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## Suicidal Tendency of Male Alcoholics A comparative study

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### Abstract

The present study is intended to examine the suicidal tendency among male alcoholics from Surendranagar district, Gujarat, India. Suicidal tendency means that the individual engages in thoughts about suicide, suicidal ideation or behaviors that are gestures suggestive of suicide. The variables included for the study apart from suicidal tendency are area and age. The study was conducted on a sample of 300 Male alcoholics (150 urban, 150 rural) Purposely selected from Surendranagar district, For this purpose of investigation, "Suicidal Tendency Scale developed by Bhatt and Meghnathi" (2002) was used. The obtained data was analyzed through 't' and 'F' test. The results shows that there is significant difference between urban and rural male alcoholics in term of their suicidal tendency in the 0.01 level of probability. Results are also indicates that there is significant difference in adult and middle age of male alcoholics in term of their suicidal tendency in the 0.05 level of probability. The results are also indicates that there is significant difference in urban adult, urban middle age, rural adult and rural middle age of male alcoholics in term of their suicidal tendency in the 0.01 level of probability.

**Keywords:** level of suicidal tendency, male alcoholics, rural and urban, adult and middle aged.

Addiction of alcohol is spreading like a poison in Indian culture, from last two decades. Alcoholism is surprisingly increasing and spreading in both rural and urban areas, of India. Rural people do not have much knowledge about the dangers of alcoholism. Alcoholism is a broad term; many professionals have been done many types of research, on this topic. However, limited types of research have done in India on alcoholic's mental health and suicide, especially in rural area. Today, society needs a research for alcoholics, which is useful for their de-addiction, treatment and rehabilitation. Present research is concentrated on alcoholic's suicidal tendency.

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Alcohol is prohibited in the state of Gujarat, since many years, but the actual picture is different at ground level. Alcohol is easily available in both urban and rural areas of Gujarat. Alcoholics from rural area of Gujarat use 'Desi' type of alcohol, which is more dangerous than any other branded alcohol.

Alcohol effects on a person's physical, social, and psychological condition. It is a source of both good and evil. It can serve society meaningfully as a tension releaser, as a food, and as a way of developing social ease. It can used as an instrument by a number of people with certain type of personalities and in certain social settings for many purposes, as a depression reliever, to extract the anger, as a source to break down psychological barriers, and as an emotional nutrient (Chafetz & Demone, 1961). Many patients with different psychiatric disorders also use alcohol as a pain reliever.

Alcohol use in India is on increase because of western culture and globalization. According to Mid Day (June, 2014) 30 percent of Indians consumed alcohol in the year of 2010.

Alcoholism is a broad term for problems with alcohol related problems. It is uncontrolled consumption of alcohol. Long-term alcohol use may have effects on drinker's physical health, psychological condition, and social relationship. It is medically considered as a disease and addictive illness. Several other terms are used is psychiatry, specifically "alcohol abuse" and "alcohol dependence," which have slightly different definitions in DSM- 4TR<sup>1</sup>. Now it is considered as "alcohol use disorder" in DSM-5.

### **Suicide**

Suicide means killing oneself. It is the act in which a person takes his/her own life. Suicide is the most common problem all over the world. Many people take their life for many reasons, they are mostly found with poor mental health and poor interpersonal relationships before committed suicide. Nearly one million people commit suicide worldwide each year. Suicide is the eighth leading cause of death in men and 16<sup>th</sup> among women.

### **Suicidal Thought and Suicidal Tendency**

Suicidal thoughts are thoughts and ideation about how to kill oneself. These thoughts are low to extreme range; depend on person's mental health. Suicidal thoughts, people having

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<sup>1</sup> **DSM-4TR:** The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, offer a common language and standard criteria for the classification of mental disorders. This is its textual review of the fourth edition was published in the year of 2000. New fifth addition of DSM published in 2013.



may not mean to really commit for suicide. Majority of people who have suicidal ideation do not attempt suicide. People with suicidal ideation may plan suicide, but may not attempt it. Around one-fifth people, who died by suicide described their thoughts with doctors and health care professionals (Nordqvist, 2014).

