

Personality Characteristics of Attempted Suicides

By K. S. VINODA

INTRODUCTION

The aim of this study is to describe by means of certain psychological tests various personality characteristics of those who have made suicidal attempts and to see how they differ from other psychiatric patients and from normals who have not made such attempts at suicide.

In the present investigation, attempted suicide is regarded as "acts of self injury inflicted with the minimal intention of dying". This would perhaps include a few more cases than would the definition by Stengel and Cook (1958) who accepted as suicidal attempts "every act of self injury consciously aiming at self-destruction". The present definition has been chosen because the primary aim of the investigation was to study the personality aspects of the individuals who not only have suicidal intentions but have also tried to put them into action. Threats not resulting in action, and persons who denied any suicidal intention, although the seriousness of the self-injury made the physician and the psychiatrist suspect attempted suicide, are not included in this study.

Throughout the literature one finds constant remarks made about the personalities of individuals who attempt or commit suicide. The stresses and strains prompting the suicidal attempts are no more acute or severe than those to which almost all people are required to adjust. Time and again, sociologists, psychiatrists and psychoanalysts have commented that suicide is a complex phenomenon, with a number of physical, social and psychological factors acting and interacting. It is the interaction of environmental factors on the personality of the individual that determines the final outcome.

Table I lists a number of clinical studies which try to describe the predominant traits of personality or types of personality in suicide and

attempted suicide. Most of these studies have been mainly descriptive and lacking in comparative control groups.

There has been a considerable neglect of objective psychological studies, although the importance of psychological factors has long been recognized. The studies reporting the use of standard psychological tests (mostly projective tests) are fairly recent, and for the most part done in the U.S.A. The present study is the first to be conducted on a British sample of attempted suicides which employs objective, non-projective personality tests.

THE SAMPLE

The sample consists of 150 female patients (all white British Nationals) at Rochford General Hospital, Essex. This is a 617-bedded hospital with a 62-bedded psychiatric ward. It has a large catchment area of both urban and rural districts with a home population of over 725,000 approximately. (R.G. 1963.)

Experimental group: All the women patients admitted to the medical and psychiatric wards of this hospital during the period from 15 February, 1962 to 22 May, 1963 because of a suicidal attempt have been seen. In addition to the co-operation and testability of patients, two other criteria were set for selecting the patients: (a) minimum suicide intention resulting in some sort of injury which paved the way for admission; (b) a minimum vocabulary level of grade IV or 25th percentile on the Mill Hill Vocabulary scale, since most of the tests used were verbal in nature. There were altogether 70 women admitted to the medical and psychiatric wards of Rochford General Hospital during this period. (Many attempted suicides reaching hospital are never admitted as in-patients; they receive attention and treatment at the casualty department and are then sent home). Of the 70

TABLE I
Personality Characteristics of Attempted Suicides

Author	Personality Characteristics
Fairbank, 1932	Rigid personalities.
Stoneman, 1935	Marked irritability, ambivalence, sexual frustration.
Williams, 1936	Inability to adapt to changed situations because of narcissistic component integrated into personality and a marked introversion.
Hopkins, 1937	Solitary, introverted, asocial.
Raphael, <i>et al.</i> , 1937	} Poorly integrated personalities.
Siewers and Davidoff, 1942	
Wall, 1944	
Andics, V. 1947	
Faris, 1948	Rigid, extreme of cycloid or schizoid temperament, feeling of rejection and unwanted by others.
Teicher, 1947	Weakness of character, sexual maladjustment, difficulty in forming friendships.
Hendin, 1950	Quitter type, dependent, egocentric, personality disorganization prone to take place in social disorganization.
Batchelor, 1954	Insecurity, inadequacy and exhibitionism.
	Immature and asocial types of personality.
	Vulnerable personalities, morbid sensitivity, shy, seclusive, undue dependency, passive homosexual, timid, obsessive disposition, with tendencies to hypochondriasis.
Schneider, 1954	} Abnormal personality traits.
Sainsbury, 1955	

patients, all first seen in the casualty department, 60 were admitted to general medical wards and 10 were admitted to the psychiatric ward. The number of women who could not be tested was 20, distributed as follows: voluntary non-cooperation, 4; foreigners with little English, 4; serious physical condition, 2; dementia, 4; early discharge and subsequent failure to keep appointments, 6.

