Suicidal Ideation among Orphans and its management through Group Therapy: A Comparative Study

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The present study has tried to explore the effect of Group Therapy on Suicidal Ideation among male and female Orphans. The present study aims to explore Suicidal Ideation in relation to Group Therapy (Progressive Muscular Relaxation Therapy & Self Management Therapy) among male and female Orphans. For this data was collected from different orphanages in Lucknow City, U.P, India on 200 adolescents (100 Male, 100 Females). Modified Scale of Suicidal Ideation by Miller W.I, et al (1986) was utilized to measure Suicidal Ideation of the orphans. The design which is used to conceptualize the problem and analysis the data is 2x2x2 factorial design. The first variable being Group Therapy divided into two parts PMRT & SMT, the Second variable being Conditions of the Group Therapy i.e Pre & Post and finally the third variable being Gender of the respondents divided into Male and Female. In this way the data was analyzed and interpreted in 8 possible combinations. The obtained data were analyzed using Mean SD and ANOVA. Few significant results were obtained. They are:-

- SMT was found more effective technique than PMRT in reducing Suicidal Ideation among respondents.
- Post conditions of both therapies (PMRT & SMT) were found to be more effective to reduce the level of Suicidal Ideation.
- Females were having more Suicidal Ideation than Males.

**Keywords:** Orphans, Progressive Muscular Relaxation Therapy (PMRT), Suicidal Ideation Self Management Therapy (SMT).

**Suicidal Ideation:** “Each year, between 30 and 40 people per 100,000 Indians aged between 15 and 29 kill themselves. This accounts for about a third of all suicides in the country. After all, India has one of the world’s highest rates of suicides among people aged between 15 years and 29 years.” (CDC, 2015).

**Nature and Definition:**

“Suicidal Ideation” is a medical term for thoughts about or an unusual preoccupation with suicide. Suicide (Latin Suicidium, from sui caedere, “to kill oneself) is the act of intentionally causing one’s own death. The word “Suicide” was first coined by Brown (1657). The term has been explained in many ways, as follows :-“Suicide is the human act of Self-inflicted, Self- Intentioned cessation” (Encyclopedia Britannia, 1973). Death caused by self-directed injurious behavior with intent to die as a result of the behavior. (Center of disease control and prevention, 2015). According to the sociologist Hammerin and Enversvtedt (1988), Suicide is an activity which involves acts with the aim and result of one’s own biological death on the basis of social specific historical motives. Suicide is when people direct violence at themselves with the intent to end their lives, and they die as a result of their actions.

Suicide is a leading cause of death in the United States. A suicide attempt is when people harm themselves with the intent to end their lives, but they do not die as a result of their actions. Many more people survive suicide attempts than die, but they often have serious injuries. However, a suicide attempt does not always result in a physical injury. (Fact sheet of National Center for Injury Prevention and Control, Division of Violence Prevention, 2015).

Every 40 seconds a person dies by suicide somewhere in the world. “Preventing suicide: a global imperative” is the first WHO report of its kind. It aims to increase awareness of the public health significance of suicide and suicide attempts, to make suicide prevention a higher priority on the global
public health agenda, and to encourage and support countries to develop or strengthen comprehensive suicide prevention strategies in a multi-sectoral public health approach.

The report provides a global knowledge base on suicide and suicide attempts as well as actionable steps for countries based on their current resources and context to move forward in suicide prevention. Suicide is the act of deliberately killing oneself. Risk factors for suicide include mental disorder (such as depression, personality disorder, alcohol dependence, or schizophrenia), and some physical illnesses, such as neurological disorders, cancer, and HIV infection. There are effective strategies and interventions for the prevention of suicide. (WHO, 2015).

**Sign & Symptoms of Suicidal Thoughts**

- Having Depression.
- Appearing to have an abnormal preoccupation with violence, dying and / or death.
- Being in a heightened state of anxiety.
- Being very moody.
- Changing personality.
- Changing routine.
- Consuming (more) drugs.
- Consuming (more) alcohol.
- Getting affairs in orders.
- Having panic attack.
- Impaired concentration.
- Increased self-criticism.
- Isolating oneself.
- Psychological states
- Hopelessness
- Loss of pleasure in life
- Anxiousness.
- Poor ability to solve problems

**Prevalence of Suicide :-** Suicidal ideation is the most commonly reported form of suicidality, with lifetime prevalence rates of approximately 12% among community adolescents aged 13–18 years (15.3% and 9.1% for females and males respectively Nock et al. 2013). Notably, about 41% of adolescent females and 23% of adolescent males with a lifetime history of suicidal ideation ultimately attempt suicide, in most cases within the first year of onset of suicidal ideation (Nock et al. 2013). Suicide is the third leading cause of death in young people aged 15-24 years. On an average, more than one lakh persons, committing suicide every year in the country during the decadal periods (2003 – 2013).

