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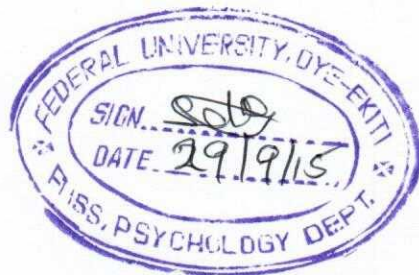
INFLUENCE OF SELF ESTEEM AND DEPRESSION ON SUICIDAL IDEATION AMONG  
ADOLESCENTS IN OYE - EKITI.

BY

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PSY/11/0201

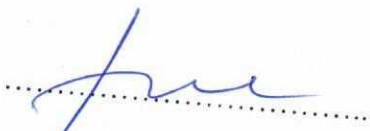
RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY,  
FACULTY OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF  
THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN  
PSYCHOLOGY



SEPTEMBER 2015

## CERTIFICATION

This is to certify this research work was carried out by Akinwande Tolulope Alice with Matric No: PSY/11/0201 and the study was carried out under our strict supervisions and has been approved for submission to the Department of Psychology, Faculty of humanities and Social Sciences, in partial fulfillment of the requirement for the award of Bachelor of Science degree in Psychology from the Federal University Of Oye-Ekiti



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## DEDICATION

I dedicate this project work to God almighty, my source and sustenance; by his mercy I am able to successfully complete this stage of my life.

## ACKNOWLEDGMENT

My profound gratitude goes to my supervisor Dr. Alexander Ó. Eze for his helpful counsel, at all time during this project .May the lord be with you and your beloved family. I also want to express my whole hearted appreciation to Dr. Lawal, for assistance during this project. I really appreciate your kind of gesture. My greeting also goes to all the lecturers that have impacted sound knowledge into my life, people like Prof B.O. Omolayo, Miss Kemi. Mole, Mrs. Judith Azubike, Mr. Isreal, Mr Kenneth Okoli, and Dr. Alexander O. Eze.

I would also like to thank my colleagues for their support in one way or the other while I was running this programme.

I also want to appreciate my dear dad and mum for their physical, financial, spiritual contributions to my life , I pray they live to eat the fruit of their labour, my beloved sisters ( Akinwande Bolaji, Akinwande Bolawatife) , and other significant contributors to the success like Olori, Dr. Akinwande and family, Tolulope olarenwaju and family, Balogun's family, and so many others. God bless you all for your love, care and support. My appreciation also goes to my dearest friend and confidant Taiwo Olatoye Emmanuel for his physical, spiritual contributions to my life. Thanks for being there.

Finally, all praises be to God for making me an achiever in the great Federal university Oye Ekiti and not a mere spectator.

## ABSTRACT

Adolescence stage is a very sensitive period that requires proper handling and adequate monitoring by Parents and those who are concerned like Teachers, Counselors and other Caregivers. A person with high Self esteem is not likely to engage in suicide acts compared to one with a low Self esteem. Likewise for a person with low Depression is not likely to engage in suicide act compared to one with high Depression. The study investigated influence of Self esteem and Depression on suicidal ideation among adolescents in Oye Ekiti.

Ex-post facto research design was used for the study. The participants for the study were One hundred and fifty [150] Secondary School Adolescents. Questionnaire was used for data collection. Data obtained was analyzed using the Statistical Package for the Social Sciences [SPSS]. T-test for independent samples was adopted to test hypothesis one, two and three.

The result showed that self esteem significantly influenced suicidal ideation [  $t= 2.37$ ;  $df=148$ ,  $p<.05$ ], while depression significantly influenced suicidal ideation [  $t= 2.93$ ;  $df= 148$ ,  $p<.05$ ] and gender significantly influenced suicidal ideation among adolescents [  $t= -2.01$  ;  $df= 148$ ,  $p< .05$ ].

The implications of the findings were discussed in light of the literature. Although, the present study has made an important contribution to the body of knowledge on the topic; influence of self esteem and depression on suicidal ideation among adolescents. Hence, certain recommendations and limitations of the study were considered.

Keywords; Self esteem, Depression, Adolescence and Suicidal ideation.

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 BACKGROUND OF THE STUDY

Adolescent suicide is a worldwide problem, but it is of particular concern in highly industrialized nations such as the United States, India, Germany, e.t.c (Conner, Duberstein; Conwell, Seidlitz, & Caine, 2001); Kurtz & Derevensky,1993). The suicide rate in the United States has tripled since 1960, making it the third leading cause of death among adolescents and the second leading cause of death among the college-age population. Although it is estimated that approximately 14 adolescents in the United States commit suicide each day, the actual number is two to three times higher. Understandably, these alarming statistics have stimulated great concern in the public at large and have led social scientists to warn of an impending rise in the number of suicides and suicidal attempts among adolescents (Berman & Jobes, 1994; Griffiths, Farley, & Fraser, 1986; Watt & Sharp, 2002). Much of the research literature appears to be focused on suicide per se. However, professionals are increasingly paying attention to the antecedent behaviours.

According to Bush and Pargament (1995), suicidal behaviour is often preceded by thoughts, threats, and unsuccessful attempts at suicide. Similarly, Cole, Protinsky, and Cross (1992) noted that suicide was the completed process of a continuum that began with suicidal ideation, followed by an attempt at suicide, and finally completed suicide. Suicidal ideation is a preoccupation with intrusive thoughts of ending one's own life (Cole, Protinsky, & Cross,1992; Harter, Marold, & Whitesell, 1992), while suicide is the completed act of taking one's life (National Mental Health Association, 2002). Because of this progression from thought to action, it is fitting that researchers explore the notion of suicidal ideation in greater depth.

Self esteem is the evaluative aspect of the self-concept that corresponds to an overall view of the self as worthy or unworthy (Baumeister, 1998). This is embodied in Coopersmith's (1967) classic definition of self esteem; "The evaluation which the individual makes and customarily maintains with regard to himself": it expresses an attitude of approval and indicates the extent to which an individual believes himself to be capable, significant, successful and worthy. In short, self esteem is a personal judgment of the worthiness that is expressed in the attitudes the individual holds towards himself. Thus, self esteem is an attitude about the self and is related to personal beliefs about skills, abilities, social relationships, and future outcomes. It is important to distinguish *self esteem* from the more general term *self concept*, because the two terms often are used interchangeably. Self-concept refers to the totality of cognitive beliefs that people have about themselves; it is everything that is known about the self, and includes things such as name, race, likes, dislikes, beliefs, values, and appearance descriptions, such as height and weight. By contrast, self esteem is the emotional response that people experience as they contemplate and evaluate different things about themselves.

Self esteem affects our trust in others, our relationships, and our work – nearly every part of our lives. Positive self esteem gives us the strength and flexibility to take charge of our lives and grow from our mistakes without the fear of rejection.

Following are some outward signs of positive self esteem:

- Confidence
- Self-direction
- Non-blaming behaviour
- An awareness of personal strengths
- An ability to make mistakes and learn from them

- An ability to accept mistakes from others
- Optimism
- An ability to solve problems
- An independent and cooperative attitude
- Feeling comfortable with a wide range of emotions
- An ability to trust others
- A good sense of personal limitations
- Good self-care
- The ability to say no

Low self esteem is a debilitating condition that keeps individuals from realizing their full potential. A person with low self esteem usually possesses feelings of being unworthy, incapable, and incompetent. In fact, because the person with low self esteem feels so poorly about him or herself, these feelings may actually cause the person's continued low self esteem.

Here are some signs of low self esteem:

- ❖ Negative view of life
- ❖ Perfectionist attitude
- ❖ Mistrusting others – even those who show signs of affection
- ❖ Blaming behaviour
- ❖ Fear of taking risks
- ❖ Feelings of being unloved and unlovable
- ❖ Dependence – letting others make decisions
- ❖ Fear of being ridiculed

Depression is a situation of feelings of unhappiness, clinical or major depression is a mood disorder—a medical illness that involves both the body and mind. The difference between clinical makes it fastest-rising diagnosis. Depression occurs along a continuum from mild to life threatening. Some mild episodes of depression may resolve with time, aided by making important adjustment to ones daily routines, and by seeking out the support of others. However; major or clinical depression is a serious, debilitating illness that intensely affects how you feel, think, and ultimately how you behave. Depression can last for years and without treatment can cause permanent disability. It is a profoundly painful, distressing disorder that rarely can be overcome without external help. No amount of 'pulling up your sock', true grit and determination, positive self-talk; love and support will lift the dark veil of depression. It is an illness and it needs treatment. Each individual experiences depression in his or her own unique manner.

Depression and feeling unhappy or blue is an inability to shake this feeling of sadness, which will last more than two weeks at least. Also, the sad or despairing mood will affect one's ability to work or go to school, as well as negatively impact ones social relationships. Depression is an illness, which can affect anyone. People from every age, social, economic, occupational, cultural and religion groups get depressed. A distinctive feature of depression is the overwhelming feeling of isolation that it causes. Feeling 'alone' can lead to a sense of shame in somehow being 'different' from others. Depression happens with disconcerting frequency in that understanding depression as an illness that affects many people helps break down the sense of isolation. It may also help if you speak more freely about your experience with others and discover new sources of support and understanding.