Suicidal tendency is slightly different from suicidal thoughts. People with suicidal tendency many times undertake suicidal actions; which may lead to his or her death. Sociologists consider that self-injurious behaviour, unnecessary risk-taking, verbalized threat of self-harm, feelings of despair, depression, hopelessness and thoughts of separation, departure, and relief, all as signs of personal despair and/or social alienation that may lead to a suicidal attempt (Bhatt & Meghnathi, 2002).

According to Deshpande (1999), four properties of suicidal tendency

1. Personality Trait

The items of this mode is related to feeling of restlessness, boredom, general lack of interest, vague fears and anxieties, disturbed sleep, self-hate etc.

2. Emotional Disturbances

This mode is related to hopelessness, weakness, lack of interest, deprivation of intimate relationship, loneliness, short temperedness, disability to express feeling, disturbance in work etc.

3. Conflictive thoughts

It is concerned with disappointed past experiences, insecurity, anxiety, avoiding responsibility, inferiority, complex, meaninglessness, guilt feeling, mental instability etc.

4. Self-harm tendency

These items are connected with death wishing behaviour viz. carelessness, self-inflicted act, injury unnecessary risk taking, verbalized threat of self-harm, feelings of despair, and depression.



According to Bhatt and Meghnathi (2002) the following areas are importance in the current discussion concerning suicidal tendencies:

1. Suicidal ideas

The person with suicidal tendency may have ideations of suicide, they mostly think about suicide about how, when, where to commit suicide.

2. Biological readiness to act (impulsivity)

This refers to a neurobiochemical and genetic disorder involving impulsiveness and behaviour control, which manifests itself on the neurobiochemical level mainly in a central serotonin disturbance.

3. Current psycho reactive triggering factors

This refers to the psychodynamic and inside-psychological concept of suicidal tendency as the manifestation of a narcissistic crisis of significant role model. Loss of love and job, insult, hurt of ego, guilty feeling, existential inevitability all plays an important role in this experience.

4. Despair, helplessness, hopelessness

This refers to continuous psychological disturbances, some time these state is impossible to change & it may leads them to suicidal action.

5. Socio-cultural and personal factors

Some time people do not have control over his/her aggressiveness, anxiety and depression. They are also poor in group & social conversation and interpersonal relationship. They have poor defense mechanisms and type of personality. This all have importance in suicidal tendency.

### **Alcoholism and Suicide**

Suicide is one of the biggest taboos in the society. Suicide is connected with many social, psychological, physical and emotional reasons. Alcoholism is the triggers of most of these reasons. As discussed above, alcoholics are found with many problems and it may lead them toward suicide.

Many alcoholics have feelings of dejection, guilt, remorse and irritability. They are not able to sleep and they lose interest from life. All these problems may leads alcoholics toward suicide. Suicide is most common among alcoholics. Alcoholics commit most suicide, than any other group.



Anger is a most common feeling associated with alcoholism; alcoholics have aggressive feelings toward self and others. It ultimately converts into depression and may result in suicide. Mostly internal (self) aggression leads drinkers to suicide (Goodwin D., 2003).

Relationship between alcoholism and suicide is well established. Young alcoholics have significant suicidal rate (Walse & Walse, 2011). Alcoholism not only associates with suicide, but it also associates with suicidal thoughts and suicidal tendency. Alcoholics have repeated suicidal thoughts. Thus, alcohol is often said to be a method of 'slow suicide' in man against himself (Robarts, 1975).

Suicide found 120 times higher in adult alcoholics than general population in USA, this rates are higher in both attempted and completed suicide. One-third suicide victims drink alcohol just prior to death. Alcoholism often increases impulsivity and decreases inhibition. It increases negative self-image and decreases self-esteem; it deepens depression and social isolation. Drinking alcohol for long period may make them for useless. All this negative emotions leads them towards suicide. Elder and veteran alcoholics also have high suicidal rates. Suicidal rates are higher (80%) in men than in females (20%). High suicidal behaviour is found among the teenagers due to their high-risk taking and impulsive behaviour (Facts about Alcohol & Suicide, 2015).

Alcohol itself is not a main cause of suicide; it is a trigger of issues like depression, anxiety and aggression. In USA, 21% of suicide is committed with alcohol intoxication (Alcohol and Suicide, 2008). Estimated 4-12% of alcoholic populations have life threatening issues in Canada and USA (Hasin, Deborah, & et al, 2007). Alcoholics have ninety times more suicidal risk than a normal person does (Sher L. , Alcohol Consumption and suicide, 2006).

