SUICIDAL BEHAVIOUR OF THE PEOPLE IN RELATION TO THEIR FAMILY AND SOCIAL SUPPORT SYSTEMS

Research Paper

ABSTRACT

The study focuses on the family and social support factors associated with suicidal behavior. The study was conducted on a representative sample of 300 cases from various Medical colleges and Mental Health institutions in Kerala state. Out of this, 100 patients attempted suicide, 100 cases had suicidal ideation and 100 others formed the control group. Social Support and Family Interaction Scales were used in the study. Results of social support and family interaction were highly significant in the suicidal behavior of individuals. Persons with poor social support and low family interactions are at high risk of suicidal behavior.

INTRODUCTION

Suicide is a global tragedy, taking at least 5,00,000 lives every year. Estimates run even to 1.2 million because many cases go unreported due to the associated social stigma. Suicide is a problem both in the highly industrialized and affluent societies of developed countries and in the developing countries. It occurs among all groups and all social classes. Suicide has now come to rank among the top ten causes of death for individuals of all ages and among the three leading causes of death among adolescents and young adults. In many countries such as Australia, Hungary, Japan, Netherlands and Sweden, deaths due to suicide are even more than those due to road accidents.

Of the 1000 people killing themselves every day in the world, 100 belong to the Indian subcontinent. Suicide is now among the top ten causes of death in the country. In India, suicide is on the rise day by day, estimated to be one in every seven minutes. India ranks tenth in the world estimate of 9.2 suicides per 10,000,000 population. WHO (1995), But the problem of suicide has not received adequate attention anywhere.

Statistics on suicidal behavior shows that besides the rising number of suicides, at least twenty as many make non-fatal suicidal attempts, serious enough to require medical attention, often resulting in irreversible disability. NCRB (1998), In many countries suicide attempts contribute to the major emergencies in hospital admissions of young people, putting a heavy burden on their health care system. In addition to many millions who, for reasons of social and emotional suffering and loss of hope, commit or attempt to commit suicide, there are innumerable others, such as family members, friends, colleagues and care givers, whose lives are also profoundly affected. For every suicide and suicide attempt there are at least five persons immediately related to the individual struggling, often for many years, to cope with the impact of suicide tragedy, considering the service cost for those exhibiting suicidal behavior amounts to about 2.5 percent of the total economic burden due to disease (Sathyavathi, 1991).

Kerala stands first in suicide rates among all the states of India. Among cities, Bangalore has the highest incidence. In the year 2008 national crime record bureau reported a suicide figure of 23.66 per lakh population, but in the year 2003 it was 30.8. This variation was due to the active intervention of mental health professionals in the states.

Durkheim (1988) reported that suicide increases as cohesion within the society diminishes or when society's controls over its members are reduced . Sainbur et al (1980) found significant correlation between suicide and the social variables. The highest rate of suicide among individuals with affective disorder and chronic alcoholism is also definitively documented.

Dr. R. Johnson
Lecturer,
Department of Psychology,
University of Kerala,
Thiruvananthapuram.

Kunin and Grier (1999) Retrospective study was undertaken to identify potential suicide risk factors such as depression or hopelessness, stressful family events, family illness which contribute poor prognosis to suicidality. Souetre and Darcourt (1990) focus on the influence of environmental factors in suicidal behavior. Pfeffer(1998) reported that the Socio-cultural and Psycho-social features and the relation between family Psychopathology and adolescents are the risk factors for suicidal behavior in children.

Motamedi and Dadkhah (2007) found that the singles were more inclined to commit suicide than the married ones. Divorce, failure in education, and family background also increase it. Among the other increasing factors, old age and female sex should be indicated.

Brooke et al. (2006) study showed significant group differences among youth self-reported family risk and protective factors. Increased levels of suicide risk were associated with perceived conflict with parents, unmet family goals, and family depression; decreased levels of risk were associated with perceived parental involvement and family support. Perceived conflict with parents, family depression, family support and satisfaction, and availability of family support for school were the strongest predictors of adolescent suicide.

SIGNIFICANCE OF THE STUDY

In view of the various limitations of the studies reported so far, there is great need for well designed in-depth studies with persistent attention on the persons who had attempted suicide. Factors like social support and family interaction patterns enable the researchers to get a better understanding of the phenomenon of suicide attempt. In the contemporary Indian setup this would not only pave the way for theory building which is culture specific, but also for developing crisis intervention service for the suicide attempters and their anxious relatives. The three broad categories of suicidal behavior is completed suicide, attempted or para suicide and suicidal ideation. So the present study focuses on these areas.

OBJECTIVE

To study the influence of Psychological risk factors such as social support and family interaction patterns contributing to suicidal behavior.

HYPOTHESES

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i) There is no significant difference in the study group with respect to social risk factor such as social support on suicidal behavior.

ii) There is no significant difference in the study group with respect to the psychological risk factor and family interaction pattern on suicidal behavior.

SAMPLE

300 cases were examined during the study period: 100 patients who attempted suicide, 100 patients with suicidal ideation and 100 others formed the control group. In all the study groups 35 males and 65 females in the age range of 14-59 years were included.

TOOLS

1) Family Interactions Scale (Asha, 1987) was used as a measure of family environment. The eight subscales of FIS measure the social environmental characteristics of all types of families, assess the extent to which family members are assertive and self sufficient and make their own decision. The subscales of FIS are independence, cohesion, achievement orientation, intellectual orientation, conflicts, social interaction, ethical emphasis and discipline.