Depression is a serious medical illness that negatively affects how you feel, the way you think and how you act. Depression has a variety of symptoms, but the most common are a deep feeling of sadness or a marked loss of interest or pleasure in activities. Other symptoms include:

- ✦ Changes in appetite that result in weight losses or gains unrelated to dieting,
- ✦ Insomnia or oversleeping,
- ✦ Loss of energy or increased fatigue,
- ✦ Restlessness or irritability,
- ✦ Feelings of worthlessness or inappropriate guilt,
- ✦ Difficulty thinking, concentrating, or making decision and
- ✦ Thoughts of death or attempts of committing suicide.

Depression is also common in older adults. Depression can affect anyone—even a person who appears to live in relatively ideal circumstances. But several factors can play a role in the onset of depression:

**Biochemistry:** Abnormalities in two chemicals in the brain, serotonin and norepinephrine, might contribute to symptoms of depression, including anxiety, irritability and fatigue. Other brain networks undoubtedly are involved as well; scientists are actively seeking new knowledge in this area.

**Genetics:** Depression can run in families. For example, if one identical twin has depression, the other has a 70% chance of having the illness sometime in life.

**Personality:** People with low self esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be vulnerable to depression.

**Environmental factors:** Continuous exposure to violence, neglect, abuse or poverty may make people who are already susceptible to depression all the more vulnerable to the illness. Also, a

medical condition (e.g., a brain tumour or vitamin deficiency) can cause depression, so it is important to be evaluated by a psychiatrist or other physician to rule out general medical causes.

Suicidal behaviour has different levels: ideation, contemplation, planning and preparation, attempt, and consummation. Likewise, suicidal behaviour comprises all the actions aimed at achieving suicide. During adolescence there is a tendency to a reduction of emotional well-being. Thus, adolescents may engage in dangerous behaviour, extreme narcissism and individualization, exclusion and social isolation. Suicidal ideations are thoughts of suicide that can range in severity from a vague wish to be dead to active suicidal ideation with a specific plan and intent. The range of suicidal ideations varies greatly from fleeting thoughts, extensive thoughts, to detailed planning, role playing and incomplete attempts, which may be deliberately constructed to not complete or to be discovered, or may be fully intended to result in death, but the individual survives. Most people who undergo suicidal ideation do not go on to make suicide attempts, but it is considered a risk factor. Suicidal ideation is generally associated with depression and other mood disorders; however, it seems to have associations with many other psychiatric disorders, life events and family events, all of which may increase the risk of suicidal ideation.

## **1.2 STATEMENT OF THE PROBLEM**

In recent years, the rate of completed suicide among young adults and adolescents (ages 15 to 24) nearly tripled. During this period the suicide rate for young adults increased from 3.6 per 100,000 to 13.6 per 100,000 (Vastag, 2001). Over the last two decades of steady increases, the suicide rate among young adults declined from 13.8 per 100,000 in 1994 to 9.9 per 100,000 in 2001. Despite the decreased suicide rate during this seven year period, suicide accounted for an

alarming 12.8 percent of all deaths among young adults in 2001, making suicide the third leading cause of death for individuals ages 15 to 24 (Vastag, 2001). The frequency of completed suicide among young adults is even more alarming given that the aforementioned suicide rates may be an underestimate, as it is likely that a significant number of deaths attributed to accidental injury (e.g. car accidents) were in fact suicide (Connolly, Cullen & McTigue, 1995).

It is estimated that in Africa, 25 percent of all people ages 18 to 24 are either full or part-time college students (National Centre for Educational Statistics, 1996). Although the suicide rate among undergraduate college students is estimated to be half that of same-aged non college students (Silverman, Meyer, Sloane, Raffel, & Pratt, 1997), suicide remains a significant problem among this population. It is estimated that 1100 of the 3971 young adults and adolescents who completed suicide in 2001 were in high schools or colleges, making suicide the second leading cause of death (behind accidental injury) for adolescents and young adults (Vastag, 2001).

Given that suicide is the second leading cause of death among adolescents and young adults, suicide is a significant problem among this population that needs to be addressed. Furthermore, to fully understand the extent of the "suicide problem" among adolescents and young adults, it is necessary to conceptualize suicide as being one point on a more broadly defined suicide continuum, which includes suicidal thoughts, feelings and behaviours (Barrios, Everett, Simon & Brener, 2000). These thoughts, feelings and behaviours are emanated from some core factors such as psychological (depression, anxiety, e.t.c), social (self respect, self worth) and biological (genetic predisposition) factors. Hence, the present study seeks to investigate influence of self esteem and depression on suicidal ideation among adolescents in Oye Ekiti. This study seeks to provide answers to the following research questions;

- i. Will self esteem significantly influence suicidal ideation among adolescents in Oye Ekiti?
- ii. Will depression significantly influence suicidal ideation among adolescents in Oye Ekiti?
- iii. Will gender significantly influence suicidal ideation among adolescents in Oye Ekiti?

### **1.3 PURPOSE OF THE STUDY**

The main objective of this study is to determine self esteem and depression will have influence on suicidal ideation among adolescents in Oye Ekiti. The following specific objectives of this study are as follows:

1. To understand the reasons for Suicidal thoughts, feelings and behaviours that are highly prevalent among adolescents and young adults.
2. To access the theoretical framework that underlies the process through which various variables interact to produce suicidal thoughts, feelings and behaviours.
3. To investigate whether self esteem and depression influences will be revealed as the necessary factors aiding suicidal ideations among adolescents.
4. To update previous related researches being done on the variables or psychological constructs for further future researches.
5. It is also aimed at finding out whether levels of self esteem and depression in adolescents could lead to suicidal ideation.

### **1.4 RELEVANCE OF THE STUDY**

Suicidal ideation are common among adolescents, is related to issues like low self esteem and depression. This study will provide information about the prevalence of suicidal ideation among adolescents. This study seeks in helping individuals most especially adolescents with suicidal



ideations, low self esteem and depression try to overcome their challenges, Provide practitioners especially clinicians, psychotherapists and counsellors with important information concerning what variables should be targeted when designing suicide prevention and intervention programs for adolescents and young adults. Also, help families integrate and coheres better which serves as a good form of social support for youths in order for them to build their self respect and confidence.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 THEORETICAL FRAMEWORK

##### THEORIES OF SELF ESTEEM

##### 2.1.1 SOCIO METER THEORY

This theory posits the nature of the self which suggests that self esteem, to the extent that it reflects affectively-laden self-evaluations (Leary & Baumeister, 2000), should represent some combination of the uniquely human self and more ancient motivational mechanisms. Relatedly, Harter (2003) argued that a sense of universal self-worth develops in humans between ages 8 to 11. Before this age, children exhibit behavioural profiles that can be reliably coded as patterns of what Harter describes as self esteem, suggesting that self esteem mechanisms are operational before age 8 even though the full complement of self-abilities is not yet on-line. This supports the notion that there is some element of self esteem that is not directly dependent on the existence of a self. The question then becomes which nonhuman motivational mechanism(s) formed the basis of a sense of self esteem.

Sociometer Theory (ST) argues that self esteem ultimately aids in servicing the need to belong (Baumeister & Leary, 1995). Leary (2004a) suggested that Sociometer is an evolutionarily derived, pre-human module that aids an organism in monitoring its relational value. In nonhuman animals, Leary (2004a) suggested that this mechanism would have been responsive to concrete social cues in the immediate environment. That is, social animals require some estimation of their social value to co-specifics in order to promote effective social approach and avoidance behaviour. A variety of social animals are known to have inclusion regulation

systems (Gilbert & Trower, 1990). For example, feelings of social pain may provide an important signal across species to warn individuals of low social value to others (MacDonald & Leary, 2005). Thus, computational systems for evaluating a sense of an individual's social value, or a Sociometer, were well in place before the evolution of humans.

According to Sociometer Theory, state self esteem represents the conscious understanding of one's current relational value in the immediate situation (Leary & Baumeister, 2000). In this scenario, state self esteem only draws upon the ability to refer back to the self; it is the ability to match one's current sense of relational value. As a result, state self esteem varies depending on the prominent social context. For example, Kirkpatrick and Ellis (2001) argued that there may be multiple Sociometers that have evolved to monitor inclusion in various types of relationships that were important for survival over evolutionary history, such as instrumental coalitions, mating relationships, and family relationships. Nevertheless, individuals are also able to make formal statement about levels of universal or identifying characteristics, self esteem that can display reliability across time (Kernis & Waschull, 1995). Sociometer Theory proves that representatives such as personal history of social rejection and anticipation of future acceptance factor into an assessment of universal self esteem. Consequently, universal self esteem engages thoroughly the generative aspect of the self, with a concept of past and future selves allowing an assessment not just of current relational value, but expected value in future interactions (Leary & MacDonald, 2003).

It is essential to note that the understanding of relational value does not direct the attention simply to dominance rank. Some theorists have suggested that self esteem portrays an individual's sense of his or her rank in a dominance body of authoritative officials (Barkow, 1980). Nonetheless, more recent theory and research had made recommendation that dominance

alone cannot account for self esteem (Leary, Cottrell, & Phillips, 2001; Pyszczynski, 2004). First, social acceptance is better foretellers of self esteem than dominance (Leary et al., 2001). Second, across species, dominance hierarchies tend to be more important for males' social functioning than for females, yet self esteem come is sight to be important to both women and men (Leary & Baumeister, 2000). Third, humans often develop systems to limit the power to manipulate dominant individuals such that immoderate dominance can decrease rather than increase social value (Boehm, 1999). Importantly, social connections between people have been shown to encourage survival independent of dominance. For example, infants of highly socially integrated female baboons have been shown to be more likely to survive to 1 year of age than infants of less socially integrated mothers, even controlling for the mothers' dominance rank (Silk, Alberts, & Altmann, 2003). Thus, ST considers self esteem to be responsive to overall relational value, including dominance and social integration.

