ideation with Somatisation (r = .40), with Obsessive Compulsive (r = .39), with Interpersonal Sensitivity (r = .46), with Depression (r = .58), with Anxiety (r = .57), with Hostility (r = .42), with Phobic Anxiety (r = .58), with Paranoid Ideation (r = .49) and with Psychoticism (r = .53). Similarly among female, Suicidal Ideation is correlated with Somatisation (r = .23), Obsessive Compulsive (r = .24), Interpersonal Sensitivity (r = .38), Depression (r = .34), Anxiety (r = .37), Hostility (r = .35), Phobic Anxiety (r = .40), Paranoid Ideation (r = .42) and Psychoticism (r = .42). On the basis of these results, hypothesis 3(a) regarding positive relationship between mental health problems and suicidal ideation among married professionals is accepted.
9. General Health Problems are associated positively with Suicidal Ideation in both male and female professionals. Among married male professionals, the correlation between Suicidal Ideation and Anxiety is .32, followed by Somatisation (r= .36), Social Dysfunction (r=.31) and General Health related Depression (r=.19). Among female, Suicidal Ideation is correlated with Anxiety (r=.31, p<.01) and Depression is (r=.31, p<.01). Hence Hypothesis 3(b) regarding positive relationship between general health problems and suicidal ideation is accepted.

10. Negative Affect is positively associated with Suicidal Ideation in both groups. Domain wise results among male show that Suicidal Ideation is correlated positively with Fear (.28), Hostility (.27), Guilt (.31) and Sadness (.25). Similarly among female, Suicidal Ideation is correlated positively with Fear (.19), Hostility (.26), Sadness (.41) and Guilt (.24). On the basis of these results, hypothesis 4 regarding the positive relationship between negative affect and suicidal ideation is accepted.

11. Depression is positively associated with Suicidal Ideation among male (r = .41, p<.01), and female (r = .26, p<.01) professionals, respectively. On the basis of these results, hypothesis 5 regarding positive relationship between depression and suicidal ideation is accepted.

12. Hypothesis 6 regarding positive association between daily stress and suicidal ideation is accepted, as results show Personal Competencies (A Dimension of Daily stress) and Suicidal Ideation are positively associated (r = .18) among female professionals. Other correlations are found to be non-significant.

13. Mental Health Problems yielded significant positive correlation with all Dimensions of General Health Problems. Among male, correlations between Mental Health Problems and General Health Problems range between .24 and .62 (p<.01) whereas in female group, the correlation coefficient is slightly lower (.16 to .27) than male counterparts.
14. Mental Health Problems are associated positively with Negative Affect among married professionals. Among male, Mental Health Problems yielded highly positive correlation with Negative Affect, with a range from .50 to .66 (p<.01). Similarly, among female, Mental Health Problems have highly positive correlation with Negative Affect (.37 to .63, p <.01).

15. The variable Mental Health Problems have yielded positive correlation with Depression. Among male, Depression is found to have positive correlation with Somatisation (r = .58) followed by Obsessive Compulsive (r = .50), Interpersonal Sensitivity (r = .49), Depression (r = .50), Anxiety (r = .48), Hostility (r = .48), Phobic Anxiety (r = .42), Paranoid Ideation (r = .60) and Psychoticism (r = .54). Similarly among female, Depression is positively related with Somatisation (r = .22), Obsessive Compulsive (r = .28), Interpersonal Sensitivity (r = .41), Depression (r = .34), Anxiety (r = .30), Hostility (r = .29), Phobic Anxiety (r = .31), Paranoid Ideation (r = .28) and Psychoticism (r = .30).

16. There is positive correlation between Mental Health Problems and Daily Stress among male group (.27 to .49, p<.01) and female group (.19 to .49).

17. Depression has significant positive correlation with General Health Problems i.e. with Anxiety (r =.28), Somatisation (r =.33), General Health related Social Dysfunction (r = .46) and General Health related Depression (r =.21). Similarly among female, Depression is positively correlated with Anxiety (r =.15), and General Health related Depression (r =.26).

18. General Health Problems has obtained positive correlation with Negative Affect among male (r =.26 to .51) and female (r =.19 to .35) professionals.

19. Among male, General Health Problems are correlated positively with almost all the variable of Daily Stress. Although, the correlation value are moderate (r=.17 to .39).
On the other side, there is no significant correlation is found between General Health Problems and Daily Stress among female professionals.

20. The variable Depression has yielded positive correlation with Negative Affect among married professionals. Among male, Depression is positively correlated with Sadness \((r = .41)\), Guilt \((r = .30)\), Fear \((r = .25)\) and Hostility \((r = .35)\). In the same way, Depression is correlated positively with Sadness \((r = .35)\), Guilt \((r = .36)\), Fear \((r = .34)\) and Hostility \((r = .30)\) among female professionals. The correlation values are highly significant \((p < .01)\).

21. A high positive correlation has obtained between Depression and Daily Stress among married professionals. Among male, Depression is positively related with Interpersonal Problems \((r = .44)\) followed by Personal Competency \((r = .21)\), Cognitive Stressors \((r = .30)\), Environment Hassles \((r = .36)\) and Varied Stressors \((r = .33)\). Similarly among female, Depression is positively related with Interpersonal Problems \((r = .36)\) followed by Personal Competency \((r = .33)\), Cognitive Stressors \((r = .36)\), Environment Hassles \((r = .34)\) and Varied Stressors \((r = .33)\).

22. Negative Affect is correlated positively with all the Dimension of Daily Stress in both male \((r = .19 \text{ to } .37, p < .01 \text{ & } p < .05 \text{ respectively})\) and female \((r = .23 \text{ to } .44, p < .01)\) professionals.

23. All twenty three variables tapping Health Problems, Negative Affect, Depression and Daily Stress are entered to find out the predictors of Suicidal Ideation among male and female married professionals groups. six variables i.e. Phobic Anxiety \((p < .001)\), Personal Competency \((p < .001)\), Depression \((p < .001)\), Somatisation \((p < .001)\), Anxiety \((p < .001)\), and Cognitive Stressors \((p < .001)\), emerged as significant predictors of suicidal ideation among male. The obtained multiple R equals to .72 \((F = 5.40, p < .05)\) and \(R^2\) is .52. All predictors jointly contribute 52 percent of total variance in suicidal
ideation among male group. Among female group, four variables i.e. Psychoticism (p<.001), Sadness (p<.001), Fear (p<.001) and Phobic Anxiety (p<.001), emerged as significant predictors of suicidal ideation. The multiple R equals to .57 and $R^2$ is .32. All predictors jointly determine 32% of variance in suicidal ideation. The above results are consistent with hypothesis 7.