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Research Paper

Adjustment among Suicide Attempters: Influence of Gender

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ABSTRACT

The present study attempted to find out the adjustment among suicide attempters and influence of gender on various areas of adjustment. A total of 665 suicide attempters who were admitted were selected for the present study from a tertiary hospital MIMS Mandya. They were administered Global adjustment scale (GAS) developed by Vohra (2013). GAS measured adjustment of an individual in 6 areas-emotional, family, health, occupational, sexual and social adjustments. The data were analysed using one sample t test and Independent sample t tests. Results revealed that in five out of six adjustment areas, the selected sample had lower scores in adjustment than the expected scores. Only in Family adjustment, the selected sample had higher scores than the expected. Male suicide attempters had lesser adjustment scores in Family adjustment than female suicide attempters.

Keywords: *Adjustment, Suicidal Attempts, Gender Difference*

Suicide attempt is used to mean any non-fatal suicidal behaviour and refers to intentional self-inflicted poisoning, injury or self-harm which may or may not have a fatal intent or outcome WHO (2014). Suicide is a continuum of ideation, plans, and attempts. Studies focusing on completed suicides provide only the tip of the iceberg in terms of information. (Large, Nielssen, & Lackersteen, 2009). Suicide indicates a severe level of mental health problems (Scocco, Girolamo, Vilagut & Alonso, 2008) which is in turn due to many political (Malakouti, et al. 2009), cultural, social, and economic factors, such as financial problems, spousal infidelity, family conflicts, and frustrated teenage romance, along with the availability of easy instruments for suicide (Ahmadi & Ytterstad, 2007). Some studies have reported the association between low socioeconomic factors and higher suicide attempt rates (Cantor & Neulinger, 2002), especially in developing countries, where welfare systems were limited or absent. Thus poverty, unemployment, and financial difficulties have been identified as important causes for suicide (Ghaleiha, Afzali, Bazyar, Khorsand & Torabian, 2012).

Adjustment is a condition of harmonious relationship between the social and the physical environment wherein a person is able to obtain optimum satisfaction for most of his needs and to meet fairly well the physical and social demands imposed on them. In spite of the

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problems in defining adjustment, certain groups work with people who are experiencing difficulties in their social relationships. Adjustment is the ability to incorporate, adapt, compromise, coordinate, and dealing with self, the environment and others. However, fast and compress changes seriously question adjustment resulting in contrast, conflict, stress, and confusion (Saghi & Rajai, 2009). Consequently, psychologists, psychiatrists, judges, social workers, and others formulate definitions which they use to identify and deal with people who are experiencing problems. According to this view, on other hand well-adjusted behaviours, also are flexible and subject to changes in the environment, produce no harmful effects on the individual or other people, and do not lead to internal hang-ups or short and long term interaction problems. Individuals who deviate from this definition are seen as having adjustment problems (Vohra, 2013). Thus, a well-adjusted person is someone who engages in behaviours that are appropriate for the culture and a given interpersonal situation. Predictors of suicidal behaviour and risk factors include a history of previous suicide attempts, certain demographic variables, clinical symptoms and issues related to medical and social support (Fawcett, 1987).

There is need for increased and better information regarding suicide in the countries like India. In particular, studies must address culture specific risk factors associated with suicide in these countries. Suicide and attempted suicide imposes a huge social, emotional and economic burden on the family and society, irrespective of the country studied. But limited Indian studies have been available to find the specific component of adjustment and general health issues with other factors which contribute for suicide attempt. In the present study an attempt is made to find out the adjustment levels of the suicide attempter's and influence of gender on adjustment. It is hypothesized that there will be definitely adjustment problems among suicide attempters and gender has influence over it.

METHOD

Sample:

For the present study, the sample was chosen using purposive sampling method. The total sample size of 665 suicide attempted individuals between the age ranges of 20 to 50 years of both genders were considered. They were selected from a tertiary care hospital Department of Psychiatry, Mandya institute of medical sciences (MIMS), Mandya. Purposive sampling techniques was employed for the sample selection.

Tools employed

- **Socio-demographic data sheet:** this data sheet was intended to elicit socio-demographic data of the suicide attempters who were admitted to the tertiary hospital MIMS Mandya.
- **Global adjustment scale by Sanjay Vohra (2013):**
  The measurement of adjustment was done with the Global Adjustment Scale (G.A.S) for the adult population (20 years and above), known as the Adult Form developed by Vohra (2013). The Adult Form tries to obtain reliable information from the individual concerning what he thinks and feels about his/her: Family relationships i.e., with the spouse and children, with regard to freedom and cohesion in the family; Health i.e., about the physical functioning of his body; Social environment i.e., friends and acquaintances outside the home, with regard to how hostile or submissive he is around them and how much trust the person has on people around him; Emotions in terms of maturity and sensitivity; Occupation which focuses mainly on job satisfaction and job involvement; and Sex related behavior i.e., about sex related knowledge, anxiety, myths, satisfaction, etc.

GAS form has The G.A.S. Form A thus seeks to obtain information about how well the individual understands and has learned to live with his feelings and emotions in his physical and social environment. It endeavors to discover to what extent he is the master or the slave of his feelings. By asking questions about tension-arousing situations, it seeks to gain information about the extent of the individual's deviation from the group average in his adjustment with physical and social environment. Validity Coefficients of G.A.S Form A reported from .58 to .72 and Split-half Reliability Coefficients reported with the range from .65 to .76 various domains.