The main statement of what will happen in future about ST, that self esteem should be strongly tied to feeling acceptable to important others, has been strongly held in position. In a recent subsequent, higher universal self esteem was shown to be related to higher perceived relational value across a variety of domains (Leary & MacDonald, 2003). For example, research has shown that the association between assessment of one's characteristics or quality and self esteem is not excessive by the extent to which people agree that an attribute is relevant for social acceptance. MacDonald, Saltzman, and Leary (2003) asked participants to evaluate themselves in each of five domains (i.e., competence, physical attractiveness, wealth and possessions, sociability, and morals) and to show the extent to which each domain was relevant for social acceptance and declination. Results showed that the more participants thought that a domain was

relevant to interpersonal acceptance or declination; the more strongly their self-assessment in that domain predicted their universal self esteem

### **2.1.2 TERROR MANAGEMENT THEORY**

Terror Management Theory (TMT) gives a different view of the function of self esteem that focuses on its role in managing existential concerns. TMT proposes that self esteem functions to provide shelter for individuals from the fear that comes up due to the awareness that they will die (Pyszczynski et al., 2004). The theory begins from the premise that, as humans developed sophisticated cognitive abilities, the ability to project the self into the future led to the realization that death was unavoidable. TMT postulates that this realization would have led to an ever-present potential for paralyzing terror. The theory suggests that such terror presented a relevant survival challenge by creating overwhelming anxiety and chronic inaction. TMT offers literal (e.g., life after death) or symbolic (e.g., being remembered for great works) immortality to members who live up to its quality mechanisms. In this view, fear of death is said to have provided the urge to create community structures that supersede the individual (e.g., religion), as well as the urge to stick to the value systems that permit entry into those community structures. Relief from anxiety comes from being a quality member of a meaningful cultural system. Self esteem is defined as that feeling that one is living up to the standards of one's culture, as this provides protection from death through literal or symbolic immortality. Importantly, the need for self esteem was an evolved adaptation in response to death awareness. High self esteem stops the paralyzing terror that led to chronic inaction and was therefore selected for thorough evolutionary processes.

Research testing some of the key proposals of TMT has been of great support. Considerable evidence supports a link between higher levels of self esteem and lower levels of

fear (Greenberg, Solomon, Pyszczynski, Rosenblatt, et al., 1992; Greenberg, Pyszczynski, Solomon, Pinel, et al., 1993; Solomon, Greenberg, & Pyszczynski, 1991), including cross-cultural evidence (Abe, 2004). Further, the theory suggests that if self esteem serves to buffer death anxiety, then individuals with high trend of self esteem, or with experimentally induced feelings of self-worth, should feel less threatened by reminders of death. Thus, individuals with higher self esteem should feel less need to defend their cultural system or worldview in the face of mortality salience, as self esteem reduces their fear about death. Research has supported these predictions. American participants who wrote about their own death derogated an anti-American author less if they had higher levels of universal self esteem or higher state self esteem induced by false positive feedback (Harmon-Jones, Simon, Greenberg, Pyszczynski, et al., 1997). No effect for self-argues that this problem was solved by the construction of cultural worldviews that offered relief from the terror by providing a route to immortality. Culture and respect were found when participants had written about watching television. Further, the experimental induction of higher state self esteem was also related to lower availability of death-related thoughts after the mortality salience induction. Certainly, then, the data support a link between reminders of death and self esteem.

### **2.1.3 SELF DETERMINATION THEORY**

Another perspective on self esteem comes from Self-Determination Theory (SDT; Deci & Ryan, 2000). I wish to address SDT's view on self esteem because authors from this perspective have been critical of the interpersonal approach taken by both ST and TMT (Ryan & Deci, 2004). A basic postulate of SDT is that humans have three inborn psychological needs – competence, autonomy, and relatedness (Deci & Ryan, 2000). Competence refers to feeling effective in interacting with one's environment. Autonomy refers to feeling that one's behaviour

is chosen freely. This concept is often confused with individualism, or behaving separately from others. However, in the SDT framework, behaving in line with others can be independent so long as the individual feels that behaviour is chosen freely (Chirkov, Ryan, Kim, & Kaplan, 2003); Finally, relatedness refers to the want to be connected to others. SDT argues that conditions that give support of these three needs will foster behaviour that is *self-determined*, or moved by personal choice rather than external control. Such self-determined behaviour is related to higher levels of well-being (Ryan, Deci, & Grolnick, 1995).

SDT's perspective on self esteem suggests that it is important to distinguish between two types of self esteem: contingent and true (Deci & Ryan, 1995). This perspective argues that contingent self esteem is self-worth that is unstable based on success in meeting specific standards of excellence. Contingent self esteem is described as unstable and fragile, and results from conditions that are unsupportive of some or all of the three postulated psychological needs. Under these conditions, individuals defensively pursue self-worth by attempting to match themselves to standards that reflect external control or only partial internalization. In contrast, true, stable self esteem reflects self-worth that does not fluctuate as a function of one's accomplishments. Under conditions supportive of the three posited needs, the individual does not feel the need to prove her or his self-worth and behavioural regulation emanates from the individual's authentic self. These authors argue that when the three needs are woven into self-regulation self esteem is not a salient priority. Only when these needs are not being met is the pursuit of self-worth posited to be a salient goal. Thus, Ryan and Deci (2004) argue that any interpersonal theory of self esteem is incomplete because such a theory suggests that the pursuit of self-worth reflects only the satisfaction of relatedness needs. These authors also suggest that any theory that frames self esteem exclusively as an anxiety buffer ignores human tendencies for

growth. From the SDT perspective, ST and TMT describe partial need satisfaction and thus can only explain contingent, but not true, self esteem.

To understand the nature of the differences between the interpersonal perspectives (ST and TMT) and SDT, it is important to be clear on their different foci. SDT is explicitly a theory about conditions that promote growth, integrity, and psychological well-being. Thus, SDT's interest in self esteem is not centred on why humans have self esteem or what the motivation underlying self esteem reflects beyond its value as an indicator of well-being. From the perspective of self esteem as a pre-human motivation elaborated by a self-construction process, SDT focuses on how the process of constructing the self influences the functioning of the motivational mechanisms underlying self esteem. On the other hand, the interpersonal perspectives are explicitly theories about the evolved nature of the motivational mechanisms underlying self esteem. In the Sociometer framework, process-oriented terms like contingent self esteem are not the focus; instead, the focus is on the nature of self esteem motivation. ST predicts that regardless of how the self is constructed, perceptions of high relational value will lead to (stable or unstable) high self esteem.

## **THEORIES OF DEPRESSION**

### **2.1.4 COGNITIVE VULNERABILITY- STRESS MODELS OF DEPRESSION**

The two central cognitive theories of depression which are Hopelessness theory (HT; Abramson, Metalsky, & Alloy, 1989) and Beck's cognitive theory (BT; Beck, 1987) have garnered considerable empirical support. According to the cognitive vulnerability stress component of HT, a depressogenic cognitive style is hypothesized to interact with negative life events to contribute to increases in depressive symptoms. The Hopelessness Theory cognitive



vulnerability is conceptualized as a tendency to make negative inferences about the cause (i.e., universal and stable attributions), consequences, and meaning for one's self-concept, of a negative life event. Similarly, Beck's cognitive theory posits a vulnerability-stress component in which dysfunctional attitudes are hypothesized to interact with negative events to contribute to elevations of depressive symptoms. In Beck's Theory, cognitive vulnerability is conceptualized as depressive self-schemas containing dysfunctional attitudes, such as one's worth derived from being perfect or needing approval from others.

These cognitive models were proposed originally as etiological theories of depression, so they may be relatively specific to depression compared to anxiety. The interaction of cognitive vulnerability with negative events has been proposed to be an etiological risk factor for depression (Hankin & Abramson, 2001).

Prospective research has found that cognitive vulnerability interacting with stressors is associated with future increases in depressive symptoms and disorder (Hankin, Abramson, Siler, 2001; Joiner, Metalsky, Lew, 1999; Lewinsohn, Joiner, & Rohde, 2001; Metalsky & Joiner, 1992). In contrast, negative events have been hypothesized to contribute none specifically to elevated levels of negative affect (i.e., both anxiety and depressive symptoms) more generally (Hankin & Abramson, 2001). Negative events have been found to be broadly associated with both anxiety and depression (Lewinsohn, 2001; Luten, Ralph, Mineka, 1997; Metalsky, Joiner, 1992). These studies clearly show that initial levels of cognitive vulnerability interact with ongoing negative life events to predict depression, but are cognitive vulnerability a specific risk factor for depression? The majority of studies have found that cognitive vulnerability as a main effect risk factor, without negative events, is associated with depression compared with anxiety (Mineka, Pury, & Luten, 1995), although this is not always found. Some prospective

vulnerability-stress studies have found that HT's cognitive vulnerability-stress component predicts depressive symptoms more specifically than anxious symptoms (Hankin, Abramson, Angelli, 1999; Metalsky, Joiner, 1992), whereas others have not found such specificity (Luten, 1997; Ralph & Mineka, 1998).

