

## THE SIGNIFICANCE OF ATTEMPTED SUICIDE IN ARMED FORCES

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### ABSTRACT

*The Indian Armed Forces with a closely knit community, life of their own provides a unique opportunity to study the adaptive and maladaptive characteristics of his actions. In this study thirty two percent of attempted suicide in the Armed Forces achieved discharge from service is a testament to the urgency and intensity of the need to get out of the service. Twenty-two percent of control psychiatric in-patient who sought environmental change also achieved premature discharge from service, further highlights the intensity of the need of these patients to change their environment. The intensity of these patients need to change their environment is coupled with a marked sense of isolation. They find themselves not only friendless but also incapable of making friends.*

*Key words: Armed forces, suicide, depression*

A Suicidal attempt is any act of self damage inflicted with self destructive intention however vague and ambiguous. Sometimes this intention has to be inferred from the patients behaviour.

There is an impression that the persons who attempt suicide in the Armed Forces are those who are extremely unhappy in the service. These persons are usually described as "The man nobody likes". Even Psychiatrists lose some of their usual equanimity while dealing with such individuals.

Many studies have been conducted on attempted suicide in India (Venkoba Rao, 1965; Goel, 1975; Bagadia et al., 1976; Badrinarayaa, 1977; Sethi et al., 1978; Gupta et al., 1981; Ponnudurai et al., 1991; Nair et al., 1999; Biswas et al., 1997).

Number of studies have been conducted on suicide and attempted suicide in special (or specific) populations. Study on suicidal attempts of wives of substance abusers revealed disturbed relationship with the relatives (84.7%), manhandling by husbands (79.6%), financial

problems (77.1%) and deprivation of emotional support (51%) as major attributable factors (Ponnudurai et al., 1991). Study on suicide in farmers signified mental illness to be the most frequent single reason (Malmberg et al., 1999). Other studies were done for attempted suicide in children and adolescents (Rath et al., 2000; Hawton et al., 1999) and suicide in prisons (Gore et al., 1999). The Indian armed forces is a unique community in itself and is worthy enough to be considered for a study of attempted suicide and its correlation in this special population. The purpose of this study is -

- 1) To evaluate group of patients who have made suicidal acts in a cross section of the armed forces.
- 2) Determine what factors are present in this group of patients who communicate their distress in such a dramatic manner.

### MATERIAL AND METHOD

The study was conducted over a period of about 5 years in two military centres- one draining

patients from operational area and the other from peace situations. Population studies comprised of there distinct groups:

1. Twenty two patients who made suicidal acts and were hospitalised in psychiatric ward. The only criterion of selection was a definite self destructive or suicidal act; no patient who made suicidal threat was included.

2. Randomly selected psychiatric inpatients (N=21) who had not engaged in any suicidal action but were seeking an environmental change.

3. Well adjusted soldiers (N=30)

Psychiatric evaluation, precipitating event, diagnostic classification and demographic data were recorded in detail by the psychiatrist himself.

## DISCUSSION

Reaction to mental illness is stated as the main cause when suicidal attempt is understandable in terms of psychotic or neurotic process at the time of the act. A man suffering from severe endogenous depression makes suicidal attempt almost entirely because of the affective change and delusional belief accompanying it (Gupta et al., 1992). The severely anxious man may attempt suicide because of the intolerable nature of his symptoms. Mental ill health is the principal factor in case of psychosis (Walsh et al., 2001; Parbar et al., 1998), where as interaction between psychological and social factors decide the outcome in suicidal attempt of cases of neurosis and psychopathy (Begadia et al., 1976). Social and interpersonal factors are clearly of great importance and it seems likely that social stresses, particularly those affecting domestic life increases the suicide risk of depressives and alcoholics (Inskip et al., 1998). Among the subjects misusing substances, alcohol had a strong and positive association with suicidal behaviours (Fombonne et al., 1998). The social stresses may be caused by the illness or they may be the result of chance and perhaps play a part in causing the illness itself.

Study as well as control groups belonged to Army, Navy and Airforce and also from

operational as well as peace units thus representing a fairly Cross section of Armed forces of our country with variety of life in different terrains.

