

Relationship between Psychiatric Disorder & Suicidal Attempt: A Personality Analysis

Rupali Chandola^{1*}, S. C. Tiwari²

ABSTRACT

Objectives: Suicide is considered as an essential psychological and social problem, there is a universal attempt to prevent it. The prevalence of contemplating suicide is 16% and suicide attempt is 4.4% during one's life. Inflexible personality traits play an important role in the development of maladaptive behaviors among patients who attempt suicide. This study was conducted to investigate the relationship between personality profiles and suicidal attempt. **Materials and Methods:** eighty patients taken from Noormanzil Psychiatric Clinic & Hospital, Lucknow, U.P. India. Out of 80, 40 participants attempted suicide and rest of 40 non suicidal groups. Fifty two patients were in door and twenty eight were out door patients taken in this study. Dimension Personality Inventory (DPI) was administered on all the included subjects. **Results:** There was highly significant difference in the mean score ($p < 0.05$) on 'activity – passivity', 'Enthusiastic- non enthusiastic', 'assertive- submissive' 'dimension of DPI between suicidal and non suicidal group of psychiatric patients. **Conclusion:** The findings of our study show that 22.5% of suicide attempters have bipolar mood disorder at least one maladaptive personality traits.

Keywords: DPI, Personality, suicide, Psychiatric disorder.

Suicide is a tragic event with profound costs to society. An estimated 877,000 people lost their lives by suicide in 2002[1, 2]. Since suicide attempts are strong risk factors for future completed suicides [3,4] and a more common occurrence (4.6% percent of the general population attempt suicide at some point in their life[5,6]), they provide an important alternative method for clarifying suicide risk factors. Affective disorders, substance misuse, anxiety disorders, certain personality disorders, and psychotic disorders are all established risk factors for suicide attempts. [7, 8] Notably, bipolar affective disorder and schizophrenia have a 20 and 10 times increased risk

¹ Department of Psychology, Kumaun University Campus, Almora, Uttarakhand, India

² Professor and Head, Department of Geriatric Mental Health, King George's Medical University, U.P. Lucknow, India

*Responding Author

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of completed suicide, respectively.[11] When successful treatment of psychiatric disorders can be attained, a resulting decrease in the suicide rate is observed, suggesting that untreated psychiatric morbidity in itself is an indicator of increased suicide risk.[9] Co-morbidity of psychiatric disorders illustrates a summative effect on suicide risk[10,11] Finally, common factors such as childhood trauma, genetic factors, hopelessness, melancholia, irritability, pessimism, neuroticism, impulsivity, self-criticism, self-blame, no religious affiliation, poor social support and low levels of hydroxyindoleacetic acid in the cerebral spinal fluid have all held associations with suicide attempts.[1,12] Suicide is considered as an essential psychological and social problem, there is a universal attempt to prevent it. The prevalence of contemplating suicide is 16% [13] and suicide attempt is 4.4% [14] during one's life. The risk of death from suicide is 30–40 times more for the suicide attempters than normal population [15, 16]. Furthermore, the likelihood of death among patients with repetitive self-harm behaviors is 100 times more than general population. One suicide attempt per second and one death per 40 seconds due to suicide have been reported [17].

The studies show that committing suicide is a multifactor practice and there is no unique factor to prevent it[17]. A variety of biological, social, and personal predisposing factors are introduced as the risk factors for suicide [18]. Various psychiatric disorders have been proposed as the intervening factors in suicide attempts [15,19]. Given the fact that personality affects our emotional and behavioral patterns, it is assumed that personality profile can be employed to prevent the risk of attempts at suicide [20, 21]. Temperament traits may play an important role in the prediction of potential suicidal risk especially in patients with mood disorders as explained by Pompili et al. [22]. Studies on the records of psychiatric patients with and without suicide attempt show that those who committed suicide possessed anger, aggression, anxiety, and depression personality profiles [23]. Based on a study, depressed patients with borderline personality traits were characteristically vulnerable and had familial generalized anxiety disorder in comparison with other groups [24]. Considering personality profiles may provide us with precise aspects of suicide attempts. The current study aims to explore the relationship between personality profiles and psychiatric patients with and without suicidal attempts using Dimension Personality Inventory (DPI) was administered on all the included subjects.

METHOD

Participants:

40 suicidal and 40 non suicidal psychiatric patients ranging between 20-50 years served as participants. Including participants categorized with suicidal (20 male & 20 female) and non suicidal (20 male & 20 female) they were hailed from Noormanzil Psychiatric Clinic & Hospital, Lucknow, and U.P. India. Dimension Personality Inventory (DPI) was administered on all the included subjects.