Structural models of anxiety and depression emphasize the need to assess affectively specific symptoms to differentiate general negative affect from relatively specific depression and anxiety. Such structural models recognize and explicitly model the natural co-occurrence of anxiety and depression while simultaneously trying to maximize discriminant validity. For example, one influential model, the tripartite model of anxiety and depression (Clark & Watson, 1991), states that the strong co-variation between anxiety and depression is due to a shared negative affect factor (also called general distress), whereas the unique aspects of depression can be captured by a low positive affect (anhedonia) factor and the unique aspects of anxiety can be distinguished by an anxious arousal factor. The general distress factor consists of symptoms common to both anxiety and depression, such as difficulty sleeping and poor concentration. The relatively depression specific factor of anhedonia is characterized by symptoms such as loss of interest and lack of enjoyment in pleasurable activities, whereas the relatively specific anxiety factor of anxious arousal features symptoms such as shortness of breath and dizziness. Various factor analytic studies support the notion that depression is characterized by general distress and anhedonia, whereas anxiety is represented by general distress and anxious arousal (Brown, Chorpita, & Barlow, 1998; Chorpita, Albano, & Barlow, 1998; Clark, Beck, & Stewart, 1990).

### 2.1.5 BEHAVIORAL THEORY

Behavioural theories explain the development and persistence of depressive symptoms as the result of decreased environmental reward, associated reductions in positively reinforced healthy behaviour, reinforcement of depressive or passive behaviours, and punishment of healthy behaviours (Ferster, 1973; Lewinsohn, 1974; Martell, Addis, & Jacobson, 2001). Cognitions and overt behaviours that serve an avoidant function are thought to be critical precursors to the reductions of reward and positive reinforcement that predispose people to depression (Ferster, 1973; Martell, 2001).

The construct of avoidance can be defined as attempts to prevent, escape, or reduce contact with subjectively aversive or minimally rewarding internal or external stimuli. These stimuli can come in different forms, including thoughts, behaviours, emotions, memories, and social interactions (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996; Ottenbreit & Dobson, 2004). Excessive avoidance has been implicated in various emotional and behavioural problems; particularly depressive and anxiety disorders (Barlow, 2002; Chawla & Ostafin, 2007; Ottenbreit & Dobson, 2004). In behavioural conceptualizations of depression, behaviour aimed at escaping or avoiding stimuli leads to a pattern of passivity and withdrawal that reduces the frequency of positively reinforced behaviour, which in turn produces, sustains, or worsens depressive symptoms. In other words, there is a relationship between avoidance and depression that is largely explained by the mediating role of reduced positive reinforcement (Ferster, 1973; Lewinsohn, 1974; Manos, Kanter, & Busch, 2010; Martell, 2001). Although a largely referenced model of depression, to date this theory has received minimal empirical scrutiny. In particular, while significant evidence links depression to avoidance and reduced response contingent

positive reinforcement, no study to date has directly investigated the proposed mediating role of reinforcement.

Much of the evidence linking avoidance and depression comes from the coping literature. Avoidance coping consists of focusing attention away from internal or external stimuli to manage, reduce, or eliminate stress, and can be either a cognitive or behavioural process (Cronkite & Moos, 1995). Cognitive avoidance coping involves denying, minimizing, ruminating, or passive decisions that stressful or unpleasant situations are unchangeable. Behavioural avoidance coping occurs when a problem is avoided through participation in alternative activities, engagement in temporarily satisfying albeit maladaptive behaviours such as substance use, gambling, or binge eating, or through overtly displaying behavioural manifestations of unpleasant emotions (e.g., yelling or shouting at others) (Cronkite & Moos, 1995). Individuals with increased depression are more likely to use escape and avoidance coping strategies when stressed.

The pioneering theoretical work of Ferster (1973) highlighted avoidant behaviour as a determinant of depressive behaviours and symptoms, stressing the need to analyze relationships between environmental contexts and behaviour to understand and treat depression. While this theory was elaborated by other theorists (Lewinsohn, 1974; Staats, Heiby, 1985), purely behavioural conceptualizations and treatments of depression became overshadowed by more integrative cognitive behavioural models (Beck, Rush, Shaw, Emery, 1979). A landmark study revitalized interest in behavioural theory and reaffirmed the importance of targeting avoidance behaviour through guided activity scheduling for the purposes of increasing environmental reinforcement and subsequent attenuation of depression symptoms (Jacobson, 1996). In this component analysis of cognitive behavioural therapy (CBT) for depressed outpatients, the

behavioural activation (BA) component of CBT was compared to full CBT as well as a condition that incorporated BA and the addressing of automatic thoughts. BA was as effective as both comparison conditions, with treatment gains maintained at 2-year follow-up (Gortner, Gollan, Dobson, & Jacobson, 1998). In later works, the importance of targeting avoidance behaviour became more explicitly highlighted in both the conceptualization and treatment of depression.

The dismantling study of Jacobson, (1996) inspired the development of two behaviourally-focused treatments for depression: behavioural activation (BA) (Martell, 2001) and the brief behavioural activation treatment for depression (BATD) (Lejuez, Hopko and Hopko, 2001). Consistent with traditional behavioural models, behavioural activation treatments modify one's environment through behaviour change that increases access to positively reinforcing events and activities while limiting reinforcement of depressed behaviour. Both BA and BATD incorporate an acceptance-change model that emphasizes action- as opposed to avoidance-based strategies as a means to attenuate depressive symptoms (Hopko, Lejuez, Ruggiero, & Eifert, 2003). BA's model of depression includes a specific emphasis on the role of avoidance that is central to the present investigation. Behavioural and cognitive avoidance of potentially rewarding environmental experiences are thought to be critical in producing and maintaining depressed behaviour characterized by passivity, withdrawal, and inactivity. A central goal of treatment is to reduce escape and avoidance behaviour and associated passivity through recognition of this avoidance pattern and increased participation in alternative healthy and rewarding behaviours. Importance is placed not only on behavioural avoidance, but also on cognitive avoidance strategies such as rumination, which are all hypothesized to interfere with one's ability to elicit reward from the environment (Martell, 2001). Importantly, the efficacy of behavioural activation interventions has been well supported and BA is considered an

empirically supported intervention (Cuijpers, Van Straten, & Warmerdam, 2007; Dimidjian, 2006). In targeting avoidance behaviour, the central premise of behavioural theory and behavioural activation treatments is that reducing avoidance and escape behaviour will increase exposure to positive reinforcement for healthy behaviour (Manos, 2010).

## **THEORIES OF SUICIDAL IDEATION**

### **2.1.6 THE INTERPERSONAL – PSYCHOLOGICAL THEORY**

The interpersonal-psychological theory of suicidal behaviour (Joiner, 2005) holds that an individual will die by suicide if he or she has both the desire for suicide and capability to act on that desire. According to the theory, suicidal desire results from the convergence of two interpersonal states: perceived burdensomeness and thwarted belongingness. However, desire alone is not sufficient to result in death by suicide; a third component must be present: the acquired capability for suicide, which develops from repeated exposure and habituation to painful and provocative events. Broadly described, the interpersonal-psychological theory holds that an individual will engage in serious suicidal behaviour if he or she has both the desire to die and the capability to act on that desire. Although the proposition may seem somewhat obvious at first, it is a powerful one in that it underscores the critical difference between suicidal ideation and suicidal behaviour; a distinction that many other theories of suicide fail to account for. Indeed, the theory not only addresses the question of who wants to die by suicide but speaks to the question of who can die by suicide as well.

According to the interpersonal-psychological theory, the desire for death by suicide results from the confluence of two interpersonal states: perceived burdensomeness and thwarted belongingness. Perceived burdensomeness refers to the potentially dangerous misperception that

the self is so incompetent that one's existence is a burden on friends, family members, and/or society. The feeling of being a burden on others may lead to the potentially dangerous belief that one's death is worth more than one's life. Relatedly, feeling alienated from friends, family, or other valued social circles; thwarted belongingness, also is a risk factor for developing the desire for suicide. Although both states independently are associated with elevated risk for developing the desire for suicide, risk is greatest when both states are experienced concurrently. As predicted by the theory, several studies have found a significant positive correlation between suicidal ideation and feelings of thwarted belongingness and perceived burdensomeness independently.

With respect to perceived burdensomeness, the relationship has been found in a variety of samples, including undergraduates, individuals who attempted or died by suicide, methadone outpatients, and psychotherapy outpatients (Van Orden, Witte, Gordon, Bender, & Joiner, 2008a; Conner, Britton, Sworts, & Joiner, 2007; Joiner, 2002). Evidence for the positive association between the desire for suicide and thwarted belongingness has also been found in a diverse range of samples, including undergraduates, adults who attempted or died by suicide, and methadone outpatients (Van Orden et al., 2008a; Van Orden et al., 2007; Conner et al., 2007; Van Orden, Witte, James, et al., 2008b; Joiner et al., 2002). Further support can be taken from indirect evidence. For instance, Joiner, Hollar, and Van Orden (2007) found that "pulling together" during positive collective experiences (i.e., sporting events) was associated with lower suicide rates. Although perceived burdensomeness and thwarted belongingness are independently associated with suicidal desire, the interpersonal-psychological theory goes further to suggest that the interaction of the two states is particularly pernicious. It would follow, then, that the statistical interaction of perceived burdensomeness and thwarted belongingness should be

associated with suicidal ideation, predictive of suicidal ideation severity, and able to account for level of suicidal ideation over and above either construct alone.