The final subjects of the experimental group are therefore 50 female patients; their ages ranged from 17 to 69 years with a mean age of 36.10 ± 10.35 years. They included both single and married persons of different religious denominations and different social class.

A detailed history of every patient was taken covering personal history, school and occupational history, family history, sexual and marital history, social history, medical and other psychiatric history, events leading to the suicidal attempt, details about the attempt, time, method, likelihood of intervention, the number of previous attempts and their details, sequence of events immediately following the attempt, attitude towards the attempt, mode of admission, mental and physical state, and diagnosis if any.

All the subjects of the experimental group

were interviewed and tested individually. Owing to serious mental and physical after-effects of the attempt, it was not always possible to see the patients immediately after they regained consciousness. The intervals between admission and testing time varied from one day to 40 days; but the majority were seen within 10 days of admission.

Psychiatric Control group: The subjects of this group consisted of 50 female patients of British nationality admitted to the psychiatric ward of the same hospital. Every effort was made to match these subjects individually on the important variables such as age, education, socio-economic status and marriage, except for the one essential distinguishing feature of being non-suicidal. That is, they had never attempted suicide, nor threatened it. The methods used to check these were the case history information, as to the presence of suicidal attempts or threats, opinion of psychiatrist in charge of the patient and direct questioning in the initial interview. As far as possible all patients were tested before active treatment. No patient was tested after having had more than one E.C.T.

Subjects were not matched with the attempted suicides for diagnosis; but the distribution was

similar in the two groups. This is shown in Table II. Only primary diagnosis is taken into consideration, although frequently there were other secondary diagnoses.

TABLE II

Diagnostic Groups	AS	PC
Neurotic depression	18	17
Hysteria	6	10
Anxiety states	6	11
Obsessive-compulsive neurosis ..	0	2
Psychopathy and inadequate personalities	9	2
Psychotic depression	3	2
Schizophrenia	3	6
Epilepsy (organic)	1	0
No diagnosis	4	0

Normal Control group: The subjects of this group were 50 normal convalescent women, 22 from general medical and 28 from surgical wards of the same hospital. These were also individually matched with the subjects of the experimental group for age, education, socio-economic status and marriage. These patients were tested at the time of their discharge when they were to a large extent free from the physical ailments for which they were admitted. Care was taken to see that none of them had ever threatened or attempted suicide and also that all were free from psychiatric involvement or any psychosomatic loading. Cases with central nervous system pathology were excluded.

GROUP CHARACTERISTICS

Age: The mean age of each group was just over 36 years with standard deviations of just over 10.

Education and Class: Approximately 80 per cent. of each group had been to a Secondary school, had 9 or 10 years total schooling and belonged to the Registrar-General's class III or IV.

Marital Status: Persons have been matched on the broad categories of marital status of either being single or married only, but not on the further classification within the marriage group.

TABLE III

Marital Status	AS	PC	NC
Single	7	7	7
Married	28	35	39
Separated/Divorced	9	4	0
Widowed	3	3	4
Cohabiting	3	1	0

Marital unhappiness was assessed by subjective reports by the patients themselves. By marital unhappiness is meant discord between the patient and the spouse, which created a stress. Because of the subjectivity in this, it is not possible to consider the degree of marital unhappiness.

The groups did not differ in respect of number of previous marriages or number of children.

Order of Birth: Only children have been considered as first-born if there are no further children and considered as last-born if there were earlier conceptions and children born and died. There were no differences in number of siblings.

Religion: There were no differences in religious denominations, approximately three-quarters being Church of England.

Interval between Admission and Testing: The three groups were closely matched for the interval between admission to the hospital and testing. Overall, 59 per cent. were tested within a week, 19 per cent. from one to three weeks and 22 per cent. from three to five and a half weeks.

Family History: It was not possible to obtain information on this in the normal control group. There was a family history of psychiatric abnormality in 9 of the attempted suicides and 14 of the psychiatric controls. In the families of attempted suicides and psychiatric controls respectively there were 9 and 14 cases of mental illness, 4 and 2 suicides and 1 and 0 attempted suicides.

Reasons for the suicidal attempt: (as given by the patients) were psychological reasons (mainly depressions and fears) 33; inter-personal difficulties (mainly marital) 20; economic, 7; ill-health, 3; none given, 4.

Many patients gave two or more reasons for their attempts.

