

# A comparative study on gender difference in attempted suicide on basis of personality traits, emotional maturity, and depression.

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**Abstract**— The purpose of the study is to explore gender difference in attempted suicide on basis of personality traits, emotional maturity and depression. The sample consisted of two groups where number of participants are ( n=20) in each group. The target groups were males and females who had attempted suicide at least once. The mean age for males (  $\bar{x}$  = 24.45) and the mean age for female (  $\bar{x}$  = 24.35). Both the personality questionnaire ( EPQ-R), Emotional maturity scale ( EMS), and Becks depression inventory ( BDI).

**Index Terms**— attempted suicide, emotional maturity, depression, gender difference.

## 1 INTRODUCTION

A high suicide rate in any society is an index of social disorganization. World health report 2001 estimates that 10-20 million people take an attempt to commit suicide. The comparable period prevalence rate for attempted suicide throughout the world ranges from 5.30 lakh population per year. Hence, like other non communicable disease, attempted suicide is increasing in trend throughout the world and is a major public health problem. National crime bureau (2001), there has been 108,506 attempted suicides (reported), with an incident rate 11 per one lakh population during 2000. In 1974 the attempted, reflects the seriousness of the problem. (National crime bureau, 2001)

Attempted suicide is a result of complex interaction between personality type, emotional maturity and depression level, however studies have failed to reveal consistent finding with regards to prevalence and potency of these risk factors. At times attempted suicide appears to be a private affair with problems and burdens not even shared with closest people of the attempter. Therefore, there is a need to identify such factors associated with suicidal attempt.

The study by G; Plancherel B; Laget J; Corocos m; Flament MF; Halfon O. provides interesting results concerning the personality traits of young women with both eating disorders and suicidal behavior. Students and those with purging behavior are most at risk. Young women should be given more attention with regard to the risk of suicide attempts if they: (a) have AN-R with tendency to self punishment and antisocial conduct, (b) have AN-P with multiple antisocial behavior, or (c). If they have BN-P and tend to be easily angered with obsessive behavior and phobic worries. The MMPI-2 is an of suicidal behavior in young subjects, after controlling for current depressive pathology. ( Youssef G; Plancherel B; Laget j; Corocos m; Flament MF; Halfon O, 2004)

In the study by Drew M. Velting ( 1999) suggests that, Suicidal ideation is positively predicated by the neuroticism facets, angry hostility and depression, and negatively predicted by the conscientiousness facet self-discipline. These findings are discussed in relation to research investing personality and

suicide -related constructs. Drew M. Velting, 1999)

In the study by C.T Sudhir Kumara, Rajesh Mohanb, Gopinath Ranjithc, R. Chadrasekarand (2005) suggest that, the majority of men attempting suicide were single. Men were more likely to use organophosphate poisons in their attempt to kill themselves and had higher rates of mental illness than women. As compared with men, women were more likely to come from rural areas, had a lower Educational status, and had lower rates of employment outside the home. In women, the most common method by self -immolation was significantly higher among women. Men had higher suicidal intent than women, although lethality, depression and stress were comparable between the genders. Rural women were more disadvantaged in education; however, in urban areas ,men had higher psychiatric morbidity among people who have attempted suicide .( C.T Sidhir Kumara, Rajesh Mohanb, Gopinath ranjithc, R. Chadrasekaranand, 2005)

In a study by Pendro R. Portes, daya S. sandhu, Robert Longwell- grice suggest that, suicide is a complex problem with ideology or beliefs as a common element that intricately interconnects with any number of emergent identities pressing on the individual . One factor underlying suicide concerns the failure to construct a healthy identity. Much of the research on this issue focuses on adolescence, the period of time when individuals are most engaged in developing a healthy identity ( Erikson, 1968; Coleman & Remafedi, 1989; Bar -Joseph & Tzuriel, 1990; Newton, 1995). Erikson ( 1968 ) noted that in extreme instances of delayed and prolonged adolescence , complaints of "I give' and " I quit" are more than signs of mild depression- they are expressions of despair. Erikson acknowledged that suicide itself is an identity choice for some adolescents. Furthermore, suicide is increasingly occurring among people who are not adolescents, which may have to do with the inability to master Erikson's stages of development throughout the lifespan , beginning early in life.

