

INFLUENCE OF DEPRESSION, PERFECTIONISM, AND LIFE-STRESS ON SUICIDAL IDEATION AMONG YOUTHS

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ABSTRACT

This study investigated the influence of depression, perfectionism and life-stress on suicidal ideation among youths. Using a cross-sectional survey, 283 youths (males = 127; females = 156) were randomly sampled. Their ages averaged 19.14 years ($SD = 4.10$). The results revealed that age, religion, and occupation were related with suicidal ideation among youths. Depression predicted suicidal ideation such that youths that were highly depressed tended to experience higher suicidal ideation compared with those who reported low level of depression. Perfectionism and life-stress were not related with suicidal ideation. However, depression, perfectionism and life-stress jointly predicted suicidal ideation among youths. In view of these findings, it was concluded that depressed youths, especially in the presence of perfectionistic tendency and stressful life events, are more at risk of suicidal ideation.

Key words: Depression, perfectionism, life-stress, suicidal ideation, youths

INTRODUCTION

The developmental phases from pre-adolescence to youthful age are clearly marked by a heightened risk for suicide, as various international epidemiological studies and reviews have shown (American Psychiatric Association, 2003). Suicidal ideation in these age groups is accompanied by a broad scale of psychopathological

disorders, problems of psychosocial functioning, deficits in the psychosocial environment of these youngsters, and a higher exposure to life stress as various studies have shown (Chioqueta & Stiles, 2003; Omigbodun, Dogra, Esan & Adedokun, 2008).

Suicidal ideation has been defined as any self-reported thoughts of engaging in suicide-related behaviour (O'Carroll, Berman, Maris,

Moscicki, Tanney & Silverman, 1996). This definition denotes that general and vague thoughts of death or wanting to die without specific thought of killing oneself are not considered to be suicide ideation. The range of suicidal ideation varies greatly from fleeting to detailed planning; role planning; self-harm and unsuccessful attempts, which may be deliberately constructed to fail or be discovered, or may be fully intended to succeed. In the domain of psychopathology, strong associations between suicidal ideation and depression, anxiety disorder, substance abuse, schizophrenia, eating disorders, personality disorders, and dissociative disorder have been found by various studies dealing with suicide among young adults (Adewuya, Ola & Aloba, 2007).

Suicide is the third leading cause of death among young people (American Psychiatric Association, 2003); however the incidence of attempted suicide is much more. Rate of suicide are not distributed equally throughout the general population. One important demographic factor of suicide risk is age. Globally, suicide rates tend to increase with age. Countries such as Canada have recently seen a secondary peak in young people aged between 15 and 24 years. In developing countries and minority groups, female rates peak among young adults (Krug, Dahlberg, Mercy, Zwi, & Lozano, (2002). Omigbodun et al. (2003), in a study of suicide among youth in southwestern Nigeria, posited that the rate of both suicide ideation and attempts are toward the upper limit of rates for youths. The study found that over one in five youth aged 10 –

17 years in southwestern Nigeria had experienced suicidal ideation in the previous year, and one in ten had attempted suicide in the past year.

The factors that place individuals at risk for suicide are complex and interactive between one another. Identifying these factors and understanding their role in both fatal and non-fatal suicidal behaviour is central to preventing suicide. Epidemiologists and experts in suicide have described a numbers of specific characteristics that are closely associated with a heightened risk for suicidal behaviour. Apart from demographic factors, such as age and sex, these characteristics include psychiatric, biological, social and environmental factors as well as factors related to an individual's life history (Krug et al., 2002).

Depression is a long-established risk factor for suicide (Preuss, Schuckit, Smith, Danko & Buckman, 2002; Yen, Shea, Pagno, Sanislow & Grilo, 2003), and mood disorders are most frequently associated with suicide and suicide ideation and discussed as risk factors for the presence of suicidality (Chioqueta & Stiles, 2003; Hawton, 1987). The majority of the studies that evaluate the relation of psychiatric disorders to suicide report major depression as the most significant diagnosis related to suicide (Asnis, Friedman, Sanderson, Kaplan, Van Praag & Harkavy-Freidman, 1993).

