

CLANDESTINE FACTORS IN SUICIDAL ATTEMPTS IN ARRANGED AND LOVE MARRIAGES

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ABSTRACT**BACKGROUND**

Even as marriage tends to protect many from suicidal thoughts and attempts, by cushioning the mind from extrinsic stressful events, it also brings into play an inherent set of additional stressors. Interpersonal conflicts including disjointed and disdainful behaviour, emotional and cultural duress, spousal and substance abuse, financial demands, and an occasional conjugal jealousy may cause significant psychiatric morbidity. This coupled with impulsive traits increase suicidal risk, which can be countered by a satisfactory and well-adjusted marriage. We wanted to estimate the intricate variables like impulsiveness, couple satisfaction, adjustment, and their impact on suicidal intent in arranged and love marriages.

METHODS

A cross-sectional observational study with 39 and 41 suicidal attempters with arranged and love marriage respectively using sociodemographic profile and Barratt's impulsiveness scale, presumptive life events scale and Beck's suicide intent scale, along with couple satisfaction and adjustment scales.

RESULTS

In this South Indian study, both the groups showed preponderance in suicidal attempts of males, those marrying earlier, went high school or above, from rural and nuclear families, of low socioeconomic group, from alcohol-related quarrels, but minimal correlation with life events. Children did not have significant effect in both groups. The love group had 86% more unemployed and skilled workers, slightly (7%) more impulsiveness, 43% more borderline traits, 66% more attempts before the first anniversary. Spouses from arranged group had 14% lesser couple satisfaction, 7% lesser adjustment, were 26% more depressed, responded 19% more to acute suicidal ideation, had 36% more frequent attempts, along with significantly higher intent.

CONCLUSIONS

With respect to intent and recurrence, couple satisfaction and parental support were found to be more protective in the arranged group. Adjustment was better with higher satisfaction in the love group. It has been reiterated that focus on marital quality constructs can save both the marriage and the lives, through community-based programs.

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BACKGROUND

As an important social institution, marriage is expected to dilute extrinsic stressors, reinforce courage and cordiality, as it fosters nurturance and socialization.¹ In most Indian cultures, it is a one-time event in life, honored and deified with religious rituals and ceremonial traditions, and rhapsodized about its stability and longevity. From the ancient times marriage is deemed indissoluble, eulogized in the old adage "marriage is a crop that will last a thousand years." Because most marriages in this country are arranged by relatives - even in the affluent classes, marriage by love tends to adorn the hues of rule-breaking and adventure-seeking traits, and lavish flexibility and affinity in the

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conduct.² Thus both these types have their own attributes in alleviating suicidal ideation.

This study aims to explore personal, interpersonal and social factors of suicide attempts, especially to strobe around niches of surreptitious correlates like impulsivity, and adjustment and satisfaction between spouses. It is immensely relevant this day as reports show increases in suicides and suicide attempts in married persons.³

Review of Literature

Suicidal self-harm behaviour includes genuine attempts and parasuicidal acts^{4,5} conventionally explained as a product of aggression turned to one's self. Suicidal behaviour in marriages can be attributed to psychological strain from interpersonal conflicts,⁶ material wants – debts or dowries, pattern and density of life events,⁷ apart from personality difficulties like impulsivity and histrionism.⁸ The latter factors contribute to recurrence of the suicidal acts if compounded with anomic or altruistic ideologies,⁵ further fuelled by alcohol and/or other substance use disorders. Multiple suicide attempts of low intentionality and lethality are typically associated with maladaptive coping and impulsivity in personality disorders.³ Conflicts brewing from infidelity or

suspected infidelity, also form a sizeable part of interpersonal difficulties, as marriage and family is culturally rendered with a temple-like chastity, in spite of history of polyandry and polygyny in ancient times.⁹

Types of Marriages

The "seizure" of fundamental rights in forced marriages - where one or both partners are non-consenting and coercion is used to ensure compliance, is to be differentiated from "pressure" or uncertainty that is felt regarding the arrangement in other arranged marriages. In the former, suicide as a channel of evading potentially agonizing events including tolerating the consent violators, sexual confrontation, unwilling consummation, entrapment and bereavement of an eagerly aspired, desirable prospect.¹⁰