Accomplishing developmental tasks in a given cultural context requires a sense of connectedness. As the institution of the family, which is the primary engine for healthy socialization,

has weakened in modern society, individuals risk for disturbances in identity formation mounts. For suicidal individuals, the family and society may have failed to provide the necessary conditions for sound development. ( Pedro R. Portes, Daya S. Sandhu, Robert Longwell-grice, 2002)

#### Definition

“Attempted suicide is an act with non fatal outcome, in which an individual deliberately initiates a non habitual behavior that, without intervention by others, will cause self harm, or deliberately ingest a substance in excess of the prescribed or generally recognized therapeutic dosage and which is aimed at releasing changes that the subject desires via. Actual or expected physical consequences.” (WHO/ EURO, 1986)

#### EPIDEMIOLOGY

Completed suicides are more common in males as compared to females, but attempted suicides and suicidal ideation are more common in females than in males. (Gould, 2003)

This is often referred to as the “gender paradox” of suicidal behavior.

Isometsa and Lannqvist (1998) found that although 62% of women who commit suicide had made previous suicidal attempts, 62% of men who committed suicide had not attempted suicide.

In New Zealand, suicide was second leading cause of death, after road traffic accidents, among both young men and women.

For both men and women higher level of depression with increased probability of suicidal ideations (Allison, Roeger et al, 2001) and suicide attempt.

#### AETIOLOGY

Martin and colleagues (Martin, Bergen et, 2004) found that self reported sexual abuse was strongly and independently associated with:

Suicidal thoughts, plan, and threats

Deliberate self injury

Suicide attempts and Hopelessness

Family dysfunction males who reported current high distress about sexual abuse had “10 fold increased risk for suicidal plans and threat, and 15 fold increased risk for suicidal attempted than women.” (Martin et al., 2004)

Factors explaining gender difference in suicidal attempt

While there are numbers of theories to explain gender differences in suicidal attempt rates, research studies, including those from New Zealand suggest that:

Gender-related method preference almost completely explains the gender differences seen in suicidal attempt rates:

Males prefer more lethal methods (e.g. hanging)

Methods preferred by women are less lethal (e.g. Over dosage)

Therefore males are more likely to complete suicide and females are more likely to attempt suicide. (Beautrais, 2002)

A series of other explanations of gender difference in suicidal behavior have been offered, but there is generally poor evi-

dence to support these. These explanations include difference arising from:

Suicidal intent: women may intentionally use less lethal suicide methods to draw attention to their situation, and do not intend to die.

Ascertainment: It is possible that there may be gender biases in reporting and classing of suicide deaths.

Difference in psychopathology: because males are more prone to aggressive, antisocial and externalizing behavior, they are likely to make more impulsive, lethal, active and determined suicidal attempts.

Psychosocial difference: 1) having children may protect females against suicide. 2) Females are more willing to seek help and discuss their problem than males. (Beautrais, 2002)

In addition, Canetto (1997) suggest that, during adolescence, cultural meaning have the potential to account for gender difference in suicidal behavior. Non-fatal suicidal behavior is associated with “femininity” and that killing one self is considered “masculine” and “powerful”- as a rational response to adversity. Therefore due to social pressure males may be protected against non fatal suicidal to reduce the likelihood of surviving.

Hence, the present study envisages answering questions to the following problem:

- Is depression higher in males as compared to females in cases of attempted suicide?
- Is emotional maturity higher in females as compared to males in cases of attempted suicide?
- Is social desirability higher in females as compared to males in cases of attempted suicide?

#### SCOPE OF THE STUDY

The present study investigates on gender difference in attempted suicide on basis of personality traits, depression, and emotional maturity. The scope of the study is limited to personality traits, depression, and emotional maturity. The study could have also been taken up with other variables such as age, socio economic status, cultural background, educational qualification, religion etc.

#### OBJECTIVE OF THE STUDY

- To assess gender difference in attempted suicide on basis of personality trait.
- To assess gender difference in attempted suicide on basis of depression.
- To assess gender difference in attempted suicide on basis of emotional maturity.
- To assess gender difference in attempted suicide on basis of social desirability.

#### HYPOTHESES

- Depression is higher in males as compared to females in cases of attempted suicide.
- Emotional maturity is higher in females as compared to males in cases of attempted suicide.
- Neuroticism is higher in males as compared to females in cases of attempted suicide.

- Social desirability is higher in females as compared to males in cases of attempted suicide.