TABLE - I  
CHARACTERISTICS OF STUDY GROUP

Variables	Attempted Suicide (N-22)	Psychiatric in patients control (N-21)	Well adjusted Control(N-30)
<u>Age</u>			
Mean	29.1	28.1	28
Below 21 years	4	2	5
Above 21 years	18	19	25
<u>Length of Services</u>			
0-5 years	7	8	9
6-10 years	5	6	9
Above 10 years	10	7	12
<u>Marital Status</u>			
Single	9	6	7
Married	13	15	23
<u>Education</u>			
Illiterate	2	0	4
Primary	2	3	4
Middle	6	10	11
Matriculation	8	6	6
Higher secondary	2	2	4
Graduate	1	0	1
Post Graduate	1	0	0
<u>Place among siblings</u>			
Eldest	6	3	8
Middle	11	14	18
Youngest	5	4	4

The psychiatric inpatient group was admitted due to various ailments ranging from neurosis to violent assaultive behaviour, where as, in attempted suicide group the suicidal attempt was the prime reason for admission. Inter actionally the groups were similar in that most patients looked to a psychiatrist for some aid in effecting a change in their reality situation either by discharge from service, change of present appointment or in relationship with their families.

The similarity of attempted suicide and psychiatric inpatient control group on the demographic and dynamic variable surveyed is striking (Table I). Disciplinary problem, unstable

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work history and past history of mental illness were the only those variables which achieved statistical significance in differentiating the two groups (Table 2 & 3). All were more common in psychiatric in patient group.

**TABLE -2**  
**CHARACTERISTICS OF STUDY GROUP**

Variables	Attempted Suicide (N-22)	Psychiatric in patients control (N-21)	Well adjusted Control (N-30)	p
Past history of psychiatric illness	3	7	0	<.01
<u>Family History</u>				
Parents together	20	19	30	
Parents separated	2	2	0	
Psychiatric problem	3	6	0	NS
<u>Relations between Parents</u>				
Positive	19	17	30	
Negative	3	4	0	<.01
<u>Patients Relation with father</u>				
Positive	18	18	30	
Negative	4	3	0	NS
<u>Patients Relations with mother</u>				
Positive	19	19	30	
Negative	3	2	0	NS

The clinical psychiatric impression also confirmed the similarity between the two groups (Table 4). However there was a distinct impression that the control group seemed more anxious and in more emotional distress than attempted suicidal group on the whole. There were seven and nine psychotic patients in each group respectively.

When the two groups are compared to well adjusted population (Table 2 & 3), a greater degree of differentiation is found in that the patients showed a higher incidence of disciplinary problem, poor peer relation, authority relation, conflicts between the patients and their fathers. This is of interest for these findings have been attributed frequently to people who have made suicidal

attempts alone (Toolan, 1962; Tuchman & Common, 1962), where as this study indicates that they are related more to psychiatric problems in general than specifically to attempted suicides.

**TABLE -3**  
**CHARACTERISTICS OF STUDY GROUP**

Variables	Attempted Suicide (N-22)	Psychiatric in patients control (N-21)	Well adjusted Control (N-30)	p
<u>Disciplinary Problem</u>				
Present	2	8	0	
Absent	20	13	30	<.001
<u>Peer Relation</u>				
Good	16	15	30	
Bad	6	6	0	<.01
<u>Authority Relation</u>				
Good	14	13	30	
Bad	8	8	0	<.001
<u>Work History</u>				
Stable	16	12	30	
Unstable	6	9	0	<.001
<u>Patient's view of problem (Contributing Factor)</u>				
Service	8	8	0	
Sex	3	2	0	
Family	3	11	0	NS
Alcohol	1	0	0	

**TABLE -4**  
**PSYCHIATRIC DISABILITIES OF STUDY GROUPS**

Psychiatric Disabilities	Attempted Suicide (N=22)	Control group (Psychiatric in patients)(N=21)
Schizophrenia	5	8
Affective Psychosis	2	1
Depression	4	4
Personality Disorder	5	2
Adjustment Reaction	2	0
Alcoholic Psychosis	1	0
Non dependent abuse of Alcohol	1	0
Anxiety Neurosis	0	4
Psychosomatic Disorder	0	2
Psychiatric Investigation NAD	2	0

The similarity also existed in the disposal

of both the groups. Sixty eight percent of attempted suicide group were returned to duty (qualifie and unqualifie) and thirty two percent were invalidated out of service. A similar proportion of psychiatric in patients (76%) control group were returned to duty and twenty four percent were

81% of subjects were above 21 years.