1. **Classification of Suicide:-**

a) **Para Suicide or Attempted Suicide:-** A self inflicted, life threatening act which does not result in death. Suicide attempt refers to cases in which people unsuccessfully try to kill themselves and in which there is no intention of dying (Stengel, 1964). Enersvedt (1988) defines attempted suicide as an activity which involves acts of intentional self-injury with the object of death, but where the result is not death. WHO (1986) propose that “a non-habitual act with non fatal outcome, that is deliberately initiated and performed by the individual involved, that cause self harm, or without intervention from others will do so or consists of ingesting a substance in excess of its generally recognized therapeutic dosage.

b) **Suicidal Intent:-** Intent is defined as the seriousness or intensity of the wish of a patient to terminate his life. Intent is one component of overall suicidal risk (or Suicidal Potential) that includes, along with other factors such as access to lethal method, and knowledge regarding utilization of these method. Suicidal Intent, in other words is assessed simply by the behavior of the individuals as reported by others and by self reports.
c) **Suicidal Behavior**: The general term Suicidal Behavior variously includes completed suicide, non-fatal deliberate self harm (Suicide attempts, suicide gestures, para suicide, self injury, self harm) with or without suicidal intent, suicidal communication including suicide threats and suicidal ideation. Suicidal Behavior is seen as a continuum of intensity with individual ideation at one end and completed suicide at the other. Lester and Bech, (1975) have argued that individuals who deliberately harm themselves are members of a single suicide population. Weiss, (1960) labels those characterized by high medical risk and high intent to die as “Aborted Successful Suicides.”

d) **Suicidal Ideation**: Suicidal ideation, also known as suicidal thoughts, concerns thoughts about or an unusual preoccupation with suicide. (Arkus, 2016). Suicidal Ideation are defined as individuals who admit the thoughts or contemplation of suicide, specially the thoughts of wishing to terminate one’s life. (Brown et.al, 2015). The ideation may or may not involve actual planning or mental rehearsal of a suicidal act. Suicidal Ideation may be inferred from over suicidal behavior and communications except for over act. The suicidal ideas category includes behavior that may be directly observed or inferred as that are concerned with or move in the direction of a possible threat to the individual's life, but in which the potentially lethal act has not actually been performed.

The term **ORPHAN** is defined as a child whose natural parents are absent or not alive. One legal definition used in the USA is someone bereft through “death or disappearance of, abandonment or desertion by, or separation or loss from, both parents”. The orphans are a socially isolated group. They have almost lost their self-respect and experience, strong inhibitions preventing their coming to the forefront of the social life.

**Progressive Muscular Relaxation Technique**: Progressively relaxation is a technique for learning to monitor and control the state of muscular tension. It was developed by American physician Edmund Jacobson in the early 1920s. Dr. Jacobson wrote several books on the subject of Progressive Relaxation. A relaxation technique (also known as relaxation training) is a method, process, procedure, or activity that helps a person to relax; to attain a state of increased calmness; or otherwise reduce levels of anxiety, stress or anger. Relaxation techniques are often employed as one element of a wider stress management program and can decrease muscle tension, lower the blood pressure and slow heart and breath rates, among other health benefits. The technique involves learning to monitor tension in each specific muscle group in the body by deliberately inducing tension in each group. This tension is then released, with attention paid to the contrast between tension and relaxation. These learning sessions are not exercises or self-hypnotism.

**Self Management**: Self management is also a part of therapeutic treatment to reduce Anxiety & Depressive Symptoms. In education, and psychology, self-management refers to methods, skills, and strategies by which individuals can effectively direct their own activities toward the achievement of objectives, and includes goal setting, decision making, focusing, planning, scheduling, time management, task tracking, self-evaluation, self-intervention, self-development etc. also known as executive processes. In the 1980s and 90s, self-management programs began to be developed for people with chronic conditions. Because chronic conditions are common, it became clear that self-management education and training for people was a very important part of being as healthy as possible.

Finally, we have come down to this conclusion that most of the problems in orphans is Suicidal Ideation. Thus it is a dire need of the time to help by psychological counseling, group therapy, relaxation therapy and other alternative techniques or a combination of all of them to promote self efficacy management and well being.