### **2.1.7 THE ESCAPE THEORY**

The Escape Theory of Suicide (Baumeister, 1990) provides a theoretical model for explaining the process through which individuals develop suicidal ideation (i.e., thoughts about killing oneself). The Escape Theory is a comprehensive six-stage model that characterizes suicide as an attempt to escape from aversive self-awareness and intense negative emotions. Furthermore, the Escape Theory is a causal process model, meaning that suicidal thoughts and feelings will result only if each step produces a particular outcome. The six stages of the Escape Theory are: falling short of standards, negative self-attribution, heightened self-awareness, negative feeling, cognitive deconstruction and reasons for living.

According to the Escape Theory of Suicide, the first step in the process of developing suicidal ideation involves a belief that one's current circumstances fall short of his or her expected standard. According to Baumeister, the perception that circumstances fall below standards results from having set unrealistically high expectations, the experience of recent problems and stressors, or both. Given this, if an individual's expectations are low, setbacks and stressors may not lead to suicidal thoughts and feelings. However, high standards and expectations may produce an extreme experience of failure when reality is perceived as falling short of standards. Thus, Baumeister suggested that the decisive factor of the first stage of the Escape Theory is the magnitude of the perceived shortfall, such that suicide may be the eventual result of having set unrealistically high standards or experiencing unusually high stress.



In the second stage of the Escape Theory the individual blames the perceived failure on himself or herself. During the second stage, the individual makes negative self-attributions and identifies him or herself as being incompetent, inadequate, and blameworthy. Not only does the individual view himself or herself as being incompetent and blameworthy for the current failure, but the individual also perceives these negative attributions as being predictive of future failures. Thus, Baumeister contends that these negative self-attributions are broad interpretations of the self and are seen as being both universal and stable characteristics. The aforementioned negative self-attributions will lead an individual into the third stage of the Escape Theory. During the second stage, individual attributes his or her perceived failure to specific circumstances or perceives his or her failure as being able to be corrected in the future; suicidal ideation will not continue to develop.

As a result of falling short of standards and attributing blame for this failure to the self, the individual moves into the third stage of the Escape Theory and develops a heightened state of self-awareness. Citing self-regulation theory (Carver & Scheier, 1981), Baumeister contends that as a result of the discrepancy between current circumstances and the expected standard, a state of self-focused attention is maintained until the discrepancy is resolved. However, given that the discrepancy may be the result of the individual's self-imposed high standards, Baumeister suggests that the discrepancy is not easily resolved, and thus the individual experiences an extended period of heightened self-awareness. The heightened self-awareness causes the individual to continue focusing on the self as incompetent and blameworthy. Conversely, if the individual is able to reassess his or her standard or modify her/his current circumstances to achieve the standard, the discrepancy will be resolved, the heightened state of self-awareness

will discontinue, and the individual will be less likely to move into the fourth stage of the Escape Theory.

As a result of continued heightened self-awareness and focus on self-blame, during the fourth stage of the Escape Theory an individual experiences aversive negative feelings. Citing cognitive theories of perceived threat and loss and their association with depression and anxiety (Beck & Clark, 1988), Baumeister contends that seeing oneself as falling short of standards may result in dejection related affect such as depression. Similarly, viewing the self as falling short of duties and obligations may produce disturbance which are related to feelings such as guilt and anxiety. Thus, Baumeister proposed that the fourth stage of the Escape Theory is marked by depression and anxiety, which result from perceived self-conflict associated with threat and loss. Furthermore, the experience of this negative affect is unpleasant, and as such, individuals attempt to end the experience of this affect as quickly as possible.

The fifth step of the Escape Theory posits that individual attempts to escape negative affect by ceasing meaningful thought. Baumeister proposed that during this step the individual realizes she/he can end negative feelings, and thus feel better, if she/he ceases feeling emotion; ceases self-blame for her/his recent failures, or ceases being aware of self. Emotion, attribution, and self-awareness involve higher level thinking, or meaning, in that they require cognitive integration and interpretation of events and experiences. Baumeister argued that a refusal of meaningful thought, or ceasing cognitive interpretations, would eliminate emotion, attribution, and self-awareness, and allow the individual experiencing them to escape negative affections. This absence of meaningful thought is referred to as cognitive deconstruction. The central goal of cognitive deconstruction is the removal of cognitive interpretations and integration of events from awareness and it is marked by a refusal of insight and a denial of implications or contexts.

Thus, the shift into cognitive deconstruction is marked by a shift into less meaningful and less integrative thought and awareness and a focus on short term, immediate tasks and goals. However, given the constant presence of thought provoking stimuli, sustaining a deconstructed state is often difficult; furthermore, when the individual is unable to maintain cognitive deconstruction, meaningful thought, negative attribution and self focus return. As a result of resumed meaningful thought, the individual may develop a belief that things will not get better and is unable to perceive living a positive and happy life. As a result, cognitive deconstruction is ultimately marked by a sense of hopelessness.

In the sixth and final stage of the Escape Theory an individual experiences disinhibition. Most people have a strong inner restraint against attempting suicide. However, according to Baumeister, the morals, principles and inhibitions which prevent suicide are interpretive constructs based in higher thought and meaning. Given that cognitive deconstruction involves the elimination of higher meaning and interpretive constructs, deconstruction removes the inhibition against suicide. The removal of inhibitions is marked by the inability to perceive a reason to live. Thus, the sixth stage of the Escape Theory is marked by an absence of meaning or reason for living.

According to the Escape Theory, suicidal ideation is the end result of the aforementioned six stages. Cognitive deconstruction is unable to completely shut out the negative thoughts and feelings that result from the heightened self-awareness of perceived failure. Given that the individual is unable to escape from these aversive emotions, according to Baumeister, suicide is viewed as the only possible escape. Furthermore, cognitive deconstruction results in a focus on the immediate present and removes inhibition as a result of a disconnection from higher meaning. "Ultimately, death is seen as preferable in the short term to emotional suffering and

painful awareness of self as deficient and the long range implications of death are not considered because of the extreme short term focus" (Baumeister, 1990).

Thus, the Escape Theory of Suicide is a six-stage model that explains one process whereby individuals may come to feel suicidal. Baumeister proposed that the process is triggered by a perceived failure to achieve standards. In turn, self-blame and heightened self-awareness result from an individual's ongoing perception of failing to achieve standards. Ultimately, the individual develops feeling of hopelessness, experiences disinhibition, and may engage in suicidal thoughts, feelings, and behaviours. A more thorough review of each of the six steps of the Escape Theory follows.

Baumeister suggested that the process of developing suicidal ideation (i.e., suicidal thoughts and feelings) is triggered when an individual perceives their current circumstances as falling short of their standards. According to Baumeister, an individual's standards may be either self-imposed or an individual may perceive them as being imposed by significant others. In turn, the belief that current circumstances fall short of the expected standard may be the result of having set unrealistically high expectations, the result of recent problems and setbacks, or both. Thus, the first stage of the Escape Theory is characterized by perceived failure, which results from perfectionist thinking, stressful life events or an interaction of the two (Baumeister, 1990).

## **2.2 REVIEW OF RELATED EMPIRICAL STUDIES**

### **2.2.1 SUICIDAL IDEATION**

During the past decade, the suicide prevalence rate among adolescents has either remained steady or slightly declined. Additionally, the suicide rate among college students appears to be lower than that of a same-aged matched sample of non-college students. Some observers have attributed the decline in suicide rates to better identification and treatment of depression and increased reliance on antidepressant medications as being the primary contributors to the decreased suicide rate (Shaffer & Craft, 1999). Similarly, the lower suicide rate among adolescents and college students has been attributed to readily available number of low cost mental health services on campus, a more supportive peer environment than is found in the general community, a greater sense of purpose among adolescents and college students, and a relative freedom from daily hassles of living that occur in non-academic settings (Haas, Hendin & Mann, 2003). Despite these encouraging factors, suicide remains the second leading cause of death among adolescents; furthermore, a large percentage of college students and adolescents report having either contemplated or attempted suicide. This section reviews the prevailing factors influencing suicidal thoughts, feelings and behaviours among adolescents.

### **2.2.2 SELF-ESTEEM AND SUICIDAL IDEATION**

Research reveals that a common variable and related personality factor linked to suicide is self-esteem (Overholser, Adams, Lehnert, & Brinkman, 1995). Self-esteem refers to the appraisal a person makes of their value as a worthwhile individual. According to Overholser et al., people who have high self-esteem tend to be positive in their attitudes about themselves and are thought to be satisfied with their lives. Individuals with low self esteem, on the other hand,

tend to have a negative view of themselves and feel they are incompetent and unworthy. When a person has a negative view of himself or herself, suicidal tendencies generally increase. (Overholser et.al. 1995). Dori and Overholser (1999) also found that low self esteem is a good indicator of suicidal ideation.