**METHOD**

**PARTICIPANTS:**

The sample consisted of two groups where number of participants (n=20) in each group. The target groups were males and females who had attempted suicide at least once. The mean age for males (x = 24.45) and the mean age for female (x=24.35). Both the groups were drawn from Nagpur city. The participants belonged to middle class families.

**TOOLS:**

Eysencks Personality Questionnaire (EPQ-R): It is a self reporting questionnaire having 90 items which have to be answered in yes/ No. This test measures- Extroversion (E), Psychoticism ( P ), Neuroticism ( N), and also has a lie scale ( L). There is no time limit for the test. The test is highly reliable and valid.

The reliability score lie between 80-90. The test retest reliability score are P, E, N, L (effect of sex and age). Since there are no local norms for Indian edition, we use scores given by the author.

The higher the score on the scale , greater the degree of emotional immaturity and vice-versa. The reliability of the scale is determined by:1) Test retest method

2) Internal consistency

SR.NO.	AREAS	VALUE
1	EMOTIONAL STABILITY	.75
2	EMOTIONAL PROGRESSION	.63
3	SOCIAL ADJUSTMENT	.58
4	PERSONALITY INTERGRATION	.86
5	INDEPENDENCE	.42

BECKS DEPRESSIN INVENTORY (BDI): It is a 21 item self report instrument for measuring the severity of depression in adults and adolescence aged 13 years and older. It has total 21 depressive symptoms and attitudes which were based on verbal description by patients (and were not selected to reflect any particular theory of depression). These items were:

EMOTIONAL MATURITY SCALE ( EMS): It has total 48 items in five categories given below

SR.NO.	AREAS	TOTAL NO.OF ITEMS
1	EMOTIONAL STABILITY	10
2	EMOTIONAL PROGRESSION	10
3	SOCIAL ADJUSTMENT	10
4	PERSONALITY INTEGRA-TION	10
5	INDEPENDENCE	08
TOTAL		48

EMS is self reporting five point scale .Items of the scale are in question form demanding information for each in any of the five options. Mentioned below:

V.MUCH	MUCH	UNDECIDED	PROBABLY	NEVER
5	4	3	2	1

1) Test retest reliability is .75  
2) Internal consistency - the table given below shows the value of internal consistency:

1.	Sadness ( 2 options rewarded )
2.	Pessimism ( 3 options rewarded)
3.	Past failure ( 3 option rewarded)
4.	Loss of pleasure ( 4 options rewarded)
5.	Guilty feeling ( 1 options rewarded)
6.	Punishment feeling (0 options rewarded)
7.	Self dislike ( 4 options rewarded)
8.	Self criticalness ( 3 options rewarded)
9.	Suicidal thoughts or wishes ( 0 options rewarded)
10.	Crying ( 4 options rewarded)
11.	Agitation
12.	Loss of interest ( 4 options rewarded)
13.	Indecisiveness ( 4 options rewarded)
14.	Worthlessness
15.	Loss of energy
16.	Changes in sleep pattern ( insomnia rewarded 3 options about increases sleeping)

17.	Irritability (4 options rewarded)
18.	Changes in appetite ( 4 option about decreased appetite rewarded with 3 options about increased appetite)
19.	Concentration difficulty
20.	Tiredness or fatigue ( 4 options rewarded )
21.	Loss interest in sex ( 0 options rewarded )

If the answer is v. much the core of 5 is given, if the answer is much 4, for the answer undecided 3, for probably 2, and for never 1 is awarded. The higher score on scale, greater the degree of emotional immaturity and vice- versa.

After the raw score was obtained a master chart was prepared to provide easy access to the data. The data was then entered in the table was further subjected to computer analysis using excel program i.e. t -test was applied in order to find the difference in the mean of both the groups.

**PROCEDURE:**

All the test were administered individually on the participants. The respondents were assured that the information they provide would be kept confidential. The participants were briefed about the test and motivated to answer them genuinely as possible.

**SCORING:**

Eysencks Personality Questionnaire ( EPQ-R) :

In EPQ - R the scores of the 3 factors and the lie scale were obtained by using scoring keys separately. The scores were noted down and the score was obtained and then the total score was converted into sten scores.

