



Self-Esteem in Adolescent Suicide Attempters: A Cross-Sectional Comparative Study

Cherif L¹, Ayadi H¹, Kammoun W^{1*}, Khemakhem K¹, Hadjkacem I¹, Rekik N² and Moalla Y¹

¹Department of Child and Adolescent Psychiatry, Hedi Chaker Hospital, University of Sfax, Tunisia

²Department of Emergency, Habib Bourguiba Hospital, Tunisia

Abstract

Objectives: The objective was to assess the self-esteem in adolescent suicide attempters.

Methods: A cross-sectional comparative study was conducted on two groups of adolescents matched on age, sex and socioeconomic status, during a period of 8 months (April-November 2010). The first group included 30 adolescents admitted to the emergency department of Habib Bourguiba Sfax Hospital for suicide attempts. The second group included 30 adolescents examined in a community clinic in Sfax for a benign acute medical condition. The two groups underwent a semi-structured interview based on the DSM-IV-TR criteria, conducted by a child and adolescent psychiatrist. All adolescents completed the Coopersmith Self Esteem Inventory.

Results: In the group of suicide attempters, low self-esteem was noted in 83.3% of cases. In contrast, only 42.85% of cases in the control group had shown a low self-esteem.

The suicide attempters group scored significantly lower on all self-esteem subscales as compared to control ($p=0.000$). This suggests that persons with low self-esteem are much more vulnerable to suicidal indulgence than the persons with higher self-esteem.

Conclusion: Hence, these findings extend the role of self-esteem in predicting suicidal ideation among adolescents in the Tunisian context, which highlights the importance of self-esteem assessment to identify adolescents at risk and to prevent the recurrence of suicide attempts.

Keywords: Suicide attempts; Adolescent; Self-esteem

OPEN ACCESS

*Correspondence:

Kammoun Wiem, Department of Child and Adolescent Psychiatry, Hedi Chaker Hospital and University of Sfax, Tunisia; Tel: +21658373722; Fax: +21674247130;

E-mail: wiem.kamoun@gmail.com

Received Date: 21 Oct 2019

Accepted Date: 12 Nov 2019

Published Date: 18 Nov 2019

Citation:

Cherif L, Ayadi H, Kammoun W, Khemakhem K, Hadjkacem I, Rekik N, et al. Self-Esteem in Adolescent Suicide Attempters: A Cross-Sectional Comparative Study. *Clin Surg*. 2019; 4: 2657.

Copyright © 2019 Kammoun Wiem. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Suicide and suicide attempts represent a worldwide health priority. In fact, suicide rates increased by 60% worldwide during the past fifty years. It becomes the second leading cause of death among 15 to 29 years old [1].

Our knowledge base for suicide prevention is largely based on studies of clinical populations, often indicating a causal relationship between suicide and mental disorder [2]. However, several studies have not supported this causal link, and there is growing evidence that not all suicides are preceded by symptoms of serious mental disorder [3].

From a preventive stand point, due to high suicide rates among adolescents, there is a need to understand more of the psychological characteristics and mechanisms, such as self-esteem, that regulate the dynamics of suicide in adolescents. In this sense, significant research on psychological processes leading to suicidal behavior has, in various ways, focused on deficits in self-esteem and linked negative self-evaluation to suicide attempts [3].

Moreover, understanding the psychological factors in a specific cultural context is important for prevention and treatment in relation to suicide among adolescents. In Tunisia, there is a growing increase of this phenomenon, particularly since the Tunisian revolution in 2011 [4]. In this respect, a recent Tunisian study revealed an increased prevalence of the suicide rates, from 1.8 per 100.000 inhabitants to 3.12 per 100.000 inhabitants after the revolution [5].

Despite this increase, there is a dearth of research on suicide and suicidal ideation in Tunisia. Besides, self-esteem seems to be relatively less explored in this context. In view of the above, the aim of this study was to ascertain the relationship between self-esteem and suicide attempts among adolescents.

Table 1: Means and pathological values of Coopersmith Inventory.

