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# Suicidal Tendencies among Depressive Patients

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Depression is one of the few psychological disorders that can be said to be fatal. Of all the consequences of depression, suicide is, of course, the end consequence of the individual's feeling of hopelessness and debility. Although it is obvious that people also commit suicide for reasons other than depression, depressed people are 20 times more likely to commit suicide than non-depressed people. The broad objective of the present study was to ascertain the suicidal tendencies among depressive patients. A group of 118 depressive patients was covered in the study and they were selected from different Government and Private Health Care Centers following incidental sampling technique. Data were collected by Background Information Schedule and Suicidal Tendencies Inventory. Three hypotheses were formulated and were verified by applying suitable statistical tests. Findings revealed that suicidal thoughts among depressive patients and normal population of same age group differed significantly ($p<.01$) which indicates that depressive patients have lost hope in life and wish to end their lives. Suicidal tendencies of depressive patients across chronicity of the disease also differed significantly ($p<.01$) which indicates that the depressive patients who were suffering from depression for more than last one year possessed more suicidal thoughts as compared to the depressive patients who were suffering from depression for the last one year. However male and female depressive patients did not differ significantly in regard to suicidal tendency.

In this 21st century all most all are familiar with the term 'Mood'. Every normal individual experience is a wide range of mood variations during their lifetime. Mood may be normal, elevated or depressed. When an individual experiences elevated mood, he shows expansiveness, flight of ideas, high self-esteem and grandiose ideas. On the contrary, an individual with depressed mood expresses lack of energy, low self-esteem, loss of interest and thoughts of death. For mood disorder 'depression' is the most deadly one affecting a large number of population across the world. Depressive disorder occurs with alarming frequency at least 10 to 20 times more frequently than Schizophrenia. The lifetime prevalence rate of depression for males and females are 13.0% and 21.0% respectively (Kessler, Mc.Gonagle, Zhao, Nelson, Hughes, Eshleman, Wittchen, & Kendler, 1994). 'Depression' is a universal, timeless and ageless human affliction. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness not a condition that can be willed or wished away. The economic cost of this disorder is high, but the cost in human suffering cannot be estimated.

Depression is one of the few psychological disorders that can be said to be fatal. Suicide now ranks among the ten leading causes of

death in most Western countries. In the United States it is the eighth or ninth leading cause of death, with current estimates of more than 30,000 suicides each year (Silverman, 1997). The risk of suicide- taking one's own life – is a significant factor in all depressive states. Of all the consequences, suicide is, of course, the starkest consequences of the individual's feeling of hopelessness and debility. About 10.0 - 15.0% of individuals with a diagnosis of major depressive disorder eventually kill themselves (Maris, Berman, Maltsberger, & Yufit, 1992). Werth (2004) found that clinical depression is closely related to suicide, "assisted suicide," and other decisions that will hasten death (i.e. withholding and withdrawing treatment, terminal sedation, and voluntarily stopping eating and drinking). According to Phillips, Carpenter and Nunes (2004) patients with both depression and drug dependence are at an elevated risk for suicide. Female gender, violent behavior in the past thirty days and lifetime, and less education are correlated with a history of suicide attempts. Family conflict and depression severity is also correlated with current suicidal ideation.

Suicidal thoughts and attempts are among the diagnostic criteria for major depression. As many as half of the suicides in the United States are committed suffering from depression (Greenberg, 1982). Suicidal ideation is quite common in depressed youngsters, occurring in about two-thirds preadolescents, and adolescents (Mitchell, Mccauley, Burke, & Moss, 1988; Ryan, Puig-Antich, Ambrosini, Rabinovich, Robinson, Nelson, Iyenger & Twomey, 1987). Actual suicidal attempts occurred in 39.0% of the preadolescents and adolescent samples of Mitchell, Mccauley et al., (1988), with 6-12% of the Ryan et al., (1987) child and adolescent samples making moderate or severe attempts. These rates appear to be higher among depressed youngsters than among depressed adults. Given the above background, the necessity was felt to conduct a study among depressive patients to understand their suicidal tendencies.

***Hypotheses:***

Suicidal tendencies among depressive patients and normal population of same age group differ significantly, irrespective of gender differences and chronic of the disease.

Suicidal tendencies among male and female depressive patients differ significantly, irrespective of age or chronic of the disease.