In unforced arranged marriages, the spouses submit their liberty to orthodoxy, which negates or avoids most of the above distasteful encounters, and hence suicide ideations are infrequent from interpersonal conflicts. Spousal selection is matched with social factors like employment, place of residence and position of acceptance within their social strata, apart from religion, ethnicity, and the choice of parents and influential family members. In India, the convention of arranged marriage depends predominantly on original and add-on practices, polarized or moderate dispositions, early inclinations, and subsequent deviations,¹¹ whence deemed and regularized as 'orthodox.' Orthodoxy is being in adherence to once laid out permits and privileges, with prehistoric or historic beginnings - documented, presumed or legendary, inherited customs. These preformed provisions may influence an individual's lifestyle beyond the acquired knowledge and professional education. This is more so if one perceives his or her social stratum, religion and language in the narcissistic senses of identity, supremacy, chastity of sect origins, and puritanism, at times stylizing the life profiles so grossly that it portrays hypocrisy to westerners who appreciate and long for the cultural richness of this country; nevertheless it has been the choice of convenience all the way, for specific social strata.¹² Less than 5% had the privilege of selecting their husbands, and only 22% knew their husbands prior to the month of their wedding.¹³ Bharat¹⁴ highlighted the greater autonomy for men with respect to adjustment in arranged marriages. A trend for couples to move away from feminine dyads was identified in a recent study by Isaac and Shah.¹⁵

After exercising the grit and resilience in clinching the fruit of marriage against strong social adversaries^{16,17} including violent responses to spontaneous disclosure, discovery and forced or cautionary elopement, and religious and cultural sanctions, loving couples are expected to celebrate their successful marital union with more gracious and altruistic adjustment and without much interpersonal conflicts. On the contrary suicides and divorces are as common as in arranged marriages, if not more.

Precipitating Factors

Rich and Bonner¹⁸ found in a stress-vulnerability model that negative life events and stress accounted for 30% of the

variance in suicidal ideation. Stressful life events like deprivation of rights, domestic violence, loss of a family member, debts and substance abuse may trigger suicide attempts.

In India 70.4% of all suicide victims were married in a 2009 survey.¹⁹ The traditionally married females are bound by a rigid code of conduct restricting expression of contradicting opinions and emotions, especially negative ones. The depressed spouses divorced more, while the anxious had high adjustment scores.¹ An ICMR and DST study²⁰ showed that the ever married house-wives had more reactive psychiatric morbidity than married men and unmarried women.

Domestic violence include humiliation, battering, physical, emotional or sexual harassment, dowry-related homicidal attempts.²¹ Orthodoxy, patriarchy, prevailing social practices, customs and alcoholism²² facilitate domestic violence in South India.^{21,23} The International Centre for Research on Women (ICRW)²¹ revealed that 85% of men abused their wives at least once a year, and 32% had abused their pregnant wives.

The societal and familial pressure to stay married despite an abusive relationship, is another clear instigator of suicidal ideation in women.²⁴ On the contrary, in many love marriages as families oppose the couples have to live apart or move away from their families, or choose to die, often in a pact.²⁵ In a study of suicide attempts, 40% were young rural females under 35 years of age, 40% had debts and 40% had battering as the triggering stressful events.^{26,27}

Protective Factors vs. Attrition of Love

Dyadic adjustment and couple satisfaction^{28,29} diminishes the intensity of interpersonal conflicts. But the threshold for interpersonal adjustment varies with respect to the stature of the spouse, either primarily romantic or romanticized since the wedlock. Even a pre-existent love turns fossilized, down with a shrinking utility repertoire of a progressively unbraced ego, unembraced morale and sloppy readjustment, in the face of conflicting stressors. Suicidal ideation lures the falling self-esteem to deceive harassments by gifting oneself vindication without having to fight out the perpetrating impediments. People turn suicidal when having suffered damage to reputation,^{10,30} and guilt and pain from recent or past abuses, affairs³¹ and intractable illnesses.³² In suicide pacts, common causes were debts, and loss of health of one or both the couples or of their children.³³ Suicide is a mean to exonerate oneself from all guilts, and to escape the pains of losses, hopelessness, humiliation and disavowal of 'the self,' its pride blown into smithereens. The disavowal results in a scorching vacuum of a perceived anomy, that mortifies and crumbles the lasciviously longing 'Blue Flower' of eternal soul, banishing it into oblivion - momentarily. Though objectively transient, both the resulting 'ideation' of suicide and the 'instrument' of impulsiveness are blind to the eventually healing hope and time, rather tending to drain off the essence of life with the haste of urge incontinence.