Alcoholism boosts individual for suicide, it's called "Liquid Courage", this liquid courage puts suicidal plan into action (Pompili & et al., 2010). Alcoholism can trigger the aggression, thus, person with alcohol use conclude his negative emotions into suicidal action.

As mentioned above, alcoholism is strongly associated with negative emotions and poor interpersonal relationship. Many of them are suffering from suicidal thoughts and suicidal tendency. A study suggests that alcoholics who commit suicide are characterized by major depressive episodes, stressful life events, particularly interpersonal difficulties, poor social support, living alone, high aggression/impulsivity, negative affect, hopelessness, severe alcoholism, co-morbid substance (especially cocaine) abuse, serious medical illness, suicidal communication, and prior suicidal behavior (Conner & Duberstein, 2004).

Marital relationship is strongly associated with suicidal behaviour among alcoholics. Alcoholism always disturb alcoholic's marital life, it increase high stressful behaviour, including



divorce and suicide. Recent study suggests that male and approximately above 50 years of age, have high risk for completed suicide (Sher L. , Alcohol use and Suicide Rates, 2005).

Alcoholism has short-term effects on mood, cognitive processes and impulsivity. Alcohol impairs judgment, problem solving skill and may cause impulsivity and lower the threshold to suicidal behaviour. Binge drinkers are found with high suicidal risk due to their impulsive activity. Generally, long-term use of alcohol impairs personal, social and psychological processes. Thus, they are found with many suicidal thoughts. However, they are not easily taking and planning suicidal action. Negative affects like impulsivity, aggression, depression, and hopelessness are increasing the risk of suicidal ideation, suicidal attempts and completed suicide (Brady J. , 2006).

Around half of treatments seeking alcoholics are found with suicidal attempts. They act under the influence of alcohol (Suokas & Lonnqvist, 1995). Alcoholic suicide attempters have higher risk of suicide in depression with impulsivity, than depression alone, suggesting that impulsivity is an important factor among suicide attempters (Suominen, Isometsa, Henricson, & et al, 1997).

### Definition of Terms

#### Alcoholics

Alcoholics are those “Whose dependence upon alcohol has attained such a degree that it show a noticeable mental disturbance, or an interference with their bodily or mental health, their interpersonal relations and their smooth social and economic functioning; or who show... signs of such development” (Keller. M & Efron.V.)

For alcoholics, DSM-5 Diagnostic criteria of Alcohol use disorder is taken in this present study. checklist based on DSM-5 criteria of alcohol use disorder used for sample selection.

DSM-5 (American Psychiatric Association(APA), Diagnostic and Statistical Manual of Mental Disorders-5, 2013) Diagnostic Criteria for Alcohol use disorder is,

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period.

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.



4. Craving, or a strong desire or urge to use alcohol
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
7. Important social, occupational, or recreational activities Are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
10. Tolerance, as defined by either of the following
  - a. A need for markedly increased amounts of alcohol to achieve intoxications or desired effect
  - b. A markedly diminished effect with continued use of the same amount of alcohol
11. Withdrawal, as manifested by either of the following
  - a. The characteristic withdrawal like headache, marked fatigue or drowsiness, dysphonic mood, depressed mood, or irritability, difficulty in concentrating and flu like symptoms (nausea, vomiting, or muscle pain/stiffness) for alcohol.
  - b. Alcohol is taken to relive or avoid withdrawal symptoms.

### **Suicidal Tendency**

1. "Suicidal tendency is the propensity for a person to have suicidal ideation or to make suicide attempts"

(Deshpande, 1999)
2. "Suicidal tendency means that the individual engages in thoughts about suicide, suicidal ideation or behaviors that are gestures suggestive of suicide"

(Bhatt & Meghnathi, 2002)

### **Middle Age**

Human development theories usually considered to occur approximately between the ages of 41-60, called as middle age. Therefore, In this particular research, we also use this age period of 41-60 for middle age male alcoholics.