Suicidal tendencies among depressive patients differ significantly across Chronic of the disease, irrespective of gender.

## Method

***Sample:***

A group of 118 depressive patients (Major Depressive and Dysthymic Depressive patients) and 118 normal population (matched group in terms of age, gender and education) were selected following incidental sampling technique from different hospitals in Kolkata. Depressive patients were selected from different Govt. and Private Heath Care Centers following DSM IV criteria.

***Tools:***

In order to achieve the objective of the study, a specially designed Semi-Structured Questionnaire i.e., Background Information Schedule was used to gather information about socioeconomic and demographic background of the depressive patients. This Schedule also aimed at gathering information about duration and treatment of depressive patients.

Suicidal Tendencies Inventory, developed by Samuel E.Krug (1989) and locally adapted by Anjana Bhattacharjee and Sibnath Deb (2002) were used. The inventory measures the pathological trait i.e., suicidal depression. In total there are 18 items in the inventory. The item contents of this inventory centers around thoughts of self destruction.

***Procedure:***

First, permission from the authorities of two Hospitals and two private Mental Health Care Centres was obtained and then a tentative time schedule was developed in consultation with the authorities of the said health centers for data collection. Data were collected from the depressive patients following face-to-face interview method while in case of semi-literate and illiterate normal population the same method was followed. But in case of normal educated population self-administration method was employed

## Results

Findings of the Background Information Schedule revealed that depressive patients came from all age groups, however depression mostly affected people over 20 years of age. Out of a total of 118 depressive patients, 63 (53.4%) were male while the rest 55 (46.6%) were female. So far as educational background is concerned, most of the depressive patients were found below graduate level while 14.4% and 16.9% depressive patients were Graduate and Post Graduate respectively.

Male depressive patients were mostly found to be in service (16.9%) and business (11.9%), while female depressive patients were housewife (33.9%). In addition, 18.6% were unemployed while 14.4% were students. So far as marital status is concerned, 38.1% were married while the rest 23.7, 16.9 and 21.2% were single, divorcee/separated and widowed respectively.

Majority of the depressive patients (59.3%) were found to have no source of income especially the female depressive patients while the rest 10.2, 8.5, 5.9, 12.7 and 3.4% earn below Rs.4000, Rs. 4001- 8000, Rs.8001-12000, Rs.12001-16000 and above Rs.16001 per month respectively. About two-fifth (40.7%) of the patients were suffering from depression for the last one year while the rest were suffering from the same mental health problem for more than last one year. Out of 118 depressive patients, 80.5% had received some sort of treatment while 19.5% yet to receive any such treatment.

Findings also revealed that out of a total of 118 depressive patients covered in the study, 28 (23.7%) attempted to commit suicide at least once. Further probing revealed that 8 attempted to commit suicide more than once.

In order to understand the 'suicidal tendencies' among the depressive patients and for comparison of the same with the normal population 'Suicidal Tendencies Inventory' was used after local adaptation. The results showed that the mean value of the depressive patients with regard to 'suicidal tendencies' was 33.89, which was lesser than the mean value of normal population i.e., 39.57. The standard deviation of the scores of 'suicidal tendencies' of depressive patients was 6.88 while in case of normal population it was 6.16. The result of 't'-test revealed that depressive patients and normal population differed significantly (P<. 01) in regard to suicidal tendency. Therefore the first hypothesis i.e., 'suicidal tendencies of depressive patients and normal population of same age group differ significantly, irrespective of gender differences' has been retained which indicates that depressive patients possessed more suicidal thoughts as compared to normal counterparts (Table 1).

**Table 1: Suicidal Tendencies of Depressive Patients and Normal Population (N=118)**

| Sample Group | Mean | SD | t-value |
|---|---|---|---|
| Depressive Patients | 33.89 | 6.88 | 7.15** |
| Normal Population | 39.57 | 6.16 | |

** P<0. 01

So far as suicidal tendencies among male and female depressive patients is concerned, the results showed that t- value is insignificant

at .05 level (p>.05). Therefore, the second hypothesis i.e., 'suicidal tendencies of male and female depressive patients differ significantly, irrespective of age or chronicity of the disease' is rejected. Ho

However, from the mean scores it can be stated that male depressive patients have lesser suicidal thoughts than the female depressive patients (Table 2).