Rationale for the Study

Quality of marital relationship, emotional warmth, extended family support, and ability to readjust to the adventitious stressors related to marriage and child rearing are more important than ever.¹⁵ Quantitative studies of the relationship between arranged/love marriage and suicides in India are not yet widely available. As in Oriental countries, the most common stressful life events precipitating suicide were love, familial and marital issues.⁷ Burn deaths are more associated with dowry and marital disharmony.³⁴ Trends are similar to other developing countries as more young females (of 15–24 years group) died from suicide owing to forced marriage, early marriage age and low education.³⁵ Our focus is on intricate differences in marriages, effect of positive and negative traits, negative events and adverse psychiatric outcomes.

Aims and Objectives

1. Estimation of multiple intrinsic determinants like socio-demographic factors, recent stressful events, impulsivity of the individuals, and their psychiatric morbidity, in the suicide attempters in the groups with arranged and love marriage.
2. Estimation of specific indices like marital adjustment, couple satisfaction, and the intensity of suicidal intent, among the suicide attempters in the two groups.
3. Correlation of stressful life events and suicide intent, with impulsivity, marital adjustment and couple satisfaction between the two groups. A concise exploration of statistically significant patterns if any, among these variables were to be analysed.

METHODS

A cross-sectional, observational study of sample drawn from consenting consecutive patients attending the outpatient psychiatry department at the Government Vellore Medical College Hospital, Vellore, South India, from September 2017 to May 2018. Approval for the study was obtained from the Institutional Ethics Committee of this college. A written informed consent was obtained from the patients and their primary caregivers for the study.

Sample Selection

Inclusion criteria were consenting patients of both genders satisfying the criteria of attempted suicide according to ICD10, and with age more than 18 years. Exclusion criteria were patients with any history of chronic medical, or previous history of psychiatric illness, neurological disorder including seizure, drug or alcohol abuse, head injury, and those with any family history of psychiatric illnesses.

Materials included a semi-structured proforma to collect the socio-demographic details, family history details and a semi-structured clinical profile including duration of marriage, duration of suicidal ideation and number of attempts.

The International Classification of Diseases, Tenth Revision, ICD-10 Classification of Mental and Behavioural Disorders –Diagnostic Criteria for Research (DCR) is used to

diagnose those with criteria for codes T14.91 and Z91.5 for suicide attempts, and for arriving at the diagnosis of psychiatric morbidity, if any, in the attempters.³⁶

Presumptive Stressful Life Events Scale, PSLES, developed by Gurmeet Singh et al in 1984, is an Indian standardized scale stylized like Holmes & Rahe social readjustment rating scale, weighing multiple culture-specific life events theorized to be potentially precipitating acute transient hopelessness and triggering suicidal ideation. It sums up the burden of stress the individual had experienced in the recent past.³⁷

Barratt Impulsiveness Scale, 11th revision, BIS-11, is a popular measure of impulsivity trait, the tendency to think and act impulsively when confronting specific situations. The BIS-11 helps to distinguish multiple facets of impulsiveness, and to discern from traits analogous to thrill-longing, adventure-hunting, novelty-seeking and risk-taking. It is a 30-item measure (score range, 1 to 120), with higher scores indicating greater impulsiveness. The BIS-11 evaluates motor impulsiveness (motor and perseverance, on prompt responses and urges), non-planning impulsiveness (self-control and cognitive complexity, on spontaneity, challenge-seeking and thoughtless on consequences), and attentional impulsiveness (attention and cognitive instability, on concentration).^{38,39}