Dori and Overholser did a study to determine whether the levels of hopelessness, self esteem, and depression were different among the inpatients who committed suicide prior to being admitted versus those in patients who had not committed suicide. They recruited 90 adolescents diagnosed with depression. These adolescents ranged from 13 to 18 years old, and they were in the middle socioeconomic category. Those who attempted suicide had significantly lower self esteem as well as higher levels of depression and hopelessness than their non-suicidal counterparts, as assessed by Dori and Overholser. Self esteem also was found to be a better indicator of suicide than a person's level of suicidal ideation in this study. Depressed and hopeless adolescents who were assessed as having adequate levels of self esteem were less likely to demonstrate suicidal behaviours than those with low self esteem (Dori & Overholser).

Rasmussen, Negy, Carlson, and Burns (1997) conducted a study of 242 eighth grade adolescent Mexican Americans regarding their suicidal ideation and the associated risk factors. The study was done to determine whether acculturation levels, specific risk factors, depression, and self esteem could predict suicidal ideation. They found that Mexican Americans had many more suicidal risk factors than the White Americans of the same age. Some of these risk factors included acculturation, poverty, and substance abuse. Within this study, suicidal ideation was found to be significantly correlated with depression and self esteem.

A study by Garnefski and Diekstra (1997) focused on the emotional effect of children raised in one-parent or stepparent homes. The participants in this study were 13,953 secondary

students, ages 12 to 19 years old, from the Netherlands. The participants filled out self-report questionnaires under the guidance of a teacher. In general, children of one-parent or stepparent families reported more emotional problems, including low self esteem. Children of these families also had a significantly higher rate of suicidal behaviour over their lifetime. Once again, the low self esteem of these adolescents was significantly correlated with suicide.

More studies show a correlation between self esteem and suicidal ideation. Dukes and Lorch (1989) gave a Youth Lifestyles Survey to 9,752 students who were in the 12th grade. They found a disparity between the importance of academic achievement and the importance of personal satisfaction related to doing well academically. These factors were linked with suicidal ideation through the variables of self esteem, purpose in life, alcohol use, and eating disorders. These authors found that doing well academically was not enough to maintain high self esteem; personal satisfaction due to doing well must be a component. In their study, Dukes and Lorch also found that low self esteem was found to be a good predictor of suicidal ideation among these high school students.

Vella, Persic, and Lester (1996) did a study that explored whether self-reported self esteem was associated with suicidal ideation after controls for depression were introduced. The Beck Depression Inventory and the Rosenberg Self esteem Scale were given to 131 social science undergraduates. These researchers found that suicidal ideation was negatively correlated with self esteem. As self esteem declined, suicidal ideation increased among this college population.

### 2.2.3 DEPRESSION AND SUICIDAL IDEATION

Depression also appears as a factor related to suicide. Early in the 20<sup>th</sup> century, it was believed that children and adolescents could not suffer from depression. Later in the century, psychologists changed their minds and accepted that children can get depressed; however, many agreed childhood depression is different from adult depression (Clarizio, 1989). Some typical symptoms of depression in adolescents are melancholy, suicidal ideation, aggressive behaviour, sleep disturbances, changes in school performance, diminished socialization, and changes in appetite (Clarizio, 1989).

A major cause or trigger of depression in adolescents is thought to be stress. A predisposition to depression may also play a role; nonetheless, the additive stresses of everyday adolescent life often appear to trigger depression (Clarizio, 1989). "There is a complex relationship between depression and suicide. Many depressed patients are suicidal, and conversely, most but not all suicidal individuals manifest depressive mood and symptoms if not depressive illness" (Pfeffer, 1989).

In a study of 254 adolescent psychiatric inpatients and 288 high school students, Overholser (1995) examined the relation between self esteem deficits and suicidal ideation. These researchers found that low self esteem was related to feelings of depression, hopelessness, and suicidal ideation. An important note from this study was that high school students with high self esteem had low levels of depression and were less likely to report feelings of suicidal ideation. This study demonstrates that self esteem can play an important role in depression and suicidal ideation among adolescents.

In a study by Rubenstein, (1989), 300 high school students out of 1,124 in grades nine through twelve volunteered to be in a study that intended to detect risk and protective factors in



suicidal and non-suicidal high school students. Depression and life stress were found to be risk factors for suicide. It was determined that family cohesion can offset life stressors. They also found that moderate to severe levels of depression posed an internal risk factor for suicidal behaviour in adolescents. Further, those who scored in the clinically depressed range on the Beck Depression Scale were at a greater risk for suicidal ideation.

While the vast majority of students who experience suicidal thoughts and feelings do not attempt or commit suicide, these thoughts and feelings are problematic in themselves, as they impact quality of life (Beautrais, 2003), academic performance, retention rates, and graduation rates (Kitzrow, 2003). Weitzman, (2004), in his study among American college students found out that having been depressed or individuals who have thought about suicide are more likely to report consuming alcoholic beverages and more likely to report drinking to get intoxicated. Given the evidence indicating that suicidal thoughts, feelings, and behaviours are wide spread among college students, as well as the evidence that suicidal thoughts, feelings, and behaviours impact both quality of life and academic performance it seems imperative to address the "suicide problem" among American college students. Also, Wallack, (2007), in his study of factors associated with suicidal ideation among American college students: a re-examination of the escape theory of suicide, examined 181 college students which comprises of mostly adolescents found out that stress was directly related to anxiety, depression, and suicidal ideation, so also hopelessness, low self respect and depression had a significant relationship towards suicidal ideation. Supporting his findings is the research on non-college populations supports Baumeister's assertion that the depression impacts suicidal ideation via hopelessness (i.e., Beck, 1993), studies specific to college students indicate otherwise. For example, recent studies conducted by Konick and Gutierrez (2005), as well as Kisch, Leino, and Silverman (2005) both

indicated a strong and direct relationship between depression and suicidal ideation, even when hopelessness was accounted for.

Wilburn and Smith, (2005), examined stress, self esteem, and suicidal ideation in late adolescents in a group of 88 college students. It was found out that negative stress and low self esteem significantly predicted suicidal ideation, self esteem did not moderate the effects of negative stress on suicidal ideation, and 12% of the samples were clinical suicidal ideators. This implies that a significant degree of covariance between self esteem and negative life experiences in the prediction of suicidal ideation was found; but self esteem explained a greater degree of variability of suicidal ideation than did stress. The stress adolescents experience when their support from family is perceived to be low can significantly lower their self esteem and increase the level of stress and risk of suicide. Researchers have found that adolescents who perceived their family as uncaring, distant, and controlling had a higher likelihood of committing suicide (Turner, Kaplan, Zayas, & Ross, 2002).

Furthermore, Olivera (2001) reported a significant relationship between family problems and suicidal ideation. Therefore, it is logical to assume that family support would be a powerful resource for combating stress and ultimately thoughts of suicide. In addition, clearer results could be attained by implementing a life stressor instrument that addresses issues more specific to negative life experiences among adolescents. Furthermore, Kim, (2013), in his study of the buffering effects of self esteem in the relationship between depression and suicidal ideation of the Korean elderly, posited that suicidal adolescents tend to have lower self esteems. And both female and male suicide attempters showed a lower level of self esteem than non-attempters of the same gender. Depression, hopelessness and self esteem was compared among three adolescent groups: depressed adolescents who had never attempted suicide, depressed

adolescents who had attempted suicide once, and, depressed adolescents who had attempted suicide several times. Results showed that suicidal adolescents experienced significantly greater depression and hopelessness than the non-suicidal adolescents.

However, all three groups of depressed adolescents reported similar low levels of self esteem. Self esteem is also related to past suicide attempts even after gender and depression were controlled. Also, Korean adolescents whom showed a lower sense of self esteem while feeling a strong sense of depression also had higher rates of suicidal tendencies. In addition, even from the small amount of studies conducted on the elderly, a lack of self esteem indicated an intense correlation with higher suicidal ideation. Therefore, self esteem buffered the effects of depression on suicide ideation. As a result, the Korean elderly suicide ideation due to depression was higher when self esteem was lower, and vice versa.

Ajidahun, (2012) examined depression and suicidal attitude among adolescents in some selected secondary schools in Lagos State, Nigeria. A total number of 97 students were randomly selected from four secondary schools. It was found out that there was significant difference between adolescents' thought line and depression. This implies that adolescents are affected by the way they think and also it shows that they sometimes thought of suicide whenever they are depressed. This finding corroborates with Mean, (2004), that depression is strongly related to suicidal attitudes because when a person becomes depressed, his cognition changes and this is what makes the depressed individuals to distort their views of themselves.

#### 2.2.4 GENDER AND SUICIDAL IDEATION

Females showed a higher frequency of low self-esteem than males in various studies. Regarding depressive symptoms, females obtained higher scores than males. The percentages of high suicidal ideation displayed greater variability by gender and by study. Among subjects who reported high suicide ideation, a greater proportion of females tended to have low self-esteem. Over half of the females in each study reported higher suicidal ideation and depressive symptoms than males. The exploration of the link between depressive symptoms and high suicidal ideation showed significant differences by gender, a finding which might be linked to the fact that females are more allowed to express their depressive or fatalistic feelings and thoughts or death wishes, whereas among males this type of ideas are perceived as a sign of weakness. Gender-related differences in low self-esteem were only found in a study where males were reported to have higher percentage of low self-esteem than females. The comparison of low self-esteem between male and female with high suicidal ideation does not reveal any statistical difference by gender, despite it has been identified as a risk factor for suicidal behavior.