Depression could be associated with personality characteristics such as perfectionism. Perfectionism, in psychology, is a personality disposition characterized by strives for flawlessness and setting excessively

high performance standards, accompanied by overly critical self-evaluations and concerns regarding others' evaluations (Burns, 1980). Researchers in the field of psychology have become very interested in studying the construct of perfectionism. Much of this research has emphasized the pernicious effects of perfectionism and highlighted deleterious consequences that befall the perfectionist, including chronic feelings of failure and dissatisfaction, bouts of depression and anxiety, interpersonal problems, and even suicide (Blatt, 1995; Burns, 1980). These feelings may emanate from the individuals' evaluation of stressful life events.

Life-stress is a continued feeling or worry about social, occupational, cognitive and physiological of life that prevents you from relaxing. Gould, Fisher, Parides, Flory and Shaffer (1996) reported that stressful life events have been associated with completed suicide in adolescence even after controlling for psychiatric symptoms. Death of a parent and early parental loss, sexual abuse, physical abuse seem to be particular life events that increase the risk of attempted and completed suicide (Omigbodun et al., 2008; Overholser, 2003). These stressors often overwhelm the coping skills of the young adults because of their inexperience with such life situations (Wagner, Cole, & Schwarzman, 1995). Other life events are also associated with suicide risk include interpersonal losses (e.g. breaking up with a boyfriend/ girlfriend), legal or disciplinary problems (e.g. getting into trouble at schools or with a law en-

forcement agency), and victimization by peers (Kaminski & Fang, 2009).

There is a growing awareness about suicide ideation in clinical settings but little attention is paid to suicide ideation among youths, especially in Nigeria. Although it has been recognized by World Health Organization (WHO) as a significant social and health concern, information on suicidal behaviour in Nigeria is still scanty which may be as a result of under reportage of suicide attempts and actual suicide among its population.

Researches in this area are also very limited making it difficult for the government and policy makers to have access to knowledge needed to make necessary policy that can combat this menace especially among the youths. According to Omigbodun et al. (2008), Nigerian young adults have one of the highest rates of suicidal ideation and attempts. This, according to them, has far reaching implications for Nigeria and other developing countries that share similar contexts. This study will contribute to the literature on the understanding of and developing of preventive initiatives on suicidal behaviour in Nigeria. The following hypotheses were tested in this study.

Hypotheses

1. Demographic variables will have significant relationships with suicidal ideation among youths.
2. Depression, perfectionism, and life-stress will have significant independent and joint influence on suicidal ideation among youths.

3. Age category will have a significant influence on suicidal ideation among youths.
4. Religious affiliation will have a significant influence on suicidal ideation among youths.

METHODS

Design and Participants

This study adopted a cross sectional survey design. Using purposive sampling technique, two hundred and Eighty three (283) participants, 127 males and 156 females responded to the questionnaires of this study. The participants were youths within the age range of 15 - 25 years ($M = 19.42$; $SD = 9.10$) drawn from the mosques, churches, major streets and relaxation centers in a major town in southwestern Nigeria.

Measures

Beck Depression Inventory (BDI), developed by Beck, Ward, Mendelso, Mock and Erbaugh (1990), was used to measure the participants' level of depression. It was a 21-item inventory rated on a 3-point scale (0 = No; 3 = Yes). Beck, Steer, and Brown (1994) reported a test-retest reliability coefficient of .80. In the present study, a .93 Cronbach's alpha was obtained. High on the scale was an indication that the individual was highly depressed while low score indicated low level of depression.