Marital Adjustment Test, MAT, is a 15-item scale that measures marital satisfaction. It was originally intended to discern well-adjusted couples from unsatisfied ones.⁴⁰

Couple Satisfaction Index-32, CSI32, is a 32-item scale that aims to measure and explain variance in the construct of marital quality. Items predominantly include satisfaction, happiness and comfort in the relationship, joy and fun in the company of spouse, and reliability in being a confidante, among others.²⁸

Beck's Suicide Intent Scale, BSIS, is used to appraise the level of the suicidal intent. It comprises of 15 primary items with 1 to 3 points for each item. Scoring range is 15 to 45, with 20 to 28 points implying medium intent, and more than 28 points severe.²⁹

Statistical Analysis

Statistical analysis will be done using computerized software (SPSS-20). Descriptive statistics like frequencies, percentages, means and standard deviations were computed. Parametric and non-parametric analysis were used appropriately depending on the data collected.

RESULTS

Mean age of the suicide attempters in the arranged marriage group was 29.5 years, about seven years higher than those in the love marriage group but did not differ significantly.

The data on sex, age, education, religion, residence, socioeconomic status, annual income, family type, duration of marriage, number of children and parental support showed similar profiles with no significant difference between the groups. People who were married before 25 years of age presented with more suicidal attempts in the love group than the other – 90% versus about 70%. About

64% and 59% were males in the arranged and love marriage groups respectively.

Both arranged and love groups (69.2% and 65.8% respectively) showed association between higher education and increased suicide attempts. Nuclear families had higher attempts in both groups - about 66.7% and 61% respectively. About two-thirds of the attempters came from low socio-economic strata in both groups (69.2% and 61%), and from rural regions (66.7% and 61%). Statistically different occupational history frequencies revealed that the unemployed and the skilled were skilled in love and in attempting suicide, 86% more than those in the other group (61% vs. 33%). Here 54% were employed non-farmers and 13% unemployed in the arranged marriage group, while a higher rates of 61% and 29% respectively were observed in the love group.

A protective effect of parental support was seen in the arranged marriage group, with about one-fourth lesser attempts (43.6% vs. 56.4%). Parental support apparently did not alter the frequency of attempts in love marriages, as 48.8% had available support and an almost similar-sized 51.2% did not. About 87.2% and 80.5% of the attempters in the arranged and love marriage groups respectively had one or more children.

Reasons for suicide attempts and duration of suicidal ideation were all comparable between the two groups, with no significant difference between them. Attempts due to alcohol and other substance intoxication and for being questioned for not going to work in view of dependence (26.4%), and verbal and physical abuse from arguments over alcohol use by husbands (18.9%) were the most frequent in those from arranged marriage. The former reason (29.2%) was again common along with perceived public humiliation due to debts (20.8%) in those from love marriage group.

The frequency of attempts was higher in the first year of love marriage (17.1% vs. 10.3%), and strangely after 20 years of arranged marriage (23.1% vs. 14.6%), but these differences too were statistically not significant. About

19.4% more 'arranged' spouses (64.1% vs. 53.7%) attempted suicide with acute suicidal ideation (duration less than two days). On the contrary, more primarily 'groomed-in-love' spouses (43.9% vs. 28.2%) attempted a little later, in the relatively subacute phase of two to 30 days.

Moderate to severe depression was 26% more among the arranged marriage group (46.2% vs. 36.6%) than the love group. Frequency of spouses having more than one suicide attempt was 36% more in the arranged marriage group (45% vs. 33%).

The intensity of stressful life events was almost similar among the two groups (72.6 vs. 73.8, $p>0.05$). The mean scores for impulsivity, marital adjustment, couple satisfaction and suicidal intent scores were significantly different between the groups.

Mean impulsivity score was 100.95 in the love marriage group, differing significantly from the arranged marriage group (94.38). Couple satisfaction scores were 16% more in the love marriage group than the other (102.95 vs. 88.72). Marital adjustment was 8% better (94.7 vs. 88) in the attempters from the love marriage group. A mean of high intent and hence a greater risk of repeated attempts was observed in the spouses with an arranged marriage, while the love group showed an average of medium intent (32.1 vs. 28.5, $p=0.014$).