Roediger, et al (1996) noted that adolescents, particularly the females, sometimes suffer depression because of difficult bodily issues which seem to contribute most to the elevated incidence of depression symptoms. Depression is more likely to occur in adolescence than in childhood. Graber (2004) observed that adolescent girls consistently have higher rates of depression than adolescent boys. According to the author, among the reasons for sex differences are the following:

- Females tend to ruminate in their depressed mood and amplify it.
- Females' self-image, especially the body image is more negative than males'.
- Females face more discrimination than the males do.

- Puberty occurs earlier for girls than for boys and as a result girls experience a pulling up of changes and life experiences in the middle years which can increase depression.

Harter et al (2001) noted that this gender differences may be related to biological changes coupled with puberty or to the ways girls socialize and their greater vulnerability to stress in social relationship. Mean et al (2004) observed that males are four to five times more likely to commit suicide than females. Santrock (2003) noted that adolescent girls, especially early maturing girls like adult women, are especially subjected to depression. This gender difference may be related to biological changes connected with puberty or to the ways girls socialize and their greater vulnerability to stress in social relationship. Males generally choose far more violent methods such as guns and knives. Sometimes, availability of guns and dangerous weapons at home is a major factor in adolescent suicide. Apart from this, they may consider hanging as another method. Females on the other hand tend to rely on less violent options such as drug overdose, jumping into well or river and oncoming vehicle. Apart from committing suicide, two other important indices of suicide behaviors are suicidal attempts and suicidal ideation that is thinking seriously about suicide.

According to Mean et al (2004), males commit suicide more than females in many parts of the world. Females attempt suicide at least three times as often. This high incidence may reflect the fact that more females than males are depressed and that depression is strongly related to suicide attempt. The exploration of the link between depressive symptoms and high suicidal ideation showed significant differences by gender (over half the women in each study had depressive symptoms), which might be linked to the fact that women are more allowed to express their depressive or fatalistic feelings and thoughts or death wishes, whereas among men, this type of ideas are perceived as a sign of weakness. The environment could be encouraging the

development of certain personality features attributed to each individual according to his/her gender, thereby providing the individual with elements that either protect or place him/her at risk. Gender-related differences in low self-esteem were found only in the 1999 study, where men had a higher percentage than women.

Self-esteem has been linked to anxiety, behavioral and neurotic disorders and to a lack of parental support. In other words, these psychological characteristics are different from those related to depression, which might explain the fact that men are more likely to present low self-esteem while women are more likely to experiment depressive symptoms. The comparison of low self-esteem in subjects with high suicidal ideation did not reveal any statistical difference by gender, despite it has been identified as a risk factor for suicidal behavior (attempted or actual suicide). In the other hand, results of depressive symptoms showed it was a factor in the presence of suicidal ideation in women.

### **2.3 RESEARCH HYPOTHESES**

1. Adolescents with high self esteem will significantly report low suicidal ideation than those with low self esteem
2. Adolescents with low depression will significantly report low suicidal ideation than those with high depression.
3. Male adolescents will significantly report low suicidal ideation than female adolescents.

## 2.4 OPERATIONAL DEFINITION OF TERMS

**Self esteem:** Self-esteem is defined as a person's overall evaluation of, or attitude toward, himself or herself. It was measured using Rosenberg self esteem scale developed by Morris Rosenberg, 1965. High score indicate higher self esteem while low score indicate lower self esteem.

**Depression:** an illness concerned with low mood, unhappiness or low morale which last several weeks and may include ideation of self-inflicted injury or suicide. It was measured using Zung self rating depression scale developed by Dr. William W.K Zung high score indicate severe depression while low score indicate moderate depression.

**Suicidal Ideation:** Suicidal ideation is an act of suicidal thoughts, feelings, attitudes and behaviours towards oneself. It was measured using suicide risk assessment; The SBQ-R Test. High score indicate higher risk of suicidal ideation while low score indicate lower risk of suicidal ideation.

**Adolescent:** A young person undergoing physical and psychological development between childhood and maturity usually from ages of 13- 20years.

**Gender:** is the range of characteristics used to distinguish between males and females. Gender was dichotomized into two and measure as male {1} and female {2}.

## **CHAPTER THREE**

### **METHOD**

#### **3.1 RESEARCH DESIGN**

This study adopted Ex- post facto research design. Ex-post facto design was used because the independent variables were not manipulated and also the independent variables were examined prior to the study to investigate how it affects the dependent variable.

#### **3.2 PARTICIPANTS**

Participants used for the study was one hundred and fifty [150] secondary school adolescents. There were sixty eight [45.3%] male adolescents while females were eighty two [54.7%]. Christians were one hundred and twenty nine [86.0%], Muslims were twenty [13.3%] while others were one [0.7%]. The ages of participants ranged from 13 years to 20 years with mean of 17.41 years and standard deviation of 2.28 years.

#### **3.3 SAMPLING TECHNIQUE**

The sample consisted of in-school adolescents in Oye-Ekiti. The sample size for the study was 150 secondary school students. They were sampled using non-random convenience sampling techniques.

#### **3.4 RESEARCH INSTRUMENT**

The study made use of standardized psychological instrument. The instrument had four sections A-D.



**3.4.1 Section A** of the questionnaire contained personal profile of the respondent such as age, religion, and gender. Gender was reported as [male-1, female-2], actual ages was given by participants.

### **3.4.2 SECTION B; ROSENBERG SELF ESTEEM SCALE [RSES]**

The Rosenberg Self-Esteem Scale (RSE) (Morris Rosenberg, 1965) includes 10 general statements assessing the degree to which respondents are satisfied with their lives and feel good about themselves. The RSE provides an established measure of global self-worth. Statements are rated on a 4-point scale ranging from strongly agree to strongly disagree. The RSE has obtained adequate evidence of internal consistency and temporal stability among young males (Bachman and O'Malley, 1977). Also, the RSE has shown evidence of construct validity as a measure of global self-esteem in adolescents (Hagborg, 1993) and young adults (Fleming and Courtney, 1984). The RSES produces scores ranging from 0 to 30 with 30 indicting the highest score possible. Scores between 15-25 are said to be average. The scale generally has high reliability; test retest correlations are typically in the range of 0.82 to 0.88 and Cronbach's alpha ranging from .77 to .88. The reliability established in this study with Cronbach's alpha is 0.53.

### **3.4.3 SECTION C; ZUNG SELF RATING DEPRESSION SCALE**

Zung Self Rating Depression Scale measures psychological and somatic symptoms linked to depression is used as a screening tool, clinical research purposes etc. It was developed by Dr. William W.K. Zung. Scores range from 20- 80 and its said to consist of 20 items which consist of a 4 point scale of which statement are either positive or negative. Scores that ranges from 50- 69 are said to be moderately depressed while scores above 70 are severely depressed. It has a fairly good

reliability. Zung reports a split- half reliability of 0.73 and Cronbach's alpha of 0.81. The reliability established in this study with Cronbach's alpha is 0.67.

#### **3.4.4 SECTION D; SUICIDE RISK ASSESSMENT: THE SBQ-R TEST**

The SBQ-R; suicide risk assessment is designed to identify people who are at increased risk to commit suicide. It is clinically valid and reliable. It consists of 4 questions of with multiple answers. It requires participants to select just one answer in each question. The reliability established in this study with Cronbach's alpha is 0.76.

#### **3.5 PROCEDURE**

The management of the schools was approached in order to allow study participants participate in the study. After permission was granted, questionnaires were distributed to them. The administration of the questionnaires took four days and during the course of administration, ethical issues of assurances were given based on confidentiality and discretion of the study. Directions on how to complete the questionnaire was given and participants were guided in proper completion of the questionnaire. One hundred and sixty questionnaires were given out; only one hundred and fifty were collected. One hundred and fifty questionnaires were used for statistical analysis.

### **3.6 STATISTICAL ANALYSIS**

The study employed both descriptive and inferential statistics. The data were analyzed using Statistical Package for the Social Sciences [SPSS]. Descriptive statistics such as frequency, mean and variance were conducted to analyze the socio demographic in formations of respondents. The research hypotheses one, two and three were tested using t-test for independent sample at the significant level at 0.05%. t-test was used to determine the statistical significant difference between means of two unrelated groups.

## CHAPTER FOUR

### RESULTS

**Hypothesis one** stated that adolescents with high self esteem would significantly report lower suicidal ideation was tested with T-test for independent groups .The result is presented in the tables below.

**Table 4.1: t-test showing influence of self-esteem on suicidal ideation**

DV	Self Esteem	N	X	SD	df	t	P
Suicidal Ideation	Low	82	5.90	3.40	148	2.37	<.05
	High	68	4.81	1.86			

Result in table 4.1 shows that self esteem significantly influences suicidal ideation ( $t=2.37$ ,  $df=148$ ,  $p < .05$ ). The result suggests that adolescent with high self - esteem ( $X=4.81$ ) significantly reported low suicidal ideation than those with low self –esteem ( $X=5.90$ ). The hypothesis was accepted.

**Hypothesis two;** stated that adolescent with low depression would significantly report low suicidal ideation than with low depression was tested with t-test for independent sample. The result is presented in table 4.2 below.

**Table 4.2: t-test showing influence of depression on suicidal ideation.**

DV	Depression	N	X	SD	df	t	P
Suicidal Ideation	High	74	6.08	3.67	148	2.93	<.05
	Low	76	4.75	1.48			

Table 4.2 showed that depression significantly influenced suicidal ideation ( $t=2.93$ ;  $df=148$ ,  $p<.05$ ). The result implies that adolescent with low depression ( $X=4.75$ ) significantly reported low suicidal ideation than those with high depression ( $X=6.08$ ). The hypothesis was accepted.