BECKS DEPRESSION INVENTORY ( BDI) :

BDI- II is by summing the rating for 21 items. Each item is rated on 4 point scale ranging from 0-3. If an examinee has made multiple endorsements for any item, the alternative with highest rating is used. The maximum total score is 63. Special attention must be paid to correct scoring of the changes in sleeping pattern (item 16) and changes in appetite (item 18). Each of these items contain seven options, rated in order, as 0,1a,1b,2a,2b,3a,3b, to differentiate between increased and decreases in behavior or motivation. If a higher rated option is chosen by the respondent the presence of an increased or decreased in either symptom should be clinically noted for diagnostic purposes.

EMOTIONAL MATURITY SCALE ( EMS):

For EMS the items of the scale are in question form demanding information for each either of the five options mentioned below:

V.MUCH	MUCH	UNDECIDED	PROBABLY	NEVER
5	4	3	2	1

If the answer is v. much the core of 5 is given, if the answer is much 4, for the answer undecided 3, for probably 2, and for never 1 is awarded. The higher score on scale, greater the degree of emotional immaturity and vice- versa.

After the raw score was obtained a master chart was prepared to provide easy access to the data. The data was then entered in the table was further subjected to computer analysis using excel program i.e. t -test was applied in order to find the difference in the mean of both the groups.

**RESULTS:**

Table no.1: Showing Mean,S.D and T- value of the Becks Depression Inventory.

Participants	N	Mean	S.D	t-value	P
Males( at-tempted suicide)	29	36.55	162.456	0.2221005	p>0.05
Females at-tempted suicide	20	40.4	180.674		

DF= 28 0.05=2.0213 0.01=2.7113

The obtained t= ( 0.2221005) p>0.05 is in significant. So the result does not support the hypotheses of the difference between two groups. The mean score of males, who attempted suicide ( x=36.55) and the mean score of females who attempted suicide ( x= 40.4), which indicates the depression is more in females as compared to males.

Table no.2: Showing Mean, S.D and t - value of Neuroticism in Eysencks Personality Questionnaire.

Participants	N	Mean	S.D	t-Value	
Males at-tempted suicide	29	7.95	35.553	0.69101618	p>0.05
Females attempted suicide	20	7.6	33.988		

DF=28 0.05=2.0213 0.01=2.7113

The obtained t= ( 0.69101618)p>0.05 is in significant . So the result does not support the hypotheses of the difference between two groups. But as compared to the men scores of the two groups, the mean score of males, who attempted suicide (x=7.95) and the mean score of females who attempted suicide ( x = 7.6), which indicates the neuroticism slightly higher in males as compared to females.

Table no.3: Showing mean, S.D and t- value of lie score in Eysencks Personality Questionnaire

Participants	N	Mean	S.D	t- value	P
Males ( at-tempted suicide)	29	5.25	23.478	0.83123486	p>0.05
Females	20	7.85	35.106		

attempted suicide					
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DF= 28      0.05= 2.0213      0.01=2.7113

The obtained  $t = (0.83123486) p > 0.05$  is in significant . So the result does not support the hypothesises of the difference between two groups. The mean score of males, who attempted suicide ( $x = 5.25$ ) and the mean score of females who attempted suicide ( $x = 7.85$ ), which indicates that social desirability is more females as compared to males. Table no.4: Showing Mean, S.D and t - value of Emotional Maturity Scale.

Participants	N	Mean	S.D	t-value	p
Males ( attempted suicide)	29	158.445	708.609	0.507450799	p>0.05
Females attempted suicide	20	147.35	658.969		

DF= 28      0.05= 2.0213      0.01= 2.7113

The obtained  $t = (0.507450799) p > 0.05$  is in significant. So the result does not support the hypotheses of the difference between two groups the mean score of males, who attempted suicide ( $X = 158.445$ ) and the mean score of females who attempted suicide ( $x = 147.35$ ), which indicates that Emotional maturity is higher in females as compared to males.

## DISCUSSION

The present study indicates depression is more in females as compared to males. Young people exposed tp rape and sexual abuse are both at increased risk of

Depression, both in short and long term ( Nolen- hoeksema & Grigus, 1994). The depressive effects to the sexual abuse were similar for both males and females. Gender differences in depressive symptom appear to emerge in early adolescence and then remain throughout adult life span. ( Nolen- Hoeksema, Larson and grayson,1999)

There is no single known cause of depression, rather, it likely results from a combination of genetic, biochemical, environmental, and psychological factors.