Stressful life events had minimal positive correlation (0.230 and 0.170) with suicide intent in both the arranged and love marriage groups. Couple satisfaction scores had significant negative correlation with suicidal intent (-0.470, $p=0.003$), in the attempters in arranged marriage, but such an effect was minimal in love marriage (-0.270). Strangely individual impulsivity showed moderately positive correlation with the couple satisfaction scores in both the groups (0.510 and 0.480). But impulsivity had minimal correlation (0.170 and 0.220) with marital adjustment levels. Marital adjustment scores showed highly significant positive correlation with couple satisfaction levels in both the groups, more so in the love marriage group (0.660 vs. 0.870, both $p<0.001$).

Descriptive Statistics

Frequency Tables	Arranged Marriage n (%) N=39	Love Marriage n (%) N=41	Chi-Squared	p Value
Sex Distribution				
Males	25 (64.1)	24 (58.5)	0.261	0.610
Females	14 (35.9)	17 (41.5)		
Occupation				
Unemployed	5 (12.8)	12 (29.3)	13.719	0.008**
Unskilled	9 (23.1)	3 (7.3)		
Semi-Skilled	4 (10.3)	9 (22.0)		
Skilled	8 (20.5)	13 (31.7)		
Farmers	13 (33.3)	4 (9.8)		
Age of Marriage				
15-19 Years	1 (2.6)	5 (12.2)	11.345	0.989
20-24	26 (66.7)	32 (78.0)		
25-30	11 (28.2)	3 (7.3)		
>30	1 (2.6)	1 (2.4)		

Duration of Marriage				
<1 Month	1 (2.6)	4 (9.8)	5.030	0.832
1-3 Months	1 (2.6)	0 (0)		
3-12 Months	2 (5.1)	3 (7.3)		
1-3 Years	3 (7.7)	3 (7.3)		
3-5 Years	6 (15.4)	7 (17)		
5-10 Years	9 (23.1)	9 (22.0)		
10-15 Years	6 (15.4)	6 (14.6)		
15-20 Years	2 (5.1)	3 (7.3)		
20-25 Years	4 (10.3)	1 (2.4)		
>25 Years	5 (12.8)	5 (12.2)		

Table 1. Marital and Occupational Profile

Significant, * p<0.05, ** p<0.005

Frequency Tables	Arranged Marriage n (%) N=39	Love Marriage n (%) N=41	Chi-Squared	P Value
Reasons	N=53	N=48		
Financial Crisis	7 (13.2)	10 (20.8)	5.607	0.776
Alcohol-Related Quarrel/Abuse	10 (18.9)	6 (12.5)		
Medical Illness to Self/Close Family Member/Caregiver	4 (7.5)	4 (8.3)		
Interpersonal Conflicts	8 (15.1)	6 (12.5)		
Alcohol Dependence and Work Abstention	14 (26.4)	14 (29.2)		
Marital Disharmony Suspicions/Fidelity Conflict	6 (11.3)	2 (4.2)		
School Failure/Humiliation	0 (0)	1 (2.1)		
Yet to Beget A Child	1 (1.9)	2 (4.2)		
Separation from Parents/Children	0 (0)	1 (2.1)		
Pre-Existing Psychiatric Illness	3 (5.7)	2 (4.2)		
Education	N=39	N=41		
Illiterate	2 (5.1)	2 (4.9)	1.618	0.806
Primary School	4 (10.3)	2 (4.9)		
Middle School	6 (15.4)	10 (24.4)		
High School	13 (33.3)	13 (31.7)		
Undergraduate	14 (35.9)	14 (34.1)		
Family Type				
Nuclear	26 (66.7)	25 (61.0)	0.280	0.597
Joint	13 (33.3)	16 (39.0)		
Parental Support				
Yes	17 (43.6)	20 (48.8)	0.217	0.642
No	22 (56.4)	21 (51.2)		
Socioeconomic Status				
Low	27 (69.2)	25 (61.0)	0.619	0.734
Middle	10 (25.6)	13 (31.7)		
High	2 (5.1)	3 (7.3)		
Residence				
Urban	26 (66.7)	25 (61.0)	0.280	0.597
Rural	13 (33.3)	16 (39.0)		