TABLE IV
Marital Adjustment

Marital Status	AS		PC		NC	
	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Married	14	14	21	14	43	5
Separated/Divorced ..	—	9	—	4	—	—
Widowed	3	—	2	1	4	—
Cohabiting	1	2	1	—	—	—
Total	18	25	24	19	38	5

$$\chi^2=27.45 \quad Df=2 \quad p < .001$$

TABLE V

Birth Order	AS	PC	NC
First born	14	15	25
Later born	18	21	8
Last born	18	14	17

$$\chi^2=14.46 \quad df=4 \quad P < .01$$

Methods employed in suicidal attempts: Approximately two-thirds involved the use of barbiturates.

History of previous attempts at suicide: Twenty-seven were not known to have attempted suicide before; 13 had made one previous attempt and 10 had made 2 or more attempts.

THE TESTS

(a) Mill Hill Vocabulary tests (MHV)—Synonyms—Form A Senior used as a screening test to select patients with at least a minimum vocabulary of grade IV (Raven, 1954).

(b) Hostility scales employed to measure General Hostility and Direction of Hostility. (Foulds, Caine and Creasy, 1960; Foulds and Caine, 1965.)

The scale consists of three extrapunitive sub-scales (acting-out hostility; criticism of others and projected hostility) and two intropunitive (self-criticism and guilt). General Hostility is the sum of the five sub-scales and Direction of Hostility is (2SC+G)-(AH+CO+PH).

(c) The Level of Aspiration test was a tapping test with a manually operated counter which registered taps as they were made. The subject was asked to tap with the index finger of the

right hand as fast as she could for 15 seconds. Before each of the 10 trials she was asked to say how many taps she thought she would be able to make in 15 seconds (aspiration score). She was then asked to tap for 15 seconds. The top of the counter was covered from the subject's view so that she could be asked how many taps she thought she had in fact achieved (judgment score). Next she was told how many she had achieved (performance score). The method of scoring was according to instructions given by Himmelweit (1945).

Goal Discrepancy Score: the difference between the aspiration for the next trial and the performance on the previous one (A-P). Thus the score is positive if aspiration is higher than performance.

Judgment Discrepancy score: the difference between the estimated and actual performance (J-P). Thus the score is positive if judgment exceeds performance. Flexibility-Rigidity: the number of times the subject changed her level of aspiration.

(d) Hysteroid-Obsessoid questionnaire used to assess hysteroid and obsessoid traits of personality (Caine, 1963).

(e) Symptom Sign Inventory employed to assess the psychiatric condition of the subjects (Foulds, 1962).

The order of presentation followed the same order for all subjects as the listing of the tests above. For every individual a record of behaviour during the testing was obtained.

The testing was preceded by a clinical interview. The details about the attempt were asked after the testing. The average time required

by most subjects to complete the tests and interviews was an hour and a half. Normal subjects took relatively less time for testing.

RESULTS

Since the attempted suicides and the psychiatric control group consisted of patients from different psychiatric diagnostic categories, it was thought necessary to determine the influence of diagnosis on test measures employed. As the number of persons in each diagnostic category was small, they were broadly classified into hysterics, dysthymics and psychotic groups. Significance of difference was tested by χ^2 analysis separately for the attempted suicide group and the psychiatric control group. Only one difference was statistically significant, thereby implying that the groups were relatively homogeneous in themselves irrespective of diagnosis.

There was only one significant difference produced by the diagnostic groups among the psychiatric controls. Dysthymics over-estimated their own performance on Level of Aspiration and hysterics underestimated. This finding is contrary to the established finding that hysterics are overestimators and dysthymics are underestimators (Eysenck, 1947). The present finding is probably due to the interaction of personality and illness, in that hysteroid dysthymics tend to overestimate their performance and obsessoid hysterics tend to underestimate their performance rather than otherwise. This is not put to test further because of the small number of cases.

Since attempted suicides differed from normal controls in vocabulary, MHV scores were intercorrelated with the scores derived from other tests for the three groups separately. None of the correlations are significant.

DISCUSSION

There were no significant differences between any of the groups on Goal or Judgment Discrepancy.

The experimental group and the psychiatric controls were very much more Personally Ill than were the normal controls; they had a poorer Vocabulary, were more Intropunitive and showed some tendency to be more obsessoid.

Only 42 per cent. among the experimental group and 56 per cent. among psychiatric controls, of those who were or had been married or who were cohabiting, regarded their marriage as satisfactory, contrasted with 88 per cent. of the normal control group.