## Adult

Human development theories usually considered to occur approximately between the ages of 21-40 called as adult. Therefore, In this particular research, we also use this age period 21-40 for adult male alcoholics

## Rural (Areas)

Rural areas are also known as 'Countryside' or a 'village' in India. It has a very low density of population. Rural people are mostly associated with agricultural work. Many agencies give definitions of rural area or village

1. According to the Planning Commission, “a town with a maximum population of 15,000 is considered rural in nature. In these areas the panchayat takes all the decisions.”
2. The National Sample Survey Organization (NSSO) defines ‘rural’ as follows:
  - 2.1 An area with a population density of up to 400 per square kilometer,
  - 2.2 Villages with clear surveyed boundaries but no municipal board,
  - 2.3 A minimum of 75% of male working population involved in agriculture and allied activities.

These definitions are used as Rural (Areas) for adult and middle age male alcoholics for this research work.

## Urban

For the Census of India 2011, the definition of urban area is as follows:

1. All places with a municipality, corporation, cantonment board or notified town area committee, etc.
2. All other places which satisfied the following criteria:
  - 2.1 A minimum population of 5,000;
  - 2.2 At least 75% of the male main working population engaged in non-agricultural pursuits; and
  - 2.3 A density of population of at least 400 persons per sq. km.

These definitions are used as Urban (Areas) for adult and middle age male alcoholics for this research work.



## Methodology

### Statement of the problems

Alcoholism is a major problem of society many researchers have proved that alcoholism is deeply associated with suicide. Age and area are two main variables that have different pattern of mental health issue. Suicide is directly associated with mental health problems. Thus, problem of the study is related with age (adult and middle age) and area (rural and urban) of male alcoholics in term of their suicidal tendency.

Present study is a comparative study and it concentrates on “suicidal tendency of male alcoholics”. Main problems of the study are:

1. What is the level of suicidal tendency among male alcoholics?
2. What is the difference between adult and middle age male alcoholics in terms of their suicidal tendency?
3. What is the difference between urban and rural male alcoholics in terms of their suicidal tendency?
4. What is the difference between urban adult, urban middle age, rural adult and rural middle age male alcoholics in terms of their suicidal tendency?

### Aim and Objective

The main aim of the study is to know the difference among male alcoholics in terms of their suicidal tendency, in different variables like, age and area.

### Objectives

1. To know the differences between urban and rural male alcoholics in terms of their suicidal tendency
2. To know the differences between adult and middle age male alcoholics in terms of their suicidal tendency
3. To know the differences between urban adult, urban middle age, rural adult and rural middle age male alcoholics in terms of their suicidal tendency

### Hypothesis

1. There is a significant difference between urban and rural male alcoholics in terms of their suicidal tendency
2. There is a significant difference between adult and middle age male alcoholics in terms of their suicidal tendency



3. There is a significant difference between urban adult, urban middle age, rural adult and rural middle age male alcoholics in terms of their suicidal tendency

### Research Design

The aims of present study are concentrating on suicidal tendency of rural and urban, adult and middle age male alcoholics. For the present study 2×2 factorial research design was found suitable for factor analysis and comparison.

**Table 01 Research design for present study**

IV A (Area)	IV B (Age)	
	B1 (Adult)	B2 (Middle age)
A1 (Rural area)	A1B1 (Rural Adult)	A1B2 (Rural Middle age)
A2 (Urban area)	A2B1 (Urban Adult)	A2B2 (Urban Middle age)

### Variables

Two types of variable were used in present research independent and dependent variables.