Table 2. Reasons for Attempts and Sociodemographic Data

Frequency Tables	Arranged Marriage n (%) N=39	Love Marriage n (%) N=41	Chi-Squared	p Value
No. of Children				
0	5 (12.8)	8 (19.5)	1.943	0.746
1	10 (25.6)	12 (29.3)		

2	18 (46.2)	16 (39.0)		
3	5 (12.8)	5 (12.2)		
>3	1 (2.6)	0 (0)		
Duration of Suicidal Ideation				
<1 Day	21 (53.8)	20 (48.8)	4.263	0.512
1-2 Days	4 (10.3)	2 (4.9)		
2-5 Days	4 (10.3)	8 (19.5)		
5-10 Days	5 (12.8)	5 (12.2)		
10-30 Days	2 (5.1)	5 (12.2)		
1-6 Months	3 (7.7)	1 (2.4)		
>6 Months	0 (0)	0 (0)		
Diagnosis				
Acute Stress Reaction	0 (0)	5 (12.2)	9.794	0.134
Adjustment Disorder	4 (10.3)	2 (4.9)		
Mixed Anxiety and Depressive Disorder	4 (10.3)	3 (7.3)		
Mild Depression	7 (17.9)	7 (17.1)		
Moderate Depression	9 (23.1)	3 (7.3)		
Severe Depression	9 (23.1)	12 (29.3)		
Borderline Personality Disorder	6 (15.4)	9 (22.0)		
Number of Suicidal Attempts				
One	21 (53.8)	27 (65.9)	2.702	0.259
Two	12 (30.8)	12 (29.3)		
More than Two	6 (15.4)	2 (4.9)		

Table 3. Duration of Suicidal Ideation and Diagnosis

		Mean (N)	SEM	SD	t (p Value)
Age (Years)	Arranged Marriage	29.5 (39)	2.00	12.36	1.372 (0.170)
	Love Marriage	22.4 (41)	1.81	11.44	
PSLES Events	Arranged Marriage	72.62 (39)	5.59	34.43	0.16 (0.872)
	Love Marriage	73.76 (41)	4.39	27.77	
Beck SIS Intent	Arranged	32.10 (39)	1.14	7.03	2.51 (0.014*)
	Love	28.49 (41)	0.90	5.66	
MAT Adjustment	Arranged	87.97 (39)	2.22	13.71	1.99 (0.0498*)
	Love	94.73 (41)	2.54	16.08	
CSI32 Satisfaction	Arranged	88.72 (39)	4.89	30.15	2.01 (0.048*)
	Love	102.95 (41)	5.09	32.21	
Barratt Impulsiveness	Arranged	94.38 (39)	2.26	13.93	2.10 (0.039*)
	Love	100.95 (41)	2.16	13.66	

Table 4. Mean Scores of Intent, Adjustment, Satisfaction and Impulsiveness Scales

Significant, * p<0.05, ** p<0.005

r (t0; p Value)	PSLES	BECK SIS	CSI32
PSLES Events	-	0.23 (1.45; 0.157)	-
Beck SIS Intent	0.23 (1.45; 0.157)	-	-0.47 (3.23; 0.003**)
CSI32 Satisfaction	-	-0.47 (3.23; 0.003**)	-

Table 5A. Correlation Coefficients in Arranged Marriage Group

Significant, * p<0.05, ** p<0.005

r (t0; p Value)	CSI32	Barratt Imp	MAT
CSI32 Satisfaction	-	0.51 (3.61; 0.001**)	0.66(5.39; <0.001**)
Barratt Impulsiveness	0.51 (3.61; 0.001**)	-	0.18 (1.13; 0.264)
MAT Adjustment	0.66 (5.39; <0.001**)	0.18 (1.13; 0.264)	-