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Tools:

Dimension personality inventory (DPI): It is constructed by Bhargava (2012) and deals with six dimensions by which one's personality can be evaluated. They are: 'Activity- passivity', 'enthusiastic-non enthusiastic', 'assertive-submissive', 'suspicious-trusting', 'depressive-non depressive' and 'emotional instability-emotional stability'. It is similarly applicable for normal as well as psychotic patients. Score 10 or more indicative of left sided dominated personality on that dimension and score less than 10 indicative of the other side of that dimension. For example if person scored 15 on the dimension 'activity-passivity', he/she is active.

Procedure:

Suicidal and non suicidal psychiatric patients selected for purposively from the indoor and outdoor ward of Noormanzil Psychiatric Clinic & Hospital, Lucknow, and U.P. India. Informed consent was taken from patients and their available relative, Interview conducted in a separate room associated with the ward to maintain confidentiality. Socio demographic detail filled before the interview with the help of patients, available relatives and with the help of case record file. Dimension Personality Inventory (DPI) was administered.

RESULT

Total of eighty participants (40 were suicidal and 40 were non suicidal) included in the study. Majority of the participants were male (70%). Mostly participants belong from urban and semi urban area. In this study 55% participants Hindu and only 7% participants were Christian. (Table-1)

Table-1, Socio-demographic characteristics of psychiatric patients with suicidal attempt and non suicidal attempt

Category	Demographic detail	Suicidal (N=40)	Non suicidal(N=40)
Gender	Male	15 (37.5%)	28 (70%)
	Female	25 (62.5%)	12 (30%)
Domicile	Urban	15 (37.5%)	17 (42.5%)
	Semi urban	16 (40%)	14 (35%)
	Rural	9 (22.5%)	9 (22.5%)
Religion	Hindu	20 (50%)	22 (55%)
	Muslin	13 (32.5%)	9 (22.5%)
	Christian	7 (17.5%)	9 (22.5%)
Caregiver Relationship	Sibling	8 (20%)	12 (30%)
	Parents	18 (45%)	10 (25%)
	Spouse	14 (35%)	18 (45%)

Eighty participants took part in the study. Table shows that relationship between psychiatric disorder and suicidal attempts. Out of 80 participants 22.5% patients suffering with bipolar mood

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disorder they commit suicide in various situation in the life and only 5% participants regarding bipolar mood disorder non suicidal group in the study. 5% participants suffering with personality disorder who commit suicide and the other hand 12.5% non suicidal personality disorder patients taken in this study. Table revealed a stronger relationship between suicide attempts and bipolar mood disorder. (Table-2)

Table-2, Shows psychiatric illness with and without suicidal attempt

Disorder	Suicidal attempt group (N=40)		Non suicidal attempt group (N=40)	
	N	%	N	%
Schizophrenia	6	15%	7	17.5%
Bipolar mood disorder	9	22.5%	2	5%
Anxiety	6	15%	7	17.5%
Major depression	8	20%	8	20%
Obsessive-Compulsive Disorder	4	10%	2	5%
Personality disorder	2	5%	5	12.5%
Substance- abuse mood Disorder	5	12.5%	9	22.5%

Figure-1 represents the percentage of suicidal and non suicidal psychiatric patients.

