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SOCIAL AND PSYCHOLOGICAL IMPLICATIONS AT DEINSTITUTIONALIZED PEOPLE WITH SUICIDE RISK AND DEMONSTRATIVITY

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***Abstract**: Of all the levels where reform measures have been felt in recent years, the protection of children in difficulty and the deinstitutionalized people are special- treated areas. Their exposure especially at an international level increased the interest of public opinion in this respect.*
The present research stopped on a sample of deinstitutionalized people from Bihor County and aimed to demonstrate that there are significant differences between these individuals in terms of implication in the work environment, involvment in activities and the manifestation of their demonstrativity and suicide risk.No doubt suicide is by far the desperate act of a person who doesn't want to live anymore. But the real fact is that because these people are still attached to life the moment they commit suicide, the suicidal act is an abandonment. His purpose may be avoiding an unacceptable situation, having a self-agressive behaviour, giving his entourage a desperate message or being indiferent towards the social ssystem he belongs to.
The integration of young people in the society and in the active life, as well as the optimum use of their potential are esential elements to reduce the risk of social exclusion and to achieve sustainable growth of any society.

***Keywords:** suicide risk, demonstrativity, deinstitutionalized young people, system, personality.*

1. INTRODUCTION

The suicide (from sui=de sine and cidium=omorator) means „all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result." (Durkheim, as cited Tudose and collab, 2002). It can thus be a rational act, made as a result of religious, moral, philosophical, social or personal beliefs or it can be a pathological act as it occurs in the self-agressive raptus of acute existential crises or in different mental disorders. The term suicide tends to be replaced with that of suicidal behaviour, which includes successful suicide, attempted suicide, suicidal ideas and the presuicidar syndrome.

Suicide had also got a psychological-operational definition under which „is a human act of termination of life, self-produced and with own intention" (Shneidman, 1980, as cited F. Tudose and collab, 2002).

The Dictionary of Psychology (Șchiopu, U.,1997) defines the suicide as an act of selfdestruction caused by a strong psychological crisis, the loss of any sense of existence and by insurmontable difficulties.

Suicide is defined by W.H.O as the act by which an individual seeks physical self-destruction, with a more or less authentic intention of losing life, being more or less conscious of his reasons(Cosman, 2000, as cited Dindelegan, C. 2006).

The medical and psychological views consider suicide as having a pathological cause and being the expression of a psychiatric disorder, most frequently associated with depression- either reactive depression or endogenous melancholic depression.

In a very extensive study devoted to suicide, W. Poldinger defines from a clinical and psychiatric point of view three main stages in the organization, conduct and completion of the suicidal behaviour (C. Enachescu, 2005). These are:

1. Presuicidal syndrom, which comprises all psychopathological transformations which preeced suicidal crisis and which are represented by the following aspects:

a) Preparation, which includes: social isolation of the individual, a state of agressive, difuse, nonspecific, intrapsychic tension and the presence of suggestive induction situations such as films, literary reading, shows.

b) Ambivalence phase which consists of: oscillation between „to be' or „not to be", affective ideation, suicide occurence and development of ideas, hesitation, searching for exact reasond for suicide as a form of self-explanation of the act itself and to others, anxiety, depression and insomnia.

2. Suicidal crisis, the stage where we go directly to the act of suicide itself, is represented by the suicidal act. This phase consists of the setting of the crisis and the suicidal act itself. After a long premeditation or abruptly under a strong emotion, the individual commits suicide. Men prefer more brutal ways of suicide such as gunfires, drowning or hanging, while women choose poisoning with drugs, poisons and insecticides or gas or carbon monoxyde. Therefore, though suicide attempts are more frequent in women, those who succed in commiting suicide are men because of the methods they choose.

3. The post-critical phase, which follows the discharge of tension with a specific psychopathological configuration, is represented by the following aspects: emotional- affective state of exhaustion, feelings of guild, shame and regret, desire to hide the act. In the post- suicidal phase we can notice the following aspects: the regret of failure, the guilt of those who saved him from death and the desire to repeat the suicidal act in order to die.

1.1. Loneliness

Loneliness is a lifestyle which can be definitely established in the case of people who were never married, as a a result of a divorce or widowhood.

Between 1970-1978 the number of people aged between 14-34 who lived alone tripled in the USA (according to Mitrofan and Ciuperca, 1998). American statistics (Cavanaugh, 1993) show the fact that in early youth most people are alone (75% of men and 57% of women aged between 20-25 are unmarried). A statistical comparison between the categories of singles (Vander Zanden, 1993) show that those who were never married represent more than 70% of all single and divorced people represent only 13% of all (though divorce rate is high, most of the divorced people get married again).

Among the explanations they gave to their options we can mention: the change of society and young people's conception about the marriage institution- which can sometimes be

an impediment to professional evolution; the legalization of sexual relationships outside the legal institution of marriage, focusing on variety, novelty and quality; the recognition and legalization of homosexuality which leads to the creation of a fourth sub-group within the single people; the changing of economical conditions, including the growth of women's financial independence (Mitrofan and Ciuperca, 1998); the changing of the conception of society on loneliness; if in 1957 polls showed that 80% of Americans associated women's loneliness with psychiatric disorders or immorality, this conception decreased in 1978 to 25%. Nowadays many Americans don't see loneliness as a category only the unhappy are part of (Cavanaugh,1993).

As the number of singles rose, there are cities which have special residential areas, bars and group activities organized especially for them. Even if it offers more independence than the marriage, loneliness has also got its disadvantages: lonely people are less happy that married people and they live solitude in a greater measure than the other category (Lefrancois,1984).