Table 5B. Correlation Coefficients in Arranged Marriage Group

Significant, * p<0.05, ** p<0.005

r (t0; p Value)	PSLES	BECK SIS	CSI32
PSLES events	-	0.17 (1.10; 0.278)	-
Beck SIS intent	0.17 (1.10; 0.278)	-	-0.29 (1.91; 0.064)
CSI32 satisfaction	-	-0.29 (1.91; 0.064)	-

Table 6A. Correlation Coefficients in Love Marriage Group

Significant, * p<0.05, ** p<0.005

r (t0; p Value)	CSI32	Barratt Imp	MAT
CSI32 Satisfaction	-	0.48 (3.44; 0.001**)	0.87 (10.84; <0.001**)
Barratt Impulsiveness	0.48 (3.44; 0.001**)	-	0.22 (1.44; 0.163)
MAT Adjustment	0.87 (10.84; <0.001**)	0.22 (1.44; 0.163)	-

Table 6B. Correlation Coefficients in Love Marriage Group

Significant, * p<0.05, ** p<0.005

DISCUSSION

Very few studies are available to compare within a single population the suicidal variables in arranged and love marriages directly. The results from this study were similar to few other studies wherein the mean age of attempters was 25.3 years⁴¹ in a predominantly unforced marriage group, and 31.1 years in the arranged group.⁴² Higher male: female ratio ranging from 1.13:1⁴³ to 1.63:1.⁴⁴ In many studies, has been confirmed here. Similar to our study, the suicide attempt rate in young adults (less than 25 years of age) is more in females, probably as more specific factors like forced marriage, young marriage age and low literacy including dropouts to get married, act in addition.³⁵

Educational background had minimal effects in the modulation of suicidal ideation in both arranged and love marriages, similar to a study by Latha et al⁴⁴ wherein 54% had received high school education or higher (65% vs. 69% here). Work distribution was in line with the same study wherein 51% were employed (other than farmers) and 12% unemployed. There were relatively less unskilled workers and farmers attempting suicides in the love marriage group, probably as these kinds are least expected to be interested in or sought for love in the first place. Two-thirds of the attempters were from the nuclear families from low socioeconomic strata, comparable to the results from Srivastava et al and Latha et al.^{41,44} Rural families are involved in suicide attempts in contrast to many previous studies like Khan et al.⁴⁵

Parental support did not influence the decision to abruptly end the marriage and one’s own life, as with the primary decision to marry the desired partner. Number of children also had minimal effects in the modulation of suicidal ideation in both arranged and love marriages. More than half of the people from both the groups acted out within the first two days of suicidal ideation.

Alcohol dependence, related verbal/physical abuse, interpersonal conflicts and marital suspicions/infidelity in arranged marriage, and alcohol use, chronic pain, being childless and humiliation from debts in love marriage, were the most common precipitants in the two groups respectively, similar to few other marriage-suicide studies like Srivastava et al.⁴¹ Marital conflict is the commonest cause of suicide among women, while interpersonal conflict is the commonest cause among men, like most available

studies.^{46,47} A study by Radhakrishnan et al on family conflicts (23.7%), mental illness including substance abuse (9%), other physical ailments (14.2%), unemployment (1.9%), sudden or chronic economic incompetence (4.8%), and dowry dispute (2.3%) also revealed similar trends.³

Studies show significant (35-45%) psychiatric morbidity from stressors.⁴⁸ Rates of psychiatric diagnosis were dominated by depressive illness in as high as 46.7%,⁴⁹ 59.7%,⁴² and 57%.⁵⁰ Depressive states (disorders, dysthymia and reactions) upto 93%⁴⁴ analogous to the 74.4% arranged and 60.2% love marriage attempters observed in this study, have been described.⁵¹ Here 20.6% of arranged and 24.6% of love group had anxiety-related diagnoses as compared to a nonromantic group of 14.5% with neurotic, stress-related, and somatoform disorders in a study by Chandrasekaran et al.⁵²