Frost Multidimensional Perfectionism Scale (FMPS) was used to assess the

participants' level of perfectionism trait. It was a 35-item scale developed by Frost, Maren, Lahart and Rosenblate (1990). FMPS was rated on a 5-point scale (Strongly disagreed = 1; Strongly agree = 5). Altstotter-Gleich and Bergemann (2006) obtained reliability coefficient of .93. In the present study, a .93 Cronbach's alpha was obtained. High on the scale indicated that the participant showed high perfectionistic tendency while a low score reflected low perfectionistic tendency.

Life-Event Scale (LES) developed by Kaur and Kaur (1984) was used to assess the extent to which an individual experienced stressful life. It was a 48-item scale rated on a 5-point scale (Strongly disagree = 1; Strongly agree = 5). With the present sample, the scale yielded a Cronbach's alpha reliability coefficient of .96. High score was a reflection that the respondent was experiencing a stressful life while low score indicated low life stress.

Modified Scale for Suicidal Ideation by Miller, Morman, Bishop and Dow (1986) was used to measure the extent to which participants were bordered with thought of ending their life. This 12-item scale was rated on a 3-point scale (0 = No; 3 = Yes). In the present study, the scale had a Cronbach's alpha reliability coefficient of .89. High score was an indication that the respondent was experiencing suicidal ideation while low score indicated no suicidal ideation.

Procedure

The questionnaire was administered to the participants after informed consent was obtained, after due consultations with group leaders in churches, mosques and other youth meeting points. The participants were informed that participation in the research was voluntary and they were free to discontinue with the research whenever they felt so. Out of the 300 questionnaires distributed, 283 were duly completed and found usable.

Data Analysis

Hypothesis 1 was tested using Pearson Product Moment Correlation. To evaluate hypothesis 2 a multiple regression analysis was performed. Hypotheses 3 and 4 were tested with t test.

RESULTS

Hypothesis 1, which states that demographic variables will have a significant relationship with suicidal ideation, was evaluated with Pearson Correlation test. The results are shown in Table 1.

Table 1: Mean, SD, and Correlation among the Study Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. Age	19.42	9.10	1									
2. Sex	-	-	.02	1								
3. Marital status	-	-	.23**	.04	1							
4. Educational quali.	-	-	.31**	-.09	.21**	1						
5. Religious affiliatn	-	-	.08	.15*	.10	-.03	1					
6. Occupation	-	-	-.29**	.18**	-.47**	-.26**	.03	1				
7. Depression	14.86	13.72	-.07	-.09	.15*	.04	.07	-.08	1			
8. Perfectionism	113.60	25.29	.00	-.10	-.11	.07	-.12*	.06	-.45**	1		
9. Life Stress	57.57	41.61	-.10	-.10	.01	.06	.07	.02	.25**	.07	1	
10. Suicidal ideation	1.63	2.357	.13*	.03	.11	.10	.13*	-.15*	.18**	.01	.10	1

Note: Educational quali. = Educational qualification. Religious affiliatn = Religious affiliation
* $p < .05$. ** $p < .01$. $N = 283$

Table 1 shows that some of the demographic variables -- age [$r(281) = .13, p < .05$], religious affiliation [$r(281) = .133, p < .05$], and occupation [$r(281) = -.15, p < .05$] -- were significantly related with suicidal ideation among youths. The remaining demographic variables -- sex [$r(281) = .03, p > .05$], marital status [$r(281) = .11, p > .05$], and educational qualification [$r(281) = .10, p > .05$], showed no signifi-

cant connection with suicidal ideation among youths. These results partially supported Hypothesis 1.

Hypothesis 2, which expected that depression, perfectionism, and life-stress would exert significant independent and joint influence on suicidal ideation, was evaluated using multiple regression analysis. The results are shown in Table 2.