#### Independent variables

1. Residential area: Urban and Rural
2. Age: Adult (21-40 years), Middle age (41-60 years)

#### Dependent variables

1. Level of suicidal tendency

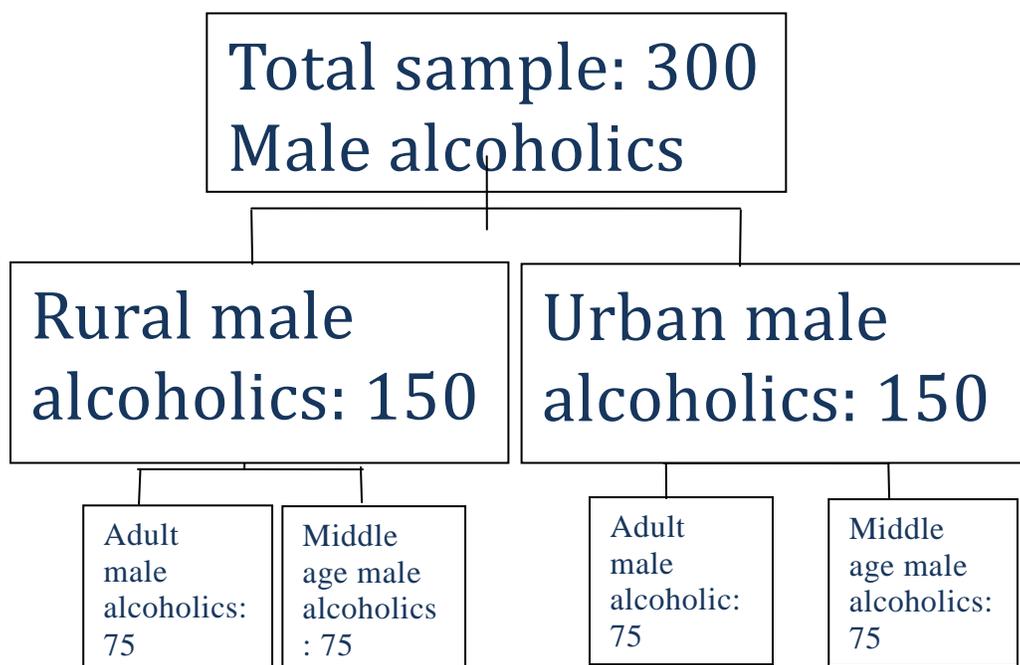
### Sample

Purposive Sampling method used for sample selection Samples were taken from both rural and urban area. Sample collected from different de-addiction centers, hospitals, illegal haunts of alcohol, and alcohol groups especially in villages.



The samples consisted of 300 male alcoholics. Among them 150 samples were taken from “Surendranagar rural” (Name of rural villages: Dhedhuki, Somasar, Jasapar, Sekhpar, Lakhtar, Kukda, Tikkar, Virpar, Digsar, Katuda, Ishwarpura, Choraniya, Siyani, Rajpar, Chamaraj, Patdi, Sayla, Kheradi, Muli, Wadhvan, Limli, Limbdi, Kothariya, Gundiyala, Khodu, Godavri, Vadla, Dudhrej, Tuva) Among them 75 samples were adult male alcoholics and 75 samples were middle age male alcoholics, and 150 samples were taken from “Surendranagar city” among them 75 samples were adult male alcoholics and 75 samples were middle age male alcoholics.

**Figure 01** sample for present research



### Research Tool

#### 1. Suicidal tendency scale

This scale was used to measure suicidal tendency in handicapped and normal adolescent, but it can be used for any person above 16 years of age. This scale was developed and standardized by Bhatt and Meghnathi (2002). The present scale is based on the book “Abnormal Psychology” 8<sup>th</sup> Edition, by Irwin, Barbara Sarason (1998) and another book namely “Suicide and Attempted Suicide” by C. G. Deshpande. These items are related to four modes of suicidal tendency scale each mode has 10 items.



The split-half reliability has been calculated by odd-even method The correlation coefficient was 0.92 The test-retest reliability of this scale has also been calculated by administration twice of this scale on a sample of 80 subjects the reliability coefficient was r. 0.83 (index of reliability was 0.91)

The validity of the scale has been calculated for the criterion validity. The scale was administered to two groups Normal (N = 40) and Abnormal (N = 40) Abnormal group comprised the patients of depression, suicidal attempters, schizophrenics and other Neurotics as diagnosed by psychiatrics The abnormal group indicated high scores of suicidal tendency than normal group on the scale. This scale is prepared in Gujarati version for Gujarati speaking population.

## Results and Discussion

### Suicidal Tendency

Suicidal Tendency Scale (STS) was used for data collection to find out suicidal tendency among all four groups of male alcoholics.