✔ **Objectives**
2. To explore Gender Differences on Suicidal Ideation among orphans.
3. To explore interactions of Group Therapy (PMRT and SMT), Conditions (Pre and Post) and Gender (Male and Female) on Suicidal Ideation among male & female orphans.

✓ **Hypotheses**

1. The respondents with Progressive Muscular Relaxation Training and Self Management Training will differ significantly from each other on Suicidal Ideation.
2. There will be a significant gender difference on Suicidal Ideation among male and female orphans.
3. There will be a significant difference in Pre-test and Post-test conditions of both the therapies (PMRT and SMT) on Suicidal Ideation among male and female orphans.
4. There will be a significant interaction between Gender (Male and Female) and Therapy (PMRT and SMT) on Suicidal Ideation.
5. There will be a significant interaction between Conditions (Pre and Post) and Gender (Male and Female) on Suicidal Ideation.
6. There will be a significant interaction between Conditions (Pre and Post) and Therapy (PMRT and SMT) on Suicidal Ideation among male and female orphans.
7. There will be a significant interaction between Conditions (Pre and Post), Gender (Male and Female) and Therapy (PMRT and SMT) on Suicidal Ideation.

8. **Research Design:** A 2×2×2 factorial mixed design was utilized to conceptualize the study and analyze the obtained data. Three classificatory variables were used to classify the respondents into eight categories. The first classificatory variable being Group Therapy which was divided into two types i.e. Progressive Muscular Relaxation Training & Self Management Training were matched on two conditions of therapy i.e. Pre & Post (the second classificatory variable). The third classificatory variable corresponding to the sex of the respondents led to two categories of Gender i.e. Males & Females. The classificatory scheme yielding the respondents is as follows:

**The Distribution of the Respondents**

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Group Therapy
<table>
<thead>
<tr>
<th>Relaxation Therapy</th>
<th>Self Management</th>
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<tbody>
<tr>
<td>Before</td>
<td>After</td>
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<td>Male</td>
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✓ **Sample & Sampling:** The purpose of the present study was to see the impact of Progressive Muscular Relaxation Training & Self Management Training (Types of Group Therapy) on Suicidal Ideation, Depression and Coping Strategy among orphan adolescents. For this, different orphanages in Lucknow City were contacted and the respondents were selected using Quota Sampling. A total no of 200 respondents were selected through Quota Sampling from different orphanages of Lucknow City, U.P they were equally divided into males and females. They were further divided randomly into equal groups having different types of group therapy.

✓ **Description of Tools & Therapies:**

1. **The Modified Scale for Suicidal Ideation by Miller et.al (1986).** The Modified Scale for Suicide Ideation (MSSI; Miller, et.al 1986) is a revised version of the Scale for Suicide Ideation (SSI; Beck et
The MSSI is an 18 item scale that contains 13 items from the SSI and 5 additional items. These new items are related to intensity of ideation, courage and competence to attempt, and talk and writing about death. The MSSI was designed to be a semi-structured interview that could be administered by both professionals and paraprofessionals. The MSSI assesses suicide symptoms over the past year. The first 4 items have been designated as screening items to identify those individuals whose suicide ideation is severe enough to warrant the administration of the entire scale. Each item is rated on a 0-3 point scale and the ratings are summed to yield a total score ranging from 0 to 54. The MSSI takes approximately 10 minutes to administer.

2. **Self-Management Training:** Self-management is also a part of therapeutic treatment to reduce Anxiety & Depressive Symptoms. It refers to methods, skills, and strategies by which individuals can effectively direct their own activities toward the achievement of objectives, and includes goal setting, decision making, focusing, planning, scheduling, time management, task tracking, self-evaluation, self-intervention, self-development, etc. Self-management can be used to live a more effective & efficient daily life, explore the vision, reduce negativity. Learned Positive & new perspective of the life, accomplish difficult task and achieves the positivity.

3. **Progressive Muscular Relaxation Technique:** Progressive relaxation is a technique for learning to monitor and control the state of muscular tension. It was developed by American physician Edmund Jacobson in the early 1920s. A relaxation technique (also known as relaxation training) is a method, process, procedure, or activity that helps a person to relax; to attain a state of increased calmness; or otherwise reduce levels of anxiety, stress or anger. Relaxation techniques are often employed as one element of a wider stress management program and can decrease muscle tension, lower the blood pressure and slow heart and breath rates, among other health benefits.

**Procedure:** General testing conditions were satisfactory. All the selected participants of the study were given Modified Scale of Suicidal Ideation (MSSI) by Miller et.al (1986) after that the group which were decided to be treated by PMRT & SMT were given training for One month (thrice in a week) while in other days they were instructed to practice the technique by themselves. After one month post test was conducted Suicidal Ideation Scale was again administered on the same respondents. Finally data were analyzed with the help of appropriate statistics.