Table 2: Summary of Multiple Regression on Suicide Ideation

Predictors	β	t	p	R	R^2	F	p
Depression	.22	3.18	<.05				
Perfectionism	.10	1.50	>.05	.21	.05	4.35(df=3,279)	< .01
Life-stress	.04	.64	>.05				

Table 2 confirms that only depression had a significant independent effect on suicidal ideation among youths ($\beta = .22, t = 3.18, p < .05$). This implied that suicidal ideation was increased with depression. Contrary to expectations, perfectionism ($\beta = .10, p > .05$) and life-stress ($\beta = .04, p > .05$) did not significantly predict suicidal ideation among youths. However,

depression, perfectionism, and life-stress exerted a significant joint influence on suicidal ideation [$R = .21, R^2 = .05, F(3, 279) = 4.35, p < .05$]. Based on these results, hypothesis 2 was partially supported.

Hypothesis 3, which predicted that religious affiliation would influence suicidal ideation, was tested using a t test. Table 3 shows the results.

Table 3: Summary of t test Showing the Influence of Religion on Suicidal ideation

Religious affiliation	N	M	SD	df	t	P
Christianity	160	1.02	1.96	281	-2.25	< .05
Islam	123	1.62	2.51			

Table 3 shows that religious affiliation had a significant influence on suicidal ideation [$t(281) = -2.25, p < 0.05$]. The direction of the influence indicates that Muslim youths showed higher tendency of suicidal thoughts ($M = 1.62, SD = 2.51$), compared with Christian youths ($M = 1.02, SD = 1.96$). This result confirmed hypothesis 3.

In order to test the influence of age category on suicidal ideation (hypothesis 4), the participants were divided into two broad categories: early youth (15-18 years) and late youth (19 -25 years). The level of suicidal ideation of the two groups was compared using t test. The results are presented in Table 4.

Table 4: Summary of t test Showing the Influence of Age on Suicidal Ideation

Age category	N	M	SD	df	t	p
Early youth	125	.96	1.82	281	-2.24	< .05
Late youth	150	1.57	2.54			

Table 4 shows that Age has a significant influence on suicidal ideation [$t(281) = -2.24, p < .05$]. As indicated in the direction of the influence, individuals in the late youth category showed a higher tendency of engaging in suicidal thoughts ($M = 1.57; SD = 2.54$) than those in early youth ($M = .96, SD = 1.82$). Therefore, hypothesis 4 was accepted.

DISCUSSION

The purpose of the study was to test the extent to which depression, perfectionism and life-stress influence suicidal ideation among youths. The correlation analysis for the first hypothesis showed the relationship that exists between each variable (age, sex, marital status, educational qualification, religious affiliation, occupation, depression, perfectionism and life-stress) with suicidal ideation.

It was found that there was no significant relationship between sex, marital status, educational qualification, perfectionism, life stress and suicidal ideation. However suicidal ideation was associated with depression and among youths. The result showed that depression is one of the major key factors for suicidal ideation, which is in consonance with previous studies (Mann Wateriaux, Hass, & Malone, 1999; Salter & Platt, 1990). They found out that (depression) hopelessness was a critical factor in increasing the risk of suicidal behaviour specifically noted was untreated depression being a high risk factor for suicide behaviour.

Age also had a significant relationship with suicidal ideation. This

supported the findings of Overholser (2003) who reported that the types of life-events that were connected with suicidal behaviours varied with the age. The present study found that religious affiliation had a significant relationship with suicidal ideation. This corroborated the findings of Stack and Lester (1991) who found a very strong relationship between religious commitment and suicidal ideation.

On the contrary, the result that there was no relationship between perfectionism and suicidal ideation among youths negated the findings of O'Connor (2007) who reported that perfectionism was strongly related with suicidal ideation. Also life stress and suicidal ideation among youths were not related. This contradicted the results of previous findings (e.g. Maciejewski, Prigerson & Mazure, 2001); who consistently linked life stress to incidence of depression and inadvertently to suicidal ideation. This contradiction could be attributed to the life-threatening challenges in Nigeria.