2. METHODOLOGY OF RESEARCH

2.1. Hypothesis: There are significant differencies in terms of having the guilt of affective isolation (limited, light, moderate, high) in the case of deinstitutionalised people according to their demonstrativity and suicidal act.

2.1.1. Variables

Independent variables – affective isolation;

Dependent variables

- - demonstrativity - a1- absent;
  - a2 - moderate;
  - a3 - high.
- - suicidal act - b1- absent;
  - b2 - moderate ;
  - b3 - high.

2.1.2. Design

Experimental design: unifactorial inter-group

2.2. Method

2.2.1. Subjects

In order to test the hypothesis and achieve the objectives, the comparative study was conducted on a total of 129 deinstitutionalized people. The group was heterogeneous in terms of employment, gender, background and level of education and included people from both rural and urban areas, people without education or secondary education and people having different characteristics. The subjects are between 18 and 37 years old.

The subjects included in the study were chosen thanks to data provided by ASCO.
All the subjects were voluntarily involved in the clinical trial and in the objective evaluation made according to the four scales.

2.2.2. Materials

Wechsler Test – (D. Wechsler; WAIS- R, 1981)

Beck's Hopelessness Scale BHS (Hopelessness Scale ; *A.T.Beck, 1993)*

2.2.3. Procedure

In order to check the hypothesis we worked individually with every subject. We have established the instruments of evaluation

which will be applied to subjects un order to check the hypothesis. We used *Wechsler Test* and *Beck's Hopelessness Scale.* Then we organized appointments with the subjects in the most important cities of Bihor: Oradea, Marghita, Beiuş, Ştei and their roundabouts: Diosig, Şuncuiuş, Bălnaca, Izbuc, Popeşti.

The tests were administrated individually in order for the subjects to understand as better as they can all the statements in the two questionnaires and they didn't have a time limit as well. The subjects were told to answer as honestly as possible at all statements in the questionnaires being also specified the fact that there were no good or wrong answers.

2.3. Results and their interpretation

There are significant differences concerning the feeling of affective isolation at deinstitutionalized people according to demonstrativity and their suicidal risk.

Table no. 1 Comparisons between deinstitutionalized people regarding affective isolation according to their demonstrativity.

Affective isolation			Demonstrativity			Pearson Chi-Square	df	Sig. (2-sided)
			absent	moderate	high			
	limit	Count	1	13	17	16.686	6	.011
		Adjusted Residual	1.8	3.0	-3.3			
	light	Count	0	9	26			
		Adjusted Residual	-.6	.5	-.4			
	moderate	Count	0	6	31			
		Adjusted Residual	-.6	-1.1	1.2			
	high	Count	0	1	25			
		Adjusted Residual	-.5	-2.5	2.6			

- As for the analyse of the above results, it shows that there are significant differences between deinstitutionalized people regarding affective isolation according to their demonstrativity. The significance threshold is $p<0.05$. These differences show that deinstitutionalized people having a higher degree of demonstrativity live the feeling of affective isolation lightly or moderately. They feel humiliated, manipulated, disadvantaged, distrustful and can get to a more intense behaviour characterized by feelings of abuse and rejection- all these feelings are offset of demonstrativity shown by this social category.

Studies made in a family show that this feature is found in the families where such tendencies or manifestations of demonstrativity appear. It is rather unclear if these abnormalities are related to the human gene or to the result of processes in the family environment and in the present study to deinstitutionalized people.

Table no. 2 Comparisons between deinstitutionalized people regarding affective isolation according to their suicidal risk.

Affective isolation			Suicidal risk			Pearson Chi-Square	df	Sig. (2-sided)
			absent	moderate	high			
	limit	Count	24	2	5	2.975	6	.812
	light	Count	25	2	8			
	moderate	Count	27	3	7			
	high	Count	19	0	7			

o *Analysing Table no. 2 we notice significant differences between*

deinstitutionalized people as for affective isolation according to the suicidal risk. The significance threshold is p>0.05.

- Possible explanations for these results would be that suicide is first of all a desperate act of a person who doesn't want to live anymore. But, in reality, these people are still attached to life the moment they commit suicide, the suicidal act being an abandonment. A person's puropose may be: avoiding an unacceptable situation, having a self-agressive behaviour or calling for help or having a desperate message addressed to a hostile or indiferent entourage. The answer to all these events in the life of deinstitutionalized people is rather lack of hope or despair than suicide, life being the most precious asset they have even if they feel neglected, permanently humiliated, manipulated and disadvantaged.

3. CONCLUSIONS

The integration of young people in the society and in the active life, as well as the optimum use of their potential are esential elements to reduce the risk of social exclusion and to achieve sustainable growth of any society. Young people who leave the child protection system are a social category with specific problems and difficulties; they represent a priority for the general system of health and welfare because they need immediate action.

After conducting this study we have reached the conclusion that deinstitutionalized people are different in terms of having the feeling of affective isolation according to their demonstrativity and the suicidal risk.

As for the demonstrativity, people showing high tendencies of demonstrativity participate in activities of moderate difficulty because of the shalowness which characterizes people with this dominant; on the other hand, poeple with light demonstrativity train in activities with a light degree of dificulty- they being driven only by thoughts which involve their person and the strong fantasies of power and success.

Deinstitutionalized people with a high degree of demonstrativity live the feeling of affective isolationfrom light to moderate, because they feel humiliated, manipulated, disadvantaged, distrustful, to a higher form because they feelabuse and continuous rejection.

The present paper aimed to identify, clasify and make psychological personality profiles in the case of deinstitutionalized people. Through the information we got, we intend to elaborate intervention programs that target social networking and their social and professional reintegration. These intervention programs imply the existence of specialized services to help them find a job according to their abilities and to become responsible in engaging in a romantic relationship, in keeping a job or renting a house.

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