Although the Direction of Hostility and the hysteroid-obsessoid personality components did not produce significant differences between the attempted suicides and the psychiatric controls, a subsequent report will show that these measures did differentiate between groups within the attempted suicides. Whilst, in general, the attempted suicides were much more similar to the psychiatric than to the normal controls, there were two measures on which the experimental group differed from both control groups. These were General Hostility and Rigidity. It was found that the more aggressive an individual is, the more personally ill (neurotic) he is or vice versa. Attempted suicides, being aggressive individuals, are also neurotic, and similarly psychiatric controls are mentally ill and aggressive. Fisher and Hinds (1951) suggested that there is a significant positive relationship between total degree of disturbance in control of hostility and total personality maladjustment, so that breakdown in control of hostility is not a specific phenomenon but a manifestation of general personality malfunction.

The one important difference noticed in Level of Aspiration behaviour between attempted suicides and others is the measure of flexibility, in which attempted suicides were significantly rigid in changing level of aspiration as compared with others. Further, this rigidity was found to be related to reactions to success and failure. Attempted suicides reacted to success and failure by keeping the level of aspiration constant to success or failure. In addition, the trends suggested by level of aspiration behaviour are that the attempted suicides reacted more to aspirations than to performance and they were overraters of their own performance. The relationship of level of aspiration with personal illness showed that the discrepancy between goals and performance (reality as represented by performance proper) increases as personal illness increases. The

TABLE VI
Mean, S.D. and 't' Values for the Various Test Scores

Test Scores	Attempted Suicides		Psychiatric Controls		Normal Controls		't' values
	Mean	S.D.	Mean	S.D.	Mean	S.D.	
I 1. Mill Hill Vocabulary (MHV)	26.60	4.40	26.96	4.70	29.36	5.08	NC > PC & AS 2.45* & 2.91** respectively
II Hostility scales							
General Hostility	21.06	6.44	16.96	7.02	12.74	5.36	AS > PC > NC 3.04** & 3.40***
Direction of Hostility	+4.38	6.08	+6.10	5.06	+1.26	5.62	NG < PC & AS 4.54*** & 2.67**
III Level of Aspiration							
Goal discrepancy (GDS)	+6.54	48.86	1.78	39.04	5.46	38.98	Not significant
Judgment discrepancy (JDS)	-22.54	47.88	-18.54	45.22	-23.26	31.10	Not significant
Flexibility (F)	4.78	1.82	5.80	1.46	5.66	1.50	AS < PC & NC 3.09** & 2.59*
IV Symptom Sign Inventory							
Personal illness (PI)	8.68	3.98	9.76	4.44	1.52	1.84	NG < PC & AS 12.12*** & 11.55***
V Hysteroid-Obsessoid Questionnaire							
Hysteroid score (HOQ)	21.34	5.20	21.36	4.94	23.30	5.10	NC almost > PC & AS 1.93 & 1.90

* = .02 level of significance for 98 DF

** = .01 level of significance for 98 DF

*** = .001 level of significance for 98 DF

normal person's behaviour is more goal-directed, in that she places the estimate of future performance in relation to her previous performance. A neurotic person over-rates her performance. The approach of the attempted suicides is so excessively limited that they cannot see the range of their environment; they will feel stuck with their problems, which to them look insuperable. Because of their rigidity, they are unable to see other ways round the problem, as Tabachnick (1961) has suggested.

The experimental group gave as the main reason for their suicidal attempts feelings of depression and fear, predominantly in connection with their husbands; this in spite of the fact that they did not rate their marriages as unsatisfactory significantly more often than did the psychiatric controls. From their higher General Hostility it would, however, appear that greater tension had perhaps built up and that, with their greater Rigidity, they were less able to see any positive way out.

SUMMARY AND CONCLUSIONS

A battery of five tests consisting of the Mill Hill Vocabulary, the Hysteroid-Obsessoid Questionnaire, the Hostility scales, a level of aspiration-tapping test, and the Symptom Sign Inventory was administered to a group of 50 female attempted suicides, 50 psychiatric controls and 50 normal controls coming from a general hospital, matched individually on variables such as age, education, occupation and marital status in order to study the personality characteristics of attempted suicides that differentiated them from other psychiatric patients and normals who have not made any such attempts at suicide. The results indicated that attempted suicides had more general hostility and were more rigid than were the psychiatric controls.

These differences apart, they were much more like the psychiatric than the normal controls.

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