2) Social support scale by Nehra & Kulhara (1987) measures perceived social support i.e., as perceived by the subjects. It has a total of 19 items in the scale.

PROCEDURE FOR DATA COLLECTION

100 patients from General hospitals and Medical colleges, who attempted suicide, which was reported by the Causality medical officer were chosen and the data was collected from the ward settings after the immediate medical management 100 cases from mental health centre, suicide prevention clinic, de addiction and counseling centers with suicidal ideation were chosen. 100 persons from the general population from the same settings formed the control group for the study. Controls were matched with age and sex with the suicidal attempt group. After explaining the research objectives personal interviews were conducted using the same tools.

RESULTS AND DISCUSSION

The analysis of the data brought out the following salient features regarding the psychosocial variables in suicidal behavior. Many other studies also prove these findings, like those mentioned in the review of global literature.

The result of ANOVA of the scores obtained by three study groups is in relation to social support. The ratio shows significant variation on social support between the study groups. These results show that there is a strong influence of social support on suicidal behavior i.e. social support is one of the risk factors for suicidal behavior. Many reviews of related studies also prove these findings on suicidal behavior i.e. more social support results in less suicidal behavior.

Table - 1
THE ANALYSIS OF SOCIAL SUPPORT AND ITS ASSOCIATION WITH SUICIDAL BEHAVIOR

Source of variation	D.F	Sum of Squares	Mean Square Variance	F-ratio	P-Value
Social Support	2	7812.92	3906.46	62.1	<0.00001
Error	297	18681.7	62.9		
Total	299	26494.6			

Table - 2
MEAN, S.D AND 95% CONFIDENCE INTERVAL OF SOCIAL SUPPORT SCORE ACCORDING TO SUICIDAL BEHAVIOR

Group	Mean	S.D	95% C.I
Control	52.2	4.7	51.29-53.18
Attempted	39.7	8.1	38.12-41.35
Ideation	45.9	9.1	43.92-49.89

The mean social support score for suicidal attempted group was the lowest (39.7) whereas the same for the control group was the highest (52.2). The mean social support score for suicidal ideation group was 45.9. These differences were statistically significant ($F=62.10$, $P<0.0001$). This clearly shows that social support is a significant moderating factor of suicidal behavior.

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The results reveal that social support is one of the major risk factors for suicidal attempt and ideation. These suggest that social support varies with age difference which is a clear evidence of its being risk factor since the study reports high social support (46.7) above 50 years and low social support between 35 to 44 years. According to the present study results, high suicidal risk on this age range can be improved through psycho-social intervention (Roy, 1982).

Empirical evidence indicates that social support not only promotes health but also shields the individual from physical and mental breakdown, maladjustment and deleterious effects of psychological stressors.

The present research findings show that a minimum level of social support to suicide attempters reduces the risk than in general populations. This indicates that poor social support is one of the influencing variables for suicidal behavior. Many research data also show that most people need a minimum level of social interaction with others. Failure to do so increases the risk of emergence of neurotic disorder Hollis (1996). Parker and Barnett (1997) also suggested that if perceived, lack of social support is a risk factor. Similar to the present study a number of cross sectional studies have demonstrated an association between a variety of social support measures and depression, anxiety and other psychological morbidity (Lindham 1998).

Another important variable namely family interaction analysis is depicted in tables 3 and 4

Table - 3
ANOVA RESULT OF FAMILY INTERACTION SCORES WITH RESPECT TO SUICIDAL BEHAVIOR

Source of Variation	D.F	Sum of Squares	Mean Square Variance	F-ratio	P-Value
Family interaction	2	18944.2	9472.1		
Error	297	866993.9	2919.1	3.2	0.04
Total	299	885938.1			

Table - 4

MEAN, S.D AND 95% CONFIDENCE INTERVAL OF FAMILY INTERACTION SCORES ACCORDING TO SUICIDAL BEHAVIOR

Group	Mean	S.D	95% C.I
Control	211.1	21.3	206.89-215.36
Attempted	192.2	25	187.29-197.24
Ideation	197.5	87.5	180.14-214.91

The most important psychological variable was family interaction. The ANOVA (Table 3) results show that there is significant relationship between poor family interaction and suicidal behavior. These findings suggest that poor family interaction is also one of the risk factors for suicidal behavior.

Mean score on attempted suicide is 192.2. (Suicidal ideation 197.5 and control group 211.1). A high score indicates high family interaction. The mean value has also shown that attempted had less family interaction than control (P=<0.04)

This finding highlights that an increase in family interaction level reduces suicidal behavior risk. Persons with poor family interaction, conflict or disturbance do not share their problems with their parents. These suppressed feelings or block in goal leads to frustration. This in turn develops feelings of helplessness, worthlessness and pervasive sad mood leading to depression and they wish to die. These ideas lead to suicidal behavior.

Psychologists working in this area give more importance to family interaction aspects. Poor family interaction also contributes to some psychopathological ways, to overt suicidal behavior, adjustment problems, impulsive behavior and personality factors.

MAJOR FINDINGS OF THE STUDY

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1) Absence or poor social support is a high risk factor for suicidal behavior.
2) Family interaction pattern also contributes suicidal behavior.

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Anyone can become angry - that is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way - that is not easy.

- Aristotle.

Education should be, one part words, one part worship, and one part work.

- Emerson