**Hypothesis three** stated that male adolescent would significantly report low suicidal ideation than female adolescent was tested with t-test for independent sample. The result is presented in table 4.3 below.

**Table 4.3 t-test showing influence of gender on suicidal ideation**

DV	Gender	N	X	SD	df	t	P
Suicidal Ideation	Male	68	4.90	1.83	148	-2.01	<.05
	Female	82	5.83	3.44			

Table 4.3 showed that gender significantly influenced suicidal ideation ( $t=-2.01;df=148,p<.05$ ). The result implies that male adolescent ( $X=4.90$ ) significantly reported low suicidal ideation than females adolescent ( $X=5.83$ ). The hypothesis was accepted.

## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATIONS

#### 5.1 DISCUSSION

Hypothesis one stated that adolescents with high self esteem would significantly report low suicidal ideation. The result showed that self esteem significantly influenced suicidal ideation. Self esteem is said to be associated with more active lives, great control over circumstances, less worry and capacity to cope with internal and external stress. Self esteem has been seen as a wide ranging protective factor linked to psychological functioning and adjustment [Bal, Crombez, and Bebourdeaudby 2003]. It acts as a preventer against suicide behaviors by decreasing one's vulnerability to depression. In a study carried out to investigate the effect of self esteem and family support on suicidal risk behaviors among adolescents discovered that adolescents with higher levels of family support and high self esteem reported low on risk to exhibiting suicidal behaviors [ Amira Y. Sharaf, Elaine A.Thompson, Elaine walsh, 2009]: However, adolescents who come from families whose support are high, strongly associate with adolescents self esteem of which this does not reduce their esteem. Also, numerous studies have reported that self- esteem act as an internal protective factor against suicide behaviors: [Fergusson et al, 2003] found out that avoidance to suicidal behaviors was associated with increased self esteem among young people. Researchers also suggested that various factors could bring about the reduction of suicidal behaviors. These factors include family structure, positive representation of the self, secure attachment with parents etc.

Hypothesis two stated that adolescents with low depression would significantly report low suicidal ideation than those with high depression. The result showed that depression significantly influenced suicidal ideation. Depression has being found to appear as a factor

related to suicide. Pfetter[1989]explained the relationship between depression and suicide. He said 'many depressed patients are suicidal and conversely, most but not all suicidal individuals manifest depressive mood and symptoms if not depressive illness'. In relation to these findings, a study of which 254 adolescents' psychiatric inpatients and 288 high school students were examined based on the relation between self esteem deficits and suicidal ideation discovered that low self esteem was related to feelings of depression, hopelessness and suicidal ideation. Furthermore, a study done by Rubenstein et al[1989] aimed at detecting risk and protective factors in suicidal and non- suicidal high school students. Depression and life stress were found to be risk factors for suicide. He also found out that moderate to severe levels of depression determined internal risk factors for suicidal behaviors in adolescents. Low level of self esteem has been seen as a contributing factor that brings about a feeling of sense of depression and this brings about higher rates of suicidal ideation.

Hypothesis three stated that male adolescents would significantly report low suicidal ideation than female adolescents. The result showed that gender significantly influenced suicidal ideation. Similarly to the finding of Roediger, et al [1996], he noted that adolescents particularly females, sometimes suffer depression because of difficult bodily issues which seem to contribute most to incidence of depression symptoms. Also, Graber [2004] observed that adolescents girls consistently had higher rates of depression than adolescents boys.

In contrast to these findings, Mean et al[ 2004] observed that males are four to five times more likely to commit suicide than females. Males tend to choose violent methods in solving issues. Mean further explained that males commit suicide than females in many parts of the world while females attempt suicide at least three times as often.



## **5.2 CONCLUSION**

The study investigated influence of self esteem and depression on suicidal ideation among adolescents in Oye Ekiti. Hence, this study concluded that;

- Self esteem significantly influenced suicidal ideation. The result further shows that adolescent with high self – esteem reported low suicidal ideation than those with low self –esteem.
- Depression significantly influenced suicidal ideation. The result further shows that adolescent with low depression reported low suicidal ideation than those with high depression.
- Gender significantly influenced suicidal ideation. The result further shows that male adolescents reported low suicidal ideation than female adolescents.

## **5.3 IMPLICATIONS OF FINDINGS/ RECOMMENDATIONS**

The present study contributes to existing knowledge and expands the understanding of influence of self esteem and depression on suicidal ideation among adolescents in Oye- Ekiti. However, based on the findings of the study, the following recommendations could be taken into account for future research;

Future researchers could focus on different sub-groups such as ethnicity socio economic status, rural adolescents that are not in school, age, race and other subgroup differences with respect to suicidal ideation.

However, future researchers could focus on religious affiliation of adolescents as a predictor of suicidal ideation. Also, future researchers could use longitudinal research method to

understand influence of self esteem and depression and depression on suicidal ideation among other groups like adult, undergraduates, unemployed people etc in Nigeria. This would be helpful as it will contribute to the literature and as well expand understanding of suicidal ideation among different group of people.

Clinicians are recommended to use effective psychotherapy that can be used in treating clients with suicidal issues and also understand the underlying thoughts of clients towards committing suicide.

#### **5.4 LIMITATIONS OF STUDY**

As with most research studies, this study is subjected to several limitations;

Firstly, due to the cross- sectional nature of data used in this study, drawing causal inferences among constructs may not be appropriate. Secondly, the relatively small size may not be representative enough to characterize the whole population of adolescents. Thirdly, respondents were unable to understand some of the test items; item like I feel down hearted and blue were not easily understood by respondents, so researcher had to explain what the item means. Lastly, adolescents from private secondary schools were used to compare adolescents from public secondary schools.

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**APPENDIX**  
**FEDERAL UNIVERSITY OYE EKITI, EKITI STATE**  
**FACULTY OF HUMANITIES AND SOCIAL SCIENCES**  
**DEPARTMENT OF PSYCHOLOGY**

**Dear Respondent,**

The questionnaire has been designed for academic purpose. Little information about your personal profile will be required; also your honest and open responses are also needed. All information given is assured of utmost confidentiality and will be used only for the research purposes. Thanks for your co- operation.

**SECTION A**

**Age;** .....

**Gender;** Male [  ] Female [  ]

**Religion;** Christian [  ] Islam [  ] Others [  ]

**SECTION B**

Please tick only one of the opinions and rate your response to the scale of **SA-SD** as provided below.

**1= Strongly Agree [SA], 2= Agree [A], 3= Disagree [D], 4= Strongly Disagree [SD].**

S/N	ITEMS	SA	A	D	SD
1	On the whole, I am satisfied with myself.				
2	At times, I think I am no good at all.				

3	I feel that I have a number of good qualities				
4	I am able to do things as well as most other people				
5	I feel I do not have much to be proud of				
6	I certainly feel useless at times				
7	I feel that I'm a person of worth, at least equal to others				
8	I wish I could have more respect for myself				
9	All in all, I am inclined to feel that I'm a failure				
10	I take a positive attitude toward myself				

### SECTION C

Please tick only one of the opinions and rate your response to the scale of 1-4 as provided below.

1= A little of the time, 2= some of the time, 3= Good part of the time, 4= Most of the time.

S/N	ITEMS	1	2	3	4
1	I feel down-hearted and blue				
2	Morning is when I feel the best				
3	have crying spells or feel like it				
4	I have trouble sleeping at night				
5	eat as much as I used to				
6	I still enjoy sex				
7	I notice that I am losing weight				
8	have trouble with constipation				
9	My heart beats faster than usual				
10	get tired for no reason				

11	My mind is as clear as it used to be				
12	I find it easy to do the things I used to				
13	am restless and can't keep still				
14	feel hopeful about the future				
15	am more irritable than usual				
16	I find it easy to make decisions				
17	feel that I am useful and needed				
18	My life is pretty full				
19	I feel that others would be better off if I were dead				
20	I still enjoy the things I used to do				

### SECTION D

Please tick only one of the opinions and rate your response to the scale.

**1. Have you ever thought about or attempted to kill yourself?**

- Never [   ]
- It was just a brief passing thought [   ]
- I have had a plan at least once to kill myself but did not try to do it [   ]
- I have had a plan at least once to kill myself and really wanted to die [   ]
- I have attempted to kill myself, but did not want to die [   ]
- I have attempted to kill myself, and really hoped to die [   ]

**2. How often have you thought about killing yourself in the past year?**

- Never [   ]
- Rarely (1 time) [   ]

- Sometimes (2 times) [ ]
- Often (3-4 times) [ ]
- Very Often (5 or more times) [ ]

**3. Have you ever told someone that you were going to commit suicide, or that you might do it?**

- No [ ]
- Yes, at one time, but did not really want to die [ ]
- Yes, at one time, and really wanted to die [ ]
- Yes, more than once, but did not want to do it [ ]
- Yes, more than once, and really wanted to do it [ ]

**4. How likely is it that you will attempt suicide someday?**

- Never [ ]
- Likely [ ]
- No chance at all [ ]
- Rather likely [ ]
- Rather unlikely [ ]
- Very likely [ ]
- Unlikely [ ]