Research indicates that depressive illnesses are disorder of the brain. Brain - imaging technologies, such as magnetic resonance imaging ( MRI), have shown that the brain of people who have depression look different than those of people without depression. The parts of the brain responsible for regulating mood, thinking, sleep, appetite and behavior appear to function abnormally. In addition, important neurotransmitters - chemicals that brain cells use to communicate- appear to be

out of balance. But these images do not reveal why the depression has occurred.

Some types of depression tend to run in families , suggesting a genetic link. However, depression can occur in people without family histories of depression as well. Genetics research indicates that risk for depression results from the influence of multiple genes acting together with environmental or other factors.

In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Subsequent, depressive episodes may occur with or without an obvious trigger.( NIMH)

It's a matter of serious concern that number of persons suffering from Mental Depression is escalating in geometric progression throughout the world. World health Organization (WHO) has also expressed apprehension over the issue in its recent report. Though apparently innocent, but depression gives birthday to many physical and other mental ailments. This not only affects personal and family life of the patient but also poses threat to a country and nation as a whole. Let's have a peep to the reasons of depression:

Man is a social animal:- Social mix up often helps in reducing the tension and creating a congenial atmosphere in the society and in personal life also. Sense of rivalry by comparing the official position or the assets and wealth of the neighbors must not secure a place in our mind, because this will lead to envy and finally tension.

Competition in daily life:- Today's busy schedule of work and rat race competition for career, particularly for professionals and office workers, transform them psychiatrically handicapped as a victim of stress.

Congenial ambiance in the family –study reveals that the root cause of mental stress in several cases traces back to the turmoil family environmental Mental development of a person depends mainly on the

Family atmosphere. It the harmony and peace of a family is disturbed, a child grows with feeling of uncertainly and develops a rude adamant nature. In later life he becomes a tension prone personality.

Male members being the bread earners of the family, encounter several constrains right from office, family, children, and from several other fronts.

A person who undergoes several pressures in the outside world, quite obviously requires to get released his tension in the home. Instead, if the troubled atmosphere in the home induces some more [problems to his life, the person becomes a prey of stress and thereby develops depression. Therefore, absence of peace and harmony in the family may be attributed as one of the main factors behind depression.

Feeling of negligence - this is applicable for old populace. Being detached from the pivot of activity, Since the main anchor of the adequate time and company is not provided to them by other members of the family.

Conjugal: ife--- Understanding between the partners plays a great role in maintaining balance in the family. If there exits any clash of ego or misunderstanding between the two, the imbalance lead to tension. Field of activity, but the most important notion must be, to tolerate each other and to sacrifice for the partner. Cooperation should prevail and not the Com-

petition.

Women versus men- Women are much susceptible to depression because of very nature of hormonal interference at different stages of life. There happens serious hormonal imbalance during adolescence as mental structure gets affected, and outcomes apparent in the form of tension and depression.

Study and Career related stress—this has become a common phenomenon for children and student. From the very beginning of the school life the children are pushed in to the arena of stiff competition. To cope up with the skyrocketing expectation of the parents, the students are forced to forego their natural childhood. A sense of fear and lack of confidence about performance is implanted in their mind

Which in many cases converts the child into a mental patient. occurrence of dreaded disease:- Several people build up depression and nervous breakdown due to occurrence of dreaded diseases like cancer etc.

Different cognitive behavioral theorists have developed their own unique twist on the Cognitive way of thinking . According to Dr.Aaron Beck, negative thoughts, generated by dysfunctional beliefs are typically the primary cause of depressive symptoms. a direct relationship occurs between the amount and severity of someone's negative thoughts and the severity of their depressive symptoms. In other words, the more negative thoughts you experience, the more depressed you will become. Beck also asserts that there are three main dysfunctional belief themes ( Or "schemas") that dominate depressed people's thinking: 1) I am defective or inadequate, 2) All of my experiences result in defeats or failures, and 3) The future is hopeless. Together, these three themes are described as the Negative Cognitive Triad. When these beliefs are present in someone's cognition, Depression is very likely to occur (if it has not already occurred).

An example of the negative cognitive triad themes will help illustrate how the process of becoming depressed works. Imagine that you have just been laid off from your work. If you are not in the grip of the negative cognitive triad, you might think that event, while unfortunate, has more to do with the economic position of your employer than your own work performance. It might not occur to you at all to doubt yourself, or to think that this event means that you are washed up and might as well throw yourself down a well. If your thinking process was dominated by the negative cognitive triad, however, you would very likely conclude that your layoff was due to a personal failure: that you will always lose any job you might manage to get: and that your situation is hopeless. On the basis of these judgments, you will begin to feel depressed. In contrast, if you were not influenced by negative triad belief, you would not question yourself worth too much, and might respond to the lay off by dusting off your resume and initiating a job search.