Procedure:

The selected subjects who were fulfilling the inclusion criteria were explained about the study and expected to complete informed consent procedure at first, followed by filling the demographic data sheet. Later they were administered GAS-Global Adjustment Scale developed by Vohra (2013), with the standard instruction as given in the manual.

Once the data were collected from 665 suicide attempters, they were subjected to statistical analysis-both descriptive and inferential. Mean and standard deviations were calculated as descriptive statistics, Independent and one sample t tests were used as inferential statistics. One sample t test was employed to compare the expected means various adjustment areas to the observed ones. Independent samples t test was employed to find out the mean difference between male and female suicide attempters on various areas of adjustment. Table 1 presents mean observed and expected values on various areas of adjustment and results of one sample t tests. Table 2 presents mean values on various areas of adjustments of male and female suicide attempters and results of independent sample t tests

Table 1, Mean observed and expected values on various areas of adjustment and results of one sample t tests

Areas of adjustment	Mean observed	S.D	Mean expected	't'	P value
Emotional	21.13	6.89	26	18.242	.001
Family	27.38	11.71	23	9.645	.001
Health	14.20	10.09	17	7.151	.001
Occupational	17.71	12.09	29	24.087	.001
Sexual	15.48	7.05	22	23.808	.001
Social	25.76	9.33	31	14.481	.001

In six areas of global adjustment scale, in 5 areas of adjustment the selected sample had lesser adjustment scores than the expected, except for family adjustment. In the case of emotional adjustment (t=18.242; p=.001), health adjustment (t=7.151; p=.001), occupational adjustment (t=24.087; p=.001), sexual adjustment (t=23.808; p=.001) and social adjustment (t=14.481; p=.001), t values revealed significant mean differences from observed to expected ones, having lower mean values than the expected. This clearly reveals that the selected sample had lower levels of adjustment than the expected. Only in family adjustment the selected sample had mean value more than the expected (t=9.645; p=.001).

Table 2, Mean values on various areas adjustments of male and female suicide attempters and results of independent sample t tests

Areas of adjustment	Sex	N	Mean	Std. Deviation	Test statistics
Emotional	Male	318	21.20	6.91	t=.290; p=.772
	Female	347	21.05	6.89	
Family	Male	318	26.41	11.99	t=-2.060; p=.040
	Female	347	28.27	11.39	
Health	Male	318	14.01	9.81	t=-.477; p= .633
	Female	347	14.38	10.35	
Occupational	Male	318	18.03	12.35	t=.660-; p=.509
	Female	347	17.42	11.85	
Sexual	Male	318	15.37	6.85	t=-.417; p=.677
	Female	347	15.60	7.24	
Social	Male	318	25.81	9.26	t=.117; p=.907
	Female	347	25.72	9.41	

Only in one of the areas of adjustment male and female suicide attempters differed significantly. In the case of family adjustment (t=2.06; p=.040), where we find that male attempters (mean 26.41) had lower scores on adjustment than female attempters (mean 28.27). However, in rest of the areas – emotional, health, occupational, sexual and social adjustments no significant mean differences were observed between male and female suicide attempters, as the observed t tvalues failed to reach the significance level criterion of .05 level.

DISCUSSION

Major findings of the study

- In five out of 6 adjustment areas, the selected sample had lower scores in adjustment than the expected scores
- Only in Family adjustment, the selected sample had higher scores than the expected
- Male suicide attempters had lesser adjustment scores in Family adjustment than female suicide attempters

The results of the present study are in agreement with the studies done elsewhere both in India and abroad. May, Klonsky and Klein (2012) research has identified anxiety disorder, poor maternal relationship, and poor social adjustment were main risk factors for suicide attempt. Nawale and Bhattacharjee (2014) found that majority of students had adverse childhood experience which is closely related to suicide. Majority of the suicide attempters were young and having psychiatric disorders. Most of the attempters were from rural areas (Shapkota, Pandey, Shyangwa, Shakya & Thapa, 2011). Lin et al., (2012) found that female patients had higher rates of major depressive disorders, while male patients presented more adjustment disorders co-morbid with alcohol use disorders.

Grunebaum, et al. (2011) opined enhancing social adjustment may reduce relapse in major depressive disorder and thereby reduce risk of a suicide attempt. Manoranjitham, et al. (2010) reported psychosocial stress and social isolation, rather than psychiatric morbidity, are risk factors for suicide in rural south India. In a study on psychiatric diagnosis in attempted suicide, Baby, Haridas and Yesudas (2006), reported most common psychiatric diagnosis was

an adjustment disorder followed by depressive disorder. Manoranjitham, et al (2010) reported people with severe mental disorder from a rural setting, the rate of suicide were high. Initiatives to integrate mental health service into primary care need to focus on limiting access to suicide methods in people with severe mental disorder in addition to expanding access to mental health care. Social adjustment and history of suicide attempt were assessed in patients with major depressive disorder and found work adjustment was associated with past history of suicide attempt (Lizardi, 2011).

The costs of suicide are not only loss of life, but the psychological, physical and emotional stress imposed on family members and friends. Other costs are to the public resources, as people who attempt suicide often require help from health care and mental health professionals (Gvion & Apter, 2012). Suicidal attempts and suicides are increasing over the past decades, which is a not a good sign for healthy society. Psychologists, psychiatrists, policy makers and other related scientific community should seriously plan the strategies to overcome the suicidal attempts and suicides for a healthy society.

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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