**Table 2 Means, SDs, and 't' value for area of male alcoholics on suicidal tendency**

Area	N	Mean	SD	't' value	Sig. Level
A1	150	91.56	26.27	2.83*	0.01
A2	150	98.87	17.57		
* p<. 01 DF =298, 't' value of table 0.05p= 1.97, 0.01p=2.59					



**Figure 2** 't' value for area of male alcoholics on suicidal tendency

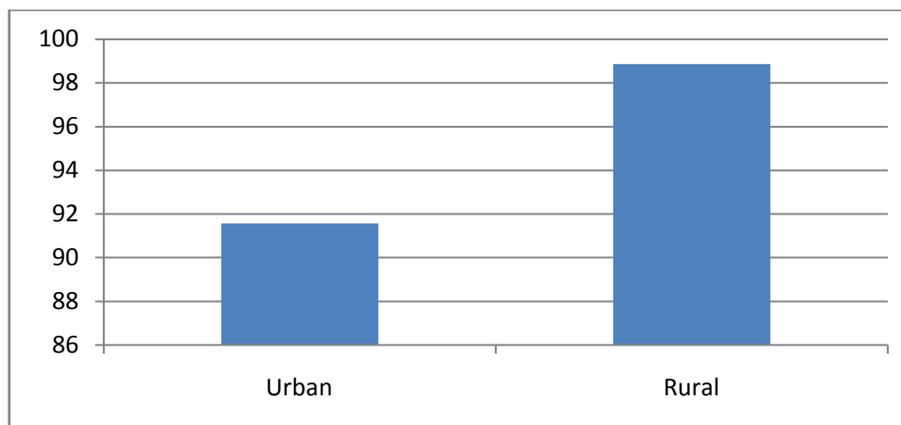


Table 2 indicates that rural male alcoholics have higher mean score (M=98.87) than urban male alcoholics (M=91.56) on suicidal tendency, indicating that rural male alcoholics have higher suicidal tendency than urban male alcoholics. 't' value of 2.83 was found to be significant at 0.01 level of probability.

As per the norm of STS, on the aspect of suicidal tendency, the mean score on both area groups (urban & rural) also shows that both the groups reported higher suicidal tendency.

**Table 3** Means, SDs, and 't' value for age of male alcoholics on suicidal tendency

Age	N	Mean	SD	't' value	Sig. Level
B1	150	92.13	21.70	2.42*	0.05
B2	150	98.31	22.50		
* $p < .05$ DF =298, 't' value of table 0.05p= 1.97, 0.01p=2.59					



**Figure 3** 't' value for area of male alcoholics on suicidal tendency

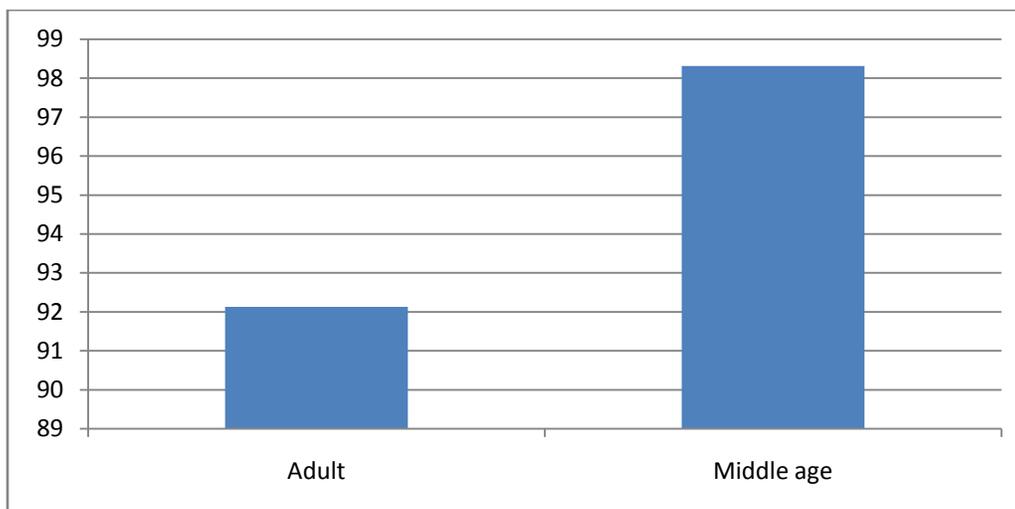


Table 3 indicates that middle age male alcoholics have higher mean score (M=98.31) than adult male alcoholics (M=92.13) on suicidal tendency indicating that middle age male alcoholics have higher suicidal tendency than adult male alcoholics, 't' value of 2.42 was found to be significant at 0.05 level of probability.