**TABLE 5**  
**CHARACTERISTICS OF ATTEMPTED SUICIDE**  
**GROUPED ACCORDING TO MILITARY DISPOSITION**

Variables	Returned to Duty Qualified (N-10)	Returned to Duty Unqualified (N-5)	Discharged from Service (N-7)	p
<u>Age</u>				
Average	29	26	31	
Below 21 years	1	1	2	
Above 21 years	9	4	5	NS
<u>Length of Services</u>				
0-5 years	4	1	2	
6-10 years	1	4	0	
Above 10 years	5	0	5	<.01
<u>Marital Status</u>				
Single	6	1	1	
Married	4	4	6	
<u>Place among siblings</u>				
Eldest	1	2	3	
Middle	6	3	3	
Youngest	3	0	1	NS

invalidated out of service. Those who were discharged from service prematurely were those who showed clear evidence of impulsive behaviour, disciplinary problem and poorer peer and authority relation

We have been asking "who are these people who make suicidal gestures ?" The answer seems to be that they differ very little from the psychiatric patients in general. They generally have had difficulty with male authority figure and they are impulsive. Study by (Kar et al., 1997) has also shown that impulsivity is a strong predictive factor for suicidal attempts. The study does highlight some key characteristics of the persons who make suicidal attempt:

1). The age distribution were of higher age group like that of western countries (Stenegal,1964).

**TABLE -6**  
**CHARACTERISTICS OF ATTEMPTED SUICIDE**  
**GROUPED ACCORDING TO MILITARY DISPOSITION**

Variables	Returned to Duty Qualified (N-10)	Returned to Duty Unqualified (N-5)	Discharged from Service (N-7)	p
Past history of psychiatric illness	1	0	2	
<u>Family History</u>				
Parents together	9	5	6	
Parents seperated	1	0	1	
Psychiatric problem	2	0	1	NS
<u>Relations between Parents</u>				
Positive	8	5	6	
Negative	2	0	1	NS
<u>Patients Relation with father</u>				
Positive	8	4	6	
Negative	2	1	1	NS
<u>Patients Relations with mother</u>				
Positive	9	4	6	
Negative	1	1	1	

**TABLE-7**  
**CHARACTERISTICS OF ATTEMPTED SUICIDE**  
**GROUPED ACCORDING TO MILITARY DISPOSITION**

Variables	Returned to Duty Qualified (N-10)	Returned to Duty Unqualified (N-5)	Discharged from Service (N-7)	p
Disciplinary Problem	1	1	0	
<u>Peer Relation</u>				
Good	8	5	3	
Bad	2	0	4	<0.01
<u>Authority Relation</u>				
Good	7	4	3	
Bad	3	1	4	NS
<u>Work History</u>				
Stable	8	3	5	
Unstable	2	2	2	NS
<u>Patient's view of problem (Contributing Factor)</u>				
Service	4	3	1	
Sex	1	2	0	
Family	3	0	0	
Alcohol	1	0	0	NS

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2). Urgency and necessity of the patient who attempts suicide in resolving his perceived conflict  
3). Sense of isolation: Most of the attempted suicide persons complained regarding service difficulty and sex difficulty which point out towards their isolation and inability to form relationship (Malmberg et al., 1999). Thirty two percent achieved discharge from service. This not only connotes the urgency of their need to get out of the services but also points to a sense of isolation as well.

This study also provides clear guidelines as to who can be returned to duty and who should be discharged from service (Table 5, 6, 7). The critical factor seems to be the absence of good peer relation and the inability to form some relationship in the individuals immediate social contact.

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