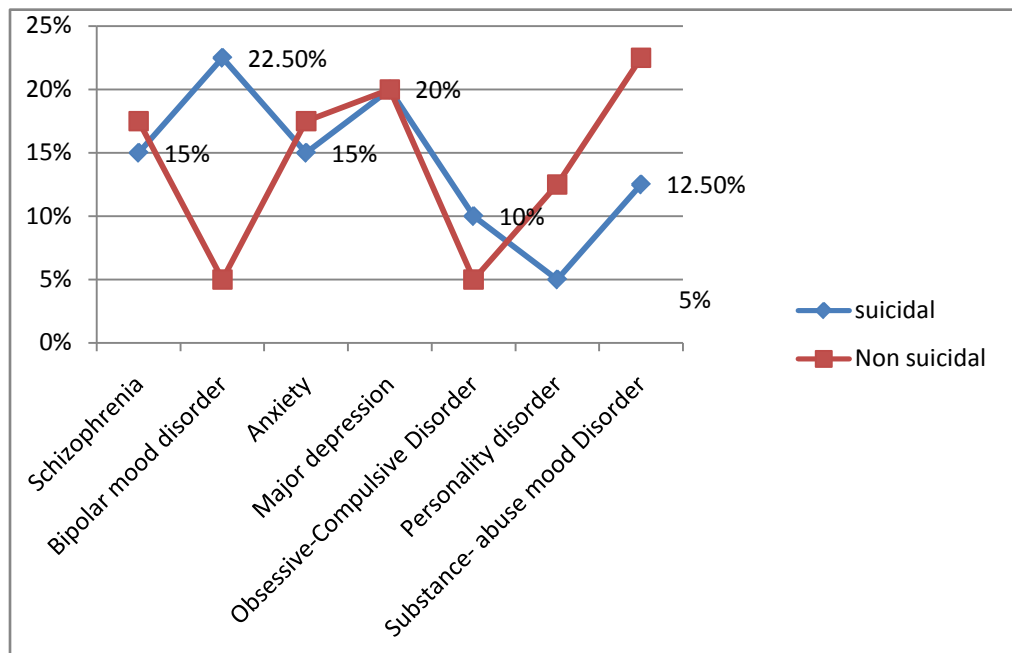


Figure-1 represents the bipolar mood disorder patients having higher rate of suicidal attempt in comparison to other psychiatric disorder. Personality disorder patients are very less suicidal in comparison to other.

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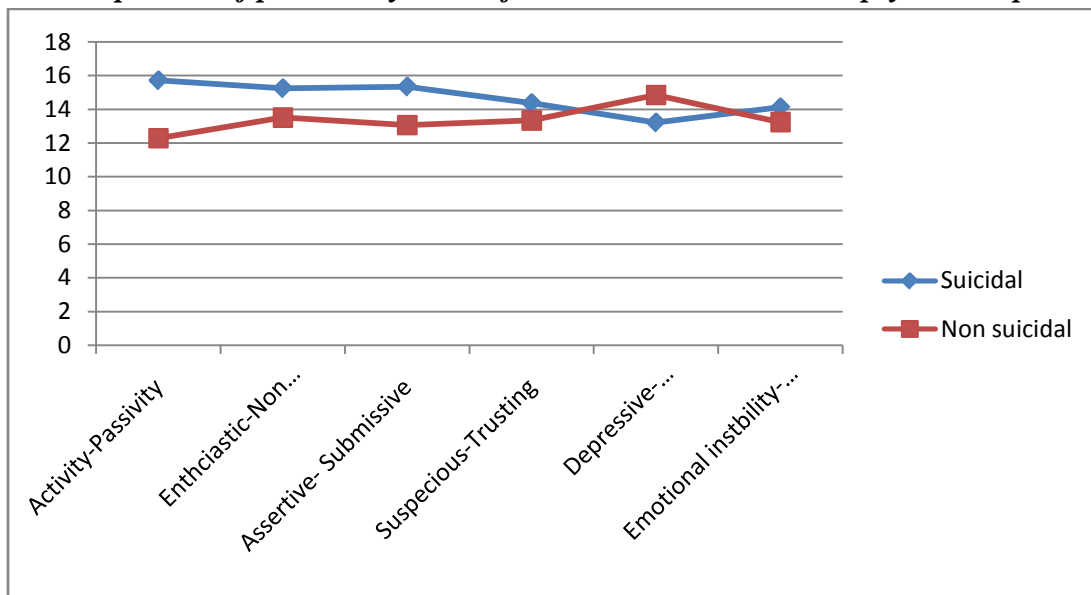
Table-3 reveals that there was highly significant difference in the mean score ($p < 0.05$) on 'activity –passivity', 'Enthusiastic- non enthusiastic 'assertive- submissive 'dimension of DPI between suicidal and non suicidal group of psychiatric patients. Rest of last three dimensions there was no significant difference was found. Mean score of suicidal participants was higher in comparison to non suicidal group which indicate that suicidal group was more active, enthusiastic assertive, suspicious, depressive and emotionally instable in comparison to non suicidal group.

Table-3, Comparison of personality of suicidal and non suicidal on Dimension Personality Inventory

DPI –B Dimensions		Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Suicidal	40	15.72	3.35	4.41 **
		Non suicidal	40	12.3	3.58	Df=78
2	Enthusiastic- Non enthusiastic	Suicidal	40	15.25	3.10	2.37*
		Non suicidal	40	13.52	3.41	Df=78
3	Assertive- Submissive	Suicidal	40	15.35	2.86	2.74**
		Non suicidal	40	13.07	4.41	Df=78
4	Suspicious- Trusting	Suicidal	40	14.37	3.49	1.22
		Non suicidal	40	13.35	3.96	Df=78
5	Depressive-Non depressive	Suicidal	40	13.22	6.29	1.47
		Non suicidal	40	14.85	3.05	Df=78
6	Emotional instability- Emotional stability	Suicidal	40	14.12	3.25	1.14
		Non suicidal	40	13.25	3.55	Df=78

*Significant at $p < 0.05$ level ** Significant at $p < 0.01$ level

Figure-2 Comparison of personality traits of suicidal and non suicidal psychiatric patients



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Figure-2 shows highly significant difference in the mean score ($p < 0.05$) on ‘activity –passivity’, ‘Enthusiastic- non enthusiastic’, ‘assertive- submissive ‘dimension of DPI between suicidal and non suicidal group of psychiatric patients.