As per the norm of STS, on the aspect of suicidal tendency, the mean score on both age groups (adult & middle age) also shows that both groups reported higher suicidal tendency.

**Table 4 'F' table of male alcoholics on suicidal tendency**

Source of variance	Sum of square	DF	Mean sum of square	F Ratio	Decision
Bss	7015.88	003	2338.63	5.88*	Significant at 0.01 level of probability
Wss	117801.04	296	397.976		
Tss	124816.92	299	-----		

\*p< .01 (table F value at 0.01/0.05 level= 3.85/2.64)



**Table 5 Means, and 'F' value of all four-groups of male alcoholics on suicidal tendency**

Dimension		Type of Group				'F' Value	Sig. Level
		A1B1	A1B2	A2B1	A2B2		
Number of sample		75	75	75	75		
Suicidal tendency	Mean	87.79	95.33	96.47	101.28	<b>5.88*</b>	<b>0.01</b>

\* $p < .01$  (table F value at 0.01/0.05 level= 3.85/2.64)

**Figure 4 'F' values of all four groups of male alcoholics on suicidal tendency**

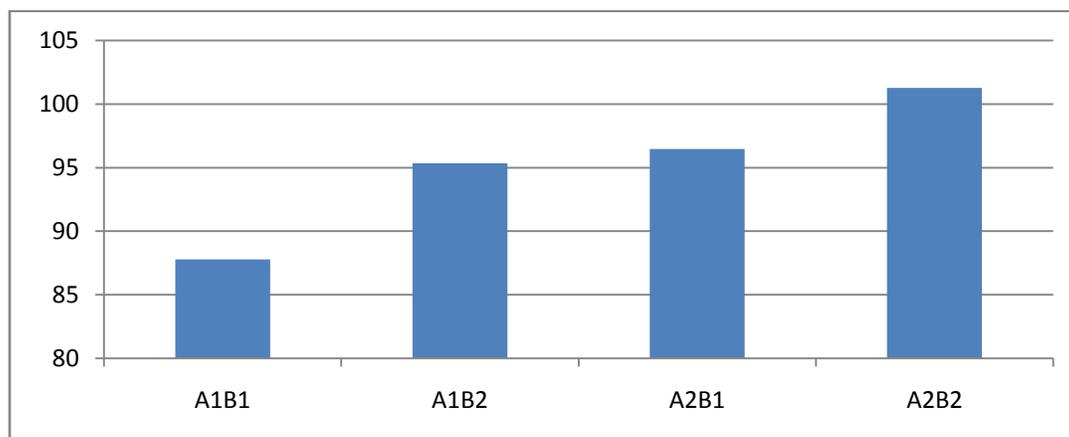


Table 5 indicates that rural middle age male alcoholics have higher mean score (M=101.28) than other three groups indicating that rural middle age male alcoholics have higher suicidal tendency than other three groups of male alcoholics. Table 5 also indicates that urban adult have lowest mean score (M=87.79) than other three groups which indicates that urban adult male alcoholics have lowest suicidal tendency than other three groups. It shows in figure 4

Table 4 and 5 indicates 'F' value of 5.88, which was, found to be significant at 0.01 level of probability.

As per the norm of STS, on the aspect of suicidal tendency, the mean score on all four groups also shows that all four groups reported higher suicidal tendency.



### Testing of hypothesis

Based on above results of the study, as reported in the proceeding section, testing of hypotheses was made which is reported as under:

- I. The result indicated that there is a significant difference between urban and rural male alcoholics in terms of their suicidal tendency at 0.01 level of probability. Thus, hypothesis no. 01 "There is a significant difference between urban and rural male alcoholics in terms of their suicidal tendency." was accepted.
- II. The result indicated that there is a significant difference between adult and middle age male alcoholics in terms of their suicidal tendency at 0.05 level of probability. Thus, hypothesis no. 02 "There is a significant differences between adult and middle age male alcoholics in terms of their physical suicidal tendency." was partially accepted.
- III. The result also indicated that there is a significant difference between urban adult, urban middle age, rural adult and rural middle age male alcoholics in terms of suicidal tendency at 0.01 level of probability. Thus, hypothesis no. 03 "There is a significant differences between urban adult, urban middle age, rural adult and rural middle age male alcoholics in terms of their suicidal tendency" was accepted.