**Statistical Analysis:** After data collection obtained data of Pre test & Post test of PMRT & SMT were analyzed by using SPSS.20 software. The obtained data were analyzed using Means, SD, and ANOVAs.

**Results & Discussion:** To fulfill the prime objective of the study a 2 x 2 x 2 factorial mixed design was used where the two levels of Group Therapy (Progressive Muscular Relaxation Training & Self Management Training) were matched with two levels of Conditions (Before & After) and two levels of Genders (Males & Females) to yield eight conditions.

Considering the main objectives of the study Means, SDs and ANOVAs were computed which are presented in Tables 4.1 to 4.16. The scoring was done using SPSS 20 (licensed) software. The obtained results are discussed as under:

1. **Suicidal Ideation in relation to Group Therapy:** The Hypothesis 1 of the present study was that “The respondents with PMRT and SMT will differ significantly from each other on Suicidal Ideation”. To test the above hypothesis Means, SDs & F ratios were computed for Suicidal Ideation. As it is clear from the inspection of Table 1, Part (B) that the main effect of therapy was found to be significant at .01 levels. It is clear from the observation of Table 1 Part (A) & Graph 1 that Self Management Training (SMT) was found to be more effective (Mean being 10.08) than Progressive Muscular Relaxation Training (PMRT) (Mean being 11.03) in reducing Suicidal Ideation among respondents. These results support the First hypothesis stated above. As it is clear from the results that SMT was found to be more effective in reducing Suicidal Ideation among respondents. The reason may be contributed to the fact that greater percentage of adolescent’s population need to self manage themselves because it involves greater intrinsic...
motivation. Thus, SMT is significantly effective in reducing suicidal ideation. Mindfulness Breathing is another technique of SMT used in the present study also helps to create self awareness and helps to reduce suicidal ideation. The regular practice of Mindfulness Breathing activates the functions of hypothalamus and the sympathetic process affects the functions of neurotransmitters as a result the secretion of dopamine is increased. Dopamine is responsible for happiness (Markand, 2004). The whole process of mindfulness breathing works like self-motivating technique, which encourages a person to think in a positive way and increases the self confidence and takes away the feeling of sadness & suicidal ideation. Many researches Gupta & Srivastava (2016), Sahu (2009) Shukla, (2007) have revealed that Mindfulness Breathing is significantly effective to deal with Suicidal Ideation. These might be the reasons why SMT was found to be more effective than PMRT. One more reason may be attributed to effective communication which has also been used as the Self Management Training. Effective Communication skills are very important in present scenario, because it helps to improve teamwork, decision making and problem solving approaches. Effective communication helps us better understand a person or situation and enables us to resolve differences, build trust and respect, and create environments where creative ideas, problem solving, affection, and caring can flourish (Martin et.al 2014). Effective Communication builds strength and creates a supportive environment by making behavioral changes which weaken depressive thoughts & suicidal ideation (Watson & Bedard, 2011). Motivational Therapy and Games another technique of Self Management Training also systematically replace the negative thoughts with positive thoughts. The study of Williams (1998) & Abner (1997), revealed the significant positive effects of Motivational Therapy.