Beyond the negative content of dysfunctional thoughts. These beliefs can also warp and shape what someone pays attention to. Beck asserted that depressed people pay selective attention to aspects of their environments that confirm what they already know and do so even when evidence to the contrary is right in front of their noses . This failure to pay attention properly is known as faulty information processing.

Particular failures of information processing are very characteristic of the depressed mind. For example, depressed people will tend to demonstrate selective attention to information, which matches their negative expectations, and selective inattention to information that contradicts those expectations. Faced with a mostly positive performance review, depressed people will manage to find and focus in on the one negative comment that keeps the review from being perfect. They tend to magnify the importance and meanings placed on negative events, and minimize the importance and meaning of positive events. All of these maneuvers, which happen quite unconsciously, function to help maintain a depressed person's core negative schemas in the face of contradictory evidence, and allow them to remain feeling hopeless about the future even when the evidence suggests that things will get better.

"Personality is the dynamic organization within the individual of those psychophysical systems that determine his characteristic behavior and thought" ( Allport , 1961).

Personality traits are defined as relatively patterns of behavior that are relatively constant across situations and time. When we say transactions with others and his aggressiveness does not change much as time goes by.

Neuroticism or emotionality is characterized by high levels of negative affect such as depression and anxiety. Neuroticism, according to Eysenck's theory, is based on activation thresholds in the sympathetic nervous system or visceral brain. This is the part of the brain that is responsible for the fight -or fight response in the face of danger. Activation can be measured by heart rate, blood pressure, cold hands, sweating and muscular tension (especially in the forehead). Neurotic people who have low activation thresholds, and unable to inhibit or control their emotional reactions, experience negative affect ( fight -or- fight) in the face of very minor stressors- they are easily nervous or upset. Emotionally stable people, who have high activation threshold and good emotional control, experience negative affect only in the face of very major stressors- they are calm and collected under pressure.

The observation of the present study shows that, males and females who had attempted suicide were high on neuroticism and psychoticism. Which is contrary to the study by Velting , Who found that suicidal thought in neuroticism is more in females and conscientiousness is more in males( Velting ,1999) Social desirability is when we know that other people are watching us. We will tend to behave in a way we believe is socially acceptable and desirable . Fisher ( 1993)

Social desirability have been observed to be more in females than males, this might be due to, not to more dissimulate in females , but rather to their greater conformity which allowed them to answer more question truthfully in socially desirable direction ( Hartshorne nad may,1928). The view : that women and girls have higher social desirability fit the view : females are known to be more law abiding and conformist than men.

Emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health, both intra- physically and intra- personally. ( Walter D. Smitson, 1974) Kaplan and Baron elaborated the characteristics of an emotionally mature person: say that he has the capacity to withstand delay in satisfaction of needs . He has the ability to tolerate a reasonable amount of frustration. He has belief in

long term planning and is capable of delaying or revising his expectations in terms of demands of situations. Emotional disturbances depends on the infant's dependence on his mother, the ambition for a prestige and success which imbibed the rivalry with his father and depreciatory attitude toward him, the failure to identify with other men, the whole constellation continued on. Still potent efforts to change. The rest of his personality developed adequately in the direction of those attitude, feeling and ways of functioning which we are beginning to recognize as mature. The genesis of emotional disturbances can be reduced with some over simplification to the following steps.

1. Childhood emotional influences interact with the infant's congenital endowment and developmental forces, the child being most formative up to the age of six.
2. These influences facilitate, retard or warp the development and cause emotional patterns which persist, mostly unconsciously, in later life.
3. These "nuclear patterns" contain certain emotional vulnerable points: everyone has specific emotion vulnerabilities.
4. The environment exerts certain demands, pressures and frustrations.
5. The individual endeavors to harmonize the conflicting impulses within himself and to adjust himself to his environment.
6. In general, the more mature the individual is, the more stably and flexibly he adjusts, but when the pressures impinge upon his emotional vulnerabilities, he reacts with mobilization for fight or flight.
7. The fear and the flight and the danger and the hostile aggression tend to be handled as they were in childhood, with partial return to childhood forms of satisfaction, thinking and behavior.
8. These regressive reactions constitute and produce symptoms which can be grouped as about:
  - i) Inner (a) psychosomatic, (b) neurotic, (c) psychotic and
  - ii) Acting out (a) masochistic, (b) destructive social behavior, (c) criminal.
9. The ego reacts secondary to the tensions and the symptoms over a range, from denying to exploiting.