### Discussion

Poor mental health always leads toward suicidal tendency. Alcoholics were found poor in many mental health components. Some research also found that many alcoholics have suicidal tendency, suicidal thoughts and suicidal attempt. These studies show that (1) suicide is significantly related with alcoholism (Cheers?, 2006). (2) Excessive drinking has significant link with suicidal behaviour and suicidal tendency (Dooley & Fitzgerald, 2012). (3) Alcoholics have very high suicidal rate than any other group (Kendall, 1983).

Present study found that rural male alcoholics have higher suicidal tendency than urban male alcoholics and middle age male alcoholics have higher suicidal tendency than adult male alcoholics. The study also found that rural middle age male alcoholics have higher suicidal tendency and urban adult male alcoholics have lowest suicidal tendency than other three groups of male alcoholics.

Rural middle age male alcoholics were found with hopelessness, weakness, lack of interest, deprivation of intimate relationship, vague fear, anxiety, insecurity, avoiding responsibility, loneliness, short tempered, disability to express fear, boredom, sleep disturbance, restlessness, guilt feeling, mental instability, carelessness, self-inflicted act, injury unnecessary risk talking, verbalization of treating self-harm and with feelings of despair and depression.



These all are main symptoms for causing suicidal tendency, therefore, we can say that rural and middle age male alcoholics were found with higher suicidal tendency rate, especially in rural middle age male alcoholics. Urban and adult male alcoholics do not have much suicidal tendency.

### **Conclusion of the Study**

1. There is a significant difference between urban and rural male alcoholics in terms of their suicidal tendency at 0.01 level of probability. Result is indicating that rural male alcoholics have higher suicidal tendency than urban male alcoholics.
2. There is a significant difference between adult and middle age male alcoholics in terms of their suicidal tendency at 0.05 level of probability. Result is indicating that middle age male alcoholics have higher suicidal tendency than adult male alcoholics do.
3. There is a significant difference between urban adult, urban middle age, rural adult and rural middle age male alcoholics in terms of their suicidal tendency at 0.01 level of probability. Result is indicating that rural middle age male alcoholics have higher suicidal tendency and urban adult male alcoholics have lower suicidal tendency than other three groups of male alcoholics.

### **Limitation of the Study**

1. Alcohol prohibition is in the area of targeting population. Thus, many alcoholics are not ready to participate in research work, due to their fear and beliefs. Therefore, the sample size of present study may be limited based on actual population.
2. The present research is basis on one district only. Therefore, the results generalized only on the targeting population.

### **Suggestions of Future Work**

1. More research work is needed on the large population and sample size. This kind of research work is not possible without involvement of government body for identifying actual population of alcoholics.
2. The present study is based on middle age and adult male alcoholics. Thus, further research work can be concentrated on elderly and adolescence male alcoholics.
3. The present study is based on rural and urban male alcoholics. Thus, semi urban level research can be done for future research work
4. The resent study is concentrating on suicidal tendency of male alcoholics. Other psychological, vocational, social & economical variables can also be researched. This kind of researches can give important picture of actual position of alcoholics on the targeting population.



5. Further researches on spouses, family and children of alcoholics can also give important information for management of alcoholism.
6. Some future researches are also needed for testing rehabilitation and treatment availability and quality among alcoholics.

### **Implication of the Study**

The findings of the study are expected to be useful for rehabilitation, treatment and awareness of alcoholics and their families. These findings are also helpful for government and non-government agencies for correcting their policies on alcoholism.

1. Findings are helpful for developing alcohol management programs according to male alcoholic's age and area.
2. Immediate intervention programs can be useful for male alcoholics with higher suicidal tendencies.
3. Mental health rehabilitation and treatment program for male alcoholics can be planned as per findings on different components of mental health.
4. Psychological, social, vocational and economical qualitative findings can be used for awareness program for male alcoholics.
5. Findings are also useful for developing School based prevention program for alcoholism.
6. Government and non-government body should have to provide enough services of treatment and rehabilitation in the rural and urban area, as per their problems and requirement.
7. Government body should plan to change their government policies. Government's bipolar policy is a danger for alcoholics, they should strictly follow alcohol prohibition or they should provide enough treatment and rehabilitation services with partial alcohol prohibition.



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