The result of hypothesis 2 which stated that depression, perfectionism and life-stress will have a significantly independent and joint influence on suicidal ideation among youths was rejected. Depression had significant independent influence on suicidal ideation among youths. This was in line with the work of several authors such as Sidley, Calam, Hughes and Whitaker (1999) who found that hopelessness, which is a subset of depression, predicts repetition of suicide attempts. Also, Joiner and colleague (Joiner, 2002; Joiner & Rudd, 2000) found an association between depressed mood and hope -

lessness/suicidal ideation such that future depressed mood, however caused, will activate these patterns of thinking.

Perfectionism and life stress was not found to have significant independent influence on suicide ideation among the youths. This negated the result of Hewitt et al. (1997), who found that those who had reported suicidal ideation also showed higher levels of perfectionism such that the degree to which an individual was a perfectionist (low, moderate, and high) was positively related to their suicidal ideation score.

Omigbodun et al. (2008) listed various stressful life events as antecedent of suicide ideation. However, all the three factors, Depression, perfectionism and life-stress had a significant joint influence on suicidal ideation among the youths. This was in line with the work of Castle, Duberstein, Conner, Meldrum and Conwell (2004). Castle and colleagues suggested a combination of several risk factors in predicting suicidal behaviour which is common to both White and Black suicide. This means that several risk factors influence suicidal ideation among youths. There is need for significant others most especially parents to be extra careful in dealing with them in order to detect telltale signs of these menace because it may be very difficult for them to pick up the signs since it is a combination of several factors.

The results on hypothesis 3 showed that religious affiliation had a significant negative influence on suicidal ideation. This confirmed the result of the research carried out by

Stack & Lester, (1991), using Durkheim's theory on religious integration and another theory that is based on religious commitment, found a very strong support for the effect of religious commitment on suicide ideation as compared with the little support for the effect of religious integration on suicide ideation. The result also showed the direction of the influence on suicidal ideation that Muslim youth had a higher tendency of having suicidal thought compared to their Christian counterpart. This may be accounted for by the fact that the Christian faith frowns on suicidal behaviour in any form and a grievous penalty is prescribed for the offender which is hellfire, unlike their Muslim counterparts who believe if adherents laid down their life even in suicide for the cause of Allah they will go to heaven.

Age had a significant influence on suicidal ideation among youths. This confirmed the submission of Overholser (2003). In his research he found out that types of life events that are related to suicidal behaviour varies with age. Younger attempters reported more family/parents conflicts, whereas older young adults reported interpersonal stressors. Therefore, the formulated hypothesis is hereby accepted. The results showed that youths within the age range of 19-25years (late youths) have a high risk of suicidal thought compared to those within the age range of 15-18years (early youths). This may be because of the fact that late youths have more responsibilities and also think wider as compared to early youths.

CONCLUSION

This work investigated the influence of depression, perfectionism, and life-stress on suicidal ideation among youths. The work had shown that depression, religion and age had independent influence on suicidal ideation also the joint influence of depression, perfectionism, and life-stress on suicidal ideation among youths was also significant. However, in this age of highly dynamic and competitive world Nigerian youths are growing up under more pressure and extreme stressful conditions while having less social support. The Nigerian youth are exposed to all kinds of situations that can affect him both physically and psychologically and which can eventually lead to suicidal behaviour, all hands should be on deck to curb this monster that is threatening the fabric of our society.

Having found out that depression, religion and age have influence on suicidal ideation among youths, it would not be out of place if healthcare providers are adequately and continuously trained on how to deal with depressive patients so as to help reduce their suicidal thoughts. Parents should also be advised on how to handle their children so as to avoid or reduce the problems of depressive actions especially during their late age development.

However, this study is not without some shortcomings. The study could not confirm the links of perfectionism and life stress with suicidal ideation as reported in previous studies. This could be associated with the size and spread of the sample,

which might affect the external validity of the study. Therefore, future studies should enhance the size and spread of the sample.

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