About 72% in the love group had scores over 50th percentile in the scale for significant negative life events, comparable to studies where about 90% of suicide attempters reported stressful life events⁴⁴ and about 35% experienced such events in the previous 6 months.⁴¹ About 75.6% of suicide attempters had experienced at least one negative life event, and events were significantly correlated with attempted suicide in married/love partners.⁵³ The association of impulsivity expressed as the imprudent, ill-advised and reckless ideation in the face of marital disharmony among attempters is a significant factor in Indian⁵⁴ and other Asian studies.³ While high intent was seen in the arranged group than the love group in our study, Sarkar et al found in his study on attempters and self-harmers, in the former, the acts were thoughtful, intent and fatality was high, with less voluntary disclosure; the latter were emotionally unstable with personality difficulties, with impulsive, low intent and less lethal attempts, and most seeking rescue eventually.^{55,56}

In the studies by Pearson & Liu,²⁶ and Kamimura et al,²⁷ couple satisfaction rates were still good in 40% spouses. Similarly, in this study too, couple satisfaction moderated suicidal intent in arranged marriage, but only mildly in love marriage. But even after one or two suicide attempts, the overall perceived satisfaction was reportedly better in the love marriage group, probably from the affinity, fondness and an easily gregarious rapport as expected, haloing on the eternal love, in the background of the sense of achievement

and gratification from the successful wedding to a desired partner. The indifference of the estranged spouse painfully deflates the loving soul, of vitality, spiraling it down into declension. The apparent disconsolateness comes from the failure of such narcissistic 'tributes' like the expected gratifications, the deprivation of a complementing solidarity, the withering of reciprocal yearnings, and the losing of the conquered 'dependency' of the partner's ego. This is reflected in the number in love marriage attempting suicide even before their anniversary, twice more than those in the other group.

A study by Liu and Zhang showed love/marriage shambled down in 52.3% poorly adjusted and 4.9% dissatisfied couples, insofar as each of such digressions are weighted as individual negative life events.⁵³ In contrast, the marital adjustment scores were relatively higher in the love marriage group in this study, perhaps from the prior sensitization to the partner's pattern of likings, attitudes, behavior and lifestyle. Couple satisfaction was found to have moderate positive correlation with impulsiveness in both groups, which could be speculated to be due to the effect of promptness of positive emotional responses and pleasing reciprocations contributing to the satisfaction scores. These spouses are also expected to have accustomed to the occasional superfluous histrionics, persevering caprices and the frivolous tantrums of their partners who exercise inexplicably freewill as a privilege, while the same were once adored, adorned and relished as exotic hedonistic cues bespeaking each other. This apparently holds good until adjustment gives way to unrestrained impulsiveness, turning marriage into declension.

Attempters from love marriage group had 43% more borderline traits and 66% more attempts before the first year. Those in the arranged marriage group had lesser satisfaction, responded quickly to acute ideation with higher intent. With respect to intent and recurrence, couple satisfaction and parental support was found to be more protective in the arranged group. Adjustment was better with higher satisfaction in the love group.

CONCLUSIONS

Studies in India on marriage and suicidality are sparse, but the latter is already an overflowing major public health issue. More specifically, focus on the quality of marriage constructs and its negative influence on interpersonal conflicts, alcohol and physical abuse, and suicidal intent, can be of vital help in saving the lives and marriages. Preventive strategies include identifying vulnerable individuals, amplifying matured defense traits, and utilizing the adjustment-satisfaction constructs to despise and mellow down impulsive and capricious self-harming ideations. Awareness in the community through health education including appropriate use of multimedia, suicide prevention centers, and crisis and psychiatric emergency intervention services should form the components. Simultaneously, more research on unscrambling the genetic vulnerability, neuro-molecular and cognitive approaches to modulate impulsivity and to optimize favorable personality traits, are needed.

When implemented as a National Anti-Suicide Public Health Programme with an objective to bring down the National 'Suicide Index,' these may be more effective than empirical and formal strategies.

Limitations

The study could not include history and the study variables from the people with completed suicide, the data of which might have strengthened or altered the patterns revealed from the living groups. In the absence of a control group, it is hard to interpret the significance of life events. A similar study complemented with a prospective arm decrypting the dossiers on premarital impulsiveness and other borderline personality traits, with an exhaustive sample size would be the most ideal for decisively establishing the findings from this study.

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