There are basically three factors that contribute to emotional immaturity.

#### 1. Conditioning

This involves how you were treated as a little girl, as well as what was expected of you. If you were treated as fragile, timid doll, rather than as a child, and that kind of behavior was reinforced with approval, either verbal or nonverbal you probably carried this pattern into adulthood. As a female, you un-

doubtedly were expected to cry easily, pout, and think superficially and selfishly. You also learned to tell and men. This background probably contributed to your present make up as an adult.

#### 2. Modeling

Children are imitators. Adults are your mirror, especially your parents or parent-figures.

So whatever the model of the person you identified with as child your mother,

Schoolteacher, Hollywood star, etc. You will in some way become like person.

#### 3. Cognitization Development.

This is the process by which determined that certain behavior was or was not to your advantage. Crying, sulking or throwing tantrums to get your way became a life-long manipulative device. It's called "water power" or "the silent treatment." These are negative techniques immature women have learned to use to get their desired results.

Develop attitudes of independence and "omnipotence." In the present study emotional maturity was found to be more in females as compared to males. Males were observed to be irritable, stubborn and lacked the capacity to dispose off problems and seek help for one's day to day problems.

In this study it has been observed that some female participants had attempted suicide due to sexual abuse: which can be explained by the study of Nolen-Hoeksema and Girgus, 1994. Which suggest that emergence of gender difference in attempted suicide during adolescence may be explained by the increased risk of sexual abuse among females during adolescence and the effects are greater for girls who have more passive ways of coping with this experience (Nolen-Hoeksema and Girgus, 1994).

Family conflicts were the major causes for attempting suicide. Physical and mental illness, financial problem examination were causes for attempting suicide in males (Nolen-Hoeksema and Girgus,

It has also been noticed that the participants were mainly divorced, widowed and single people. World Health Organization reports that divorced, widowed and single people are at higher risk of attempting suicide than married people. The quoted reason was that marriage in India is a social obligation which is performed by elders, irrespective of individual's preparedness for it. Marital partners in India are virtually strangers to each other (due to arranged marriages) and so are the families. Hence, several adjustment issues may arise among married persons (WHO, 2001)

#### CONCLUSION:

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1. Females exhibit more depression than in males in cases of attempted suicide.
2. Females exhibit high level of emotional maturity as compared to males in cases of attempted suicide.
3. Males exhibit high level of neuriticisism as compared to females in cases of attempted suicide.
4. Social desirability is more in females as compared to males.

#### COMMENTS:

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The study gives a slight joint to the established thought that females are at higher risk for attempted suicide than males. This needs to be analyzed and understood with context. If early intervention is not done then these suicidal attempted may turn into completed suicides. In the present study it has been observed that there is no gender difference in attempted suicide but the psychological pathway to suicide is different in men and women.

#### LIMITATIONS:

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- a. This study was limited to small sample of 40 participants.
- b. The study explored only personality traits, depression level, and emotional maturity.
- c. In this study the sample was limited to only present form of middle class society.

#### SUGGESTION:

The study should have been taken up with other psychological factors.

The sample chosen should have extended to all strata's of society.

In general, whenever these conditions prevail, psychological therapies and counseling intervention strategy should be taken in to consideration.

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APPENDIX:

Table A: Showing master chart of the comparative study on gender difference in attempted suicide on basis of personality traits, depression level, and emotion maturity