Table 4 indicate that there was significant difference in the mean score ($p < 0.05$) on ‘Activity-Passivity’, ‘Enthusiastic- Non enthusiastic’, ‘Assertive- Submissive’ and ‘Depressive-Non depressive’ dimension of DPI between suicidal and non suicidal male psychiatric patients. There was no significant difference was found in’ Suspicious- Trusting’ and ‘Emotional instability- Emotional stability’ dimension of personality. On the basis of mean score it was say that suicidal male are very suspicious in comparison to non suicidal male.

Table- 5 reveal that there was significant difference in the mean score ($p < 0.05$) on ‘Activity-Passivity’, and ‘Depressive-Non depressive’ dimension of DPI between suicidal and non suicidal female psychiatric patients and in the rest of four dimension there was no significant difference was found.

Table-4: Comparison of personality of suicidal male and non suicidal male on Dimension Personality Inventory

DPI –B Dimensions		Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Suicidal male	20	15.4	3.15	3.98**
		Non suicidal male	20	11.2	3.51	Df=38
2	Enthusiastic- Non enthusiastic	Suicidal male	20	14.65	2.77	2.10*
		Non suicidal male	20	12.55	3.51	Df=38
3	Assertive- Submissive	Suicidal male	20	15.05	2.79	2.93*
		Non suicidal male	20	11.65	4.30	Df=38
4	Suspicious- Trusting	Suicidal male	20	15.1	2.91	0.25
		Non suicidal male	20	14.85	3.24	Df=38
5	Depressive-Non depressive	Suicidal male	20	16.65	4.47	2.19*
		Non suicidal male	20	13.75	3.87	Df=38
6	Emotional instability- Emotional stability	Suicidal male	20	14.1	2.55	1.07
		Non suicidal male	20	13.1	3.29	Df=38

*Significant at $p < 0.05$ level ** Significant at $p < 0.01$ level

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Table-5: Comparison of personality of suicidal and non suicidal on Dimension Personality Inventory

DPI –B Dimensions		Group	N	Mean	S.D.	t- value
1	Activity- Passivity	Suicidal female	20	16.35	3.29	2.28**
		Non suicidal female	20	13.4	3.37	Df=38
2	Enthusiastic- Non enthusiastic	Suicidal female	20	15.85	3.36	1.32
		Non suicidal female	20	14.5	3.08	Df=38
3	Assertive- Submissive	Suicidal female	20	15.65	2.97	1.01
		Non suicidal female	20	14.5	4.13	Df=38
4	Suspicious- Trusting	Suicidal female	20	13.35	3.88	1.18
		Non suicidal female	20	11.85	4.12	Df=38
5	Depressive-Non depressive	Suicidal female	20	10.45	5.75	3.03**
		Non suicidal female	20	14.95	3.31	Df=38
6	Emotional instability-Emotional stability	Suicidal female	20	13.65	4.27	0.19
		Non suicidal female	20	13.4	3.87	Df=38

*Significant at $p < 0.05$ level ** Significant at $p < 0.01$ level

DISCUSSION

The study was conducted to explore the difference of personality between suicidal and non suicidal psychiatric patients admitted and came to the psychiatric hospital on the OPD basis. The result show that there was highly significant difference in the mean score ($p < 0.05$) on ‘activity – passivity’, ‘Enthusiastic- non enthusiastic’, ‘assertive- submissive ‘dimension of DPI between suicidal and non suicidal group of psychiatric patients.(Table-3). The findings of our study show that 22.5% of suicide attempters have bipolar mood disorder at least one maladaptive personality traits. (Table-2) In a similar vein, as the study performed by Cavanagh and colleagues showed that more than 90% of patients who died because of suicide suffered from psychological disorder [25]

According to the results, the ‘male suicide attempters’ mean scores were higher than no attempters in all six dimension of personality, which indicate that at least three negative personality traits having in their personality i.e. male suicidal attempters are more suspicious, depressed and emotionally instable in comparison to non attempters. (Table-4) It is in agreement with the study in which the majority of suicide attempters had maladaptive personality profiles [26]. Neuroticism is the first and the most influential factor in the personality profile [22].

CONCLUSION

There was highly significant difference in the mean score ($p < 0.05$) on ‘activity –passivity’, ‘Enthusiastic- non enthusiastic’, ‘assertive- submissive ‘dimension of DPI between suicidal and non suicidal group of psychiatric patients

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Conflict of Interests: None

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