**Table 2: Suicidal Tendencies of Male and Female Depressive Patients**

| Sample Group | Mean | SD | t-value |
|---|---|---|---|
| Male Depressive Patients (N=63) | 34.82 | 6.86 | 1.62* |
| Female Depressive Patients (N=55) | 32.83 | 6.82 | |

*** P> 0.05

Again it has been observed from the findings that the patients who are suffering from depression for last one year have lesser suicidal thoughts than those of depressive patients who are suffering from depression for more than one year (p<. 01). Hence, the third hypothesis i.e., 'suicidal tendencies of depressive patients differ significantly across chronicity of the disease, irrespective of gender differences' has been accepted.

**Table 3: Suicidal Tendencies among Patients Suffering from Depressive For Last One and More Than One Year**

| Duration of Depression | Mean | SD | t-value |
|---|---|---|---|
| One year (N=48) | 38.12 | 5.40 | 4.45** |
| More than one year (N=70) | 31.14 | 6.33 | |

** P<0.01

## Discussion and Conclusion

Some have called depression a disorder of thinking, as much as it is a disorder of mood. Depressed people typically have negative thoughts about themselves, their worlds, and the future. They experience themselves as incompetent, worthless, and are relentlessly critical of their own acts and characteristics, and often feel guilty as they dwell on their perceived shortcomings. Findings revealed that out of a total of 118 depressive patients 53.4% were male while 46.6% were female which is contrary to some earlier findings Coryell, Endicott, & Keller, 1991; Blazer, Kessler, Mcgonagle, & Swartz, 1994). It could be because of gender discrimination. In India male always receive better attention and care in case of health, education and food intake especially in the middle and lower socio-economic classes. In case of depression, male patients were reported more perhaps because of less social stigma attached with them. Educational background of the depressive patients indicates that it mostly affects people with below graduation. Hence, it may be stated that people who could not complete graduation were unable to get better source of earning and thereby indirectly it became a cause of depression. However, people with better educational background i.e., Graduate and Post Graduate are also the victim of depression although their number is less compared to people with less education. So far as professional background is concerned, male members with both service and business background are the victims of depression. Male members who are in service are more prone to depression and it could be because of work pressure, lack of future growth, unsatisfactory salary and poor interpersonal relationship. Too much competition and loss in business could be the factors for the people who suffer from depression. Interestingly the women who are not employed i.e., the housewives become more depressed as compared to women who are employed.

So far as marital status is concerned, people of all categories become the victim of depression as 38.1% married, 23.7% single, 16.9 divorcee/separated and 21.2% widowed were found to be depressive. About two-fifth i.e., 40.7% of the patients have been suffering

from depression for the last one year while the rest three-fifth (59.3%) have been suffering from the same mental health problem for more than last one year. Marital problems have also positive correlation with depression. Studies of marital couples in which one is clinically depressed have shown relatively negative interaction patterns marked by hostility, tension, difficulty resolving conflict, and reports of marital difficulties associated with depression (Gotlib & Whiffen, 1989; Gotlib & Hammen, 1992).

The cognitive features of depression have been given particular emphasis by some investigators, who note that thinking in such grim and self-critical ways actually makes people more depressed or prolongs their depression. The negativistic thinking is commonly irrational and distorted, and represents very different interpretations of the self and the world during the depressed state than an individual would typically display when they weren't depressed. This observation gave rise to Aaron Beck's cognitive model of depression (Beck, 1967). Findings of the present study reveal that suicidal thoughts of depressive patients and normal population of same age group differed significantly which indicates that depressive patients have lost hope in life and wish to end their lives. One of the most noteworthy characteristics of depression is that it is far more common among women than men (Weissman & Olfson, 1995). This apart, there are also indications that women's course of depression is different from men's. For example, women may have earlier onsets than men do (Sorenson, Rutter & Aneshensel, 1991). However, in the present study male and female depressive patients did not differ significantly with regard to suicidal tendencies variable, although qualitative analysis of data revealed that female depressive patients have more suicidal tendencies in comparison to their counterparts. Suicidal tendencies of depressive patients across chronicity of the disease differ significantly. Interestingly, the people who are suffering from depression for more than last one year possess more suicidal thoughts as compared to the depressive patients who are suffering from depression for the last one year.

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