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PARTICIPANTS					P	E	N	L	A	B	C	D	E	TOTAL	
International Journal of Scientific & Engineering Research, Volume 7, Issue 2, February 2016	27	FEMALE	B.ED	HOUSEWIFE	8	38	38	34	47	13	195	997	44		
ISSN 2229-5518															
2	26	FEMALE	FINAL YR ENGINEERING	STUDENT	10	9	7	0	36	48	37	41	18	206	49
3	30	FEMALE	12TH PASS	BEAUTICIAN	8	6	15	18	14	18	13	14	15	121	34
4	28	FEMALE	10TH PASS	UNEMPLOYED	8	7	7	8	24	30	19	18	21	142	27
5	21	FEMALE	B.COM	STUDENT	10	6	2	5	18	22	19	21	28	131	44
6	25	FEMALE	B.A	STUDENT	10	8	8	8	46	46	36	34	18	214	27
7	18	FEMALE	B.B.A	STUDENT	6	6	8	7	35	37	32	28	20	179	28
8	26	FEMALE	ILLETERATE	FARMER	10	7	5	6	30	33	20	12	20	143	32
9	23	FEMALE	NURSING	NURSE	8	2	8	9	37	46	41	26	21	198	36
10	23	FEMALE	12TH PASS	UNEMPLOYED	10	4	7	9	40	34	21	26	16	167	49
11	25	FEMALE	12TH PASS	HOUSEWIFE	10	6	6	5	33	35	33	31	19	178	51
12	19	FEMALE	10TH PASS	HOUSEWIFE	10	6	9	5	50	39	22	33	24	198	40
13	26	FEMALE	NURSING	NURSE	10	2	9	7	44	44	36	35	34	221	45
14	24	FEMALE	NURSING	NURSE	10	3	8	7	25	25	18	20	23	139	45
15	25	FEMALE	B.COM	HOUSEWIFE	5	5	6	4	36	44	26	44	23	193	46
16	28	FEMALE	B.COM	SERVICE	10	7	6	9	18	33	18	47	20	168	27
17	26	FEMALE	B.ED	TEACHER	5	2	15	7	24	38	19	18	13	141	49
18	23	FEMALE	B.A	B.P.O	10	4	8	8	37	30	41	28	15	181	40
19	19	FEMALE	12TH PASS	SERVICE	8	9	5	18	50	46	22	12	16	186	44
20	27	FEMALE	10TH PASS	TAILOR	10	7	6	9	33	20	18	26	15	144	51
TOTAL	489				167	112	152	157	668	706	525	561	392	2947	808
MEAN	24.45				8.35	5.6	7.6	7.9	33.4	35.3	26.25	28.05	19.6	147.35	40.4
SD					37.34	25	33.9	35	149	157.9	117.4	125.4	87.65	658.96	180.67
1	23	MALE	ENGINEERING	ENGINEER	10	5	5	7	24	21	16	18	13	92	15
2	25	MALE	12TH PASS	BUSINESSMAN	10	1	10	0	45	42	43	37	26	193	42
3	23	MALE	B.COM	BUSINESSMAN	6	6	4	10	18	15	14	13	14	74	12
4	23	MALE	B.COM	UNEMPLOYED	7	3	10	7	38	39	24	24	26	151	39
5	22	MALE	12TH PASS	BUSINESSMAN	10	5	7	5	40	48	41	42	28	199	42
6	24	MALE	M.PHIL	LECTURER	7	2	9	8	34	38	22	23	17	134	38
7	26	MALE	12TH PASS	BUSINESSMAN	10	8	8	3	45	45	33	35	27	185	40
8	29	MALE	12TH PASS	BUSINESSMAN	10	6	8	6	20	26	24	15	16	101	43
9	25	MALE	M.B.A	B.P.O	10	1	10	3	47	36	27	32	23	165	46
10	26	MALE	B.A	SERVICE	10	8	7	4	39	47	40	44	34	204	42
11	24	MALE	12TH PASS	B.P.O	10	7	10	4	40	47	32	44	29	192	41
12	25	MALE	12TH PASS	B.P.O	10	8	7	5	36	38	28	32	11	145	41
13	26	MALE	B.COM	SERVICE	7	1	9	6	33	35	25	25	24	142	36
14	26	MALE	B.COM	BUSINESSMAN	7	3	8	6	30	28	21	26	12	117	40
15	19	MALE	10TH PASS	STUDENT	10	7	10	4	50	55	31	36	33	205	42
16	29	MALE	M.C.A	SERVICE	10	5	7	5	40	48	22	32	13	172	39
17	24	MALE	M.A	UNEMPLOYED	7	8	8	6	47	47	28	25	12	181	40
18	30	MALE	POLYTECNIC	ENGINEER	8	10	5	7	38	36	32	28	11	167	42
19	20	MALE	B.Sc	STUDENT	6	6	7	3	40	39	41	32	17	185	15
20	18	MALE	1ST YR	STUDENT	7	1	10	6	34	21	22	44	27	165	36

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