2. Suicidal Ideation in relation to Gender:

The Hypothesis 2 of the present study was that “There will be a significant gender difference on Suicidal Ideation among male & female orphans”. To test the above hypothesis Means, SD & F ratio were computed for Suicidal Ideation. The obtained Mean, SD & F ratio for Suicidal Ideation are shown in Table 1 Part (A) & 1 Part (B). As it is clear from the inspection of Table 1 Part (B) that the main effect of Gender was found to be significant at .01 levels. It is clear from the observation of Table 1 Part (A) & Graph 2 that females were having more Suicidal Ideation (Mean being 13.61 & 8.39 in pre & post test conditions) than Males (Mean being 12.9 & 7.34 in pre & post test conditions). Thus H. 2 stated above was accepted. The reason may be attributed to our societal structure & different varying practices for males & females. In line with these findings, Ehnvall et.al. (2008) reported that feeling rejected by parents was a significant predictor of lifetime suicide attempts for women, although not for males. Briere et.al. (2015) reported deprived of love and emotional abuse; was strongly predict suicidal ideation for females as compared to males. A longitudinal study of patients with mood disorders found that women had more suicide attempts than men. (Simon et.al., 2000). Azorin et.al. (2014) also reported that females were more associated with suicide attempts. Kessler et.al.,(1999) & Marcus et.al.,(2008) also concluded that women are nearly twice as likely as men to report moderate difficulty with suicidal feelings or behaviors. A nine country study reported that women had consistently higher rates for suicide attempts. (Weissman, Bland & Canino,1999). Gender-based violence is a significant predictor of suicidality in women, with more than 20% of women who have experienced violence attempting suicide. (Stark & Flitcraft,1996). Rehman et. al. (2012) has indicated that behavioral and emotional disorders are highly prevalent among female orphans than male orphans. Anderson et.al. (2002) reported an increased rate of suicide attempts in abused women compared to men, although investigators questioned whether the findings reflected higher abuse prevalence in women rather than differential susceptibility to the abuse. However, they found that early sexual abuse predicted suicidal behavior among adolescent girls but not among boys. In contrast to the findings of the present study, Fried et.al. (2014) demonstrated that under conditions of stress, males were found to have more suicidal ideation. Schneider (2014) also found in a recent cohort study that male sex predicted risk for suicide. Fergusson and colleagues (2015) reported that teen boys who had been sexually abused displayed more suicidal behaviors than sexually abused girls. Diefenbah (2009) & NIMH (2009) in their
A collaborative study found no gender differences in number of suicide attempts. Peter et al. (2004) conducted a study to identify the psychosocial problems of orphans and non-orphans. Findings showed that prevalence and seriousness of psychosocial problems (negative emotion, stigma, depression and behavioral problems) was higher among orphans than non-orphans. No gender differences were found in this study.

3. **Suicidal Ideation in relation to Conditions**: As it is evident from the inspection of Table No. 1 Part (B) that the main effect of conditions (Pre & Post) was found to be significant on

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<th>PMRT</th>
<th>SMT</th>
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**Suicidal Ideation**. So, the hypothesis no 3 which was related to the conditions was accepted. Suicidal Ideation (Mean being 18.94 in Pre & 10.96 in post condition) was reduced significantly in post conditions. These results of the present study are supported by the study of Verma & Lal (2010) who have suggested that exercise and increased physical, motivational and life skill’s activity improves function, quality of life, strength, endurance, and reduced Suicidal Ideation, depression and aggression. Winnie et al. (2010) suggested that progressive muscle relaxation is a useful adjuvant technique for reducing negative & suicidal thoughts.

**Interaction Effect**:

I. **Suicidal Ideation in relation to Gender and Group Therapy**: No Significant Interaction between Gender and Therapy were found on Suicidal Ideation, Depression and Overall Coping Strategies.

II. **Suicidal Ideation in relation to Condition and Gender**: No Significant Gender Differences were found on Suicidal Ideation in post conditions of both the therapies.

III. **Suicidal Ideation in relation to Condition and Group Therapy**: Suicidal Ideation was less in the post condition of SMT as compared to PMRT.

IV. **Suicidal Ideation in relation to Condition, Gender and Group Therapy**: Female orphans were found to report significantly less Suicidal Ideation in the post condition of SMT as compared to respondents in post condition of PMRT.

**Contributions**: The main contribution of the present study is that it not only tried to see the effectiveness of Group Therapies but it also compared the effectiveness of two very important and useful Group Therapies i.e. PMRT and SMT in dealing with Suicidal Ideation. The findings have suggested that SMT was found to be the more effective intervention training as compared to PMRT. These results are very enlightening since most of the past literature has suggested PMRT as very effective technique in reducing Suicidal Ideation but the findings of the present study have suggested that the combination of different therapies can even lead to better intervention. The reason may be attributed to the versatility of SMT. It comprises many techniques which need active participation by the respondents generating more interest and motivation among them so they don’t need any external push to deal with their problems.

Table 1  **Part A:**  **Mean and SD on Suicidal Ideation among orphans**
1. Interaction Effect of Gender and Therapy

Graph 1. Mean of respondents on Suicidal Ideation in relation to Gender (Male and Female) and Group Therapy (PMRT and SMT)
Interaction Effect of Conditions and Gender

Graph 2 Mean of respondents on Suicidal Ideation in relation to Conditions (Pre and Post) and Gender (Male and Female)

Interaction Effect of Condition and Therapy

Graph 3 Mean of respondents on Suicidal Ideation in relation to Conditions (Pre and Post) and Therapy (PMRT and SMT)
Interaction Effect of Condition, Gender and Therapy

Graph 4 Mean of respondents on Suicidal Ideation in relation to Conditions (Pre and Post), Gender (Male and Female) and Therapy (PMRT and SMT)

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