Subscales		Suicide attempters	Control group	P	Sign
Home- parents	Mean (SD)	2,15 (1,74)	5,43 (2,68)	0.000	S***
	Threshold	High self-esteem	16	0.000	S***
		Low self-esteem	24		
School-academic	Mean (SD)	3,67 (1,81)	5,61 (1,47)	0.000	S***
	Threshold	High self-esteem	25	0.000	S***
		Low self-esteem	3		
Social self-peers	Mean (SD)	3,74 (2,15)	5,43 (2,68)	0.004	S**
	Threshold	High self-esteem	16	0.04	S*
		Low self-esteem	12		
General-self	Mean (SD)	8,74 (5,22)	16,25 (4,64)	0.000	S***
	Threshold	High self-esteem	9	0.006	S**
		Low self-esteem	19		
Total score	Mean (SD)	18,52 (9,41)	33,11 (8,98)	0.000	S***
	Threshold	High self-esteem	16	0.000	S***
		Low self-esteem	25		

Methods

Subjects

We conducted a cross-sectional comparative study on two groups of adolescents, during a period of 8 months (April-November 2010). The first group included 30 adolescents admitted to the Emergency Department (ED) of Habib Bourguiba Sfax Hospital for suicide attempts. All of the suicide attempts in the patients seen in the ED were severe, as it is reserved for patients with life-threatening conditions. The second group included 30 adolescents examined in a community clinic in Sfax for a benign acute medical condition (flu, and so on). Adolescents of the two groups were matched on age, sex and socioeconomic status. The age of the adolescents varied between 13 and 20 years old. The mean age of each group was 16.8 years (± 2.05). Ethnic composition was similar for each group (100% Caucasian). It was not possible to have a control group from the ED because it is reserved for serious cases and after stabilization patients are quickly transferred to other departments. In the less serious cases of the suicide attempters, the indication of stomach pumping and hospitalization during 24 hours was made. The methods used for suicide attempts were all potentially lethal (death was the intended outcome of the behavior). These methods were self-poisoning with drugs in 66.7% of cases, ingestion of caustic substances in 10% of cases, jumping out of a window in 10% of cases, immersion into a well in 3.3% of cases, phlebotomy in 3.3% of cases and severe insulin-induced hypoglycemia in diabetic subjects in 3.3% of cases.

Assessments

For each patient included, a clinical interview based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) [6], was done by a child and adolescent psychiatrist. The suicide attempters were examined within 24 hours of admission, as soon as the somatic state and vigilance permitted. A total of three fully trained child and adolescent psychiatrists conducted the interviews. The interviews were held in an atmosphere of confidentiality in an examination room in the emergency department. These interviews followed a predetermined format, and identified apart from the psychiatric disorders, socio-

demographic information, semiologic data (death wish, previous history of suicide thoughts or attempts) and circumstances of the suicide attempt.

In addition, all of the adolescents completed the French versions of the school form of the Coopersmith Self-Esteem Inventory (CSEI). (They were given the forms and filled them out and then returned them).

The CSEI [7] are multiform paper-and-pencil instruments designed to measure in any individual evaluative attitudes toward the self. All CSEI items are short statements, such as "I'm a lot of fun to be with," and are answered "like me" or "unlike me". The School Form, originally published as Form A or the Long Form is used with students ages 8 through 15 and consists of 58 items: 50 self-esteem items and 8 items constituting the Lie Scale. This form yields a total score and separate scores for four subscales: General-Self, Social Self-Peers, Home-Parents, and School-Academic. A score higher than 18.64 in general-self subscale, 5.67 in social self-peers subscale, 4.92 in home-parents subscale, 4.12 in school-academic subscale and 33.35 in total score indicates a positive self-esteem.

The CSEI seems to be well researched, well documented, and widely used. It is brief and easily scored. It is reliable and stable, and there is an adequate amount of information about its validity.

Statistics

Statistical analysis was performed by using the SPSS statistical package, version 11.0. The chi square test was used to compare frequencies and the t-test to compare means. Rejection of the null hypothesis was set at $P < 0.05$.

Results

Clinical interviews

According to the clinical evaluation done by a child and adolescent psychiatrist, using an interview based on criteria from the DSMIV-TR [6], suicide attempters had shown significantly more mental disorders than the control group (73.3% vs. 26.7%).

Psychometric assessments

In the group of suicide attempters, low self-esteem was noted in 83.3% of cases. In contrast, only 42.85% of cases in the control group had shown a low self-esteem.

The variations in the mean scores of the two self-esteem based groups on suicide attempts are easily observable from Table 1. The suicide attempters group scored significantly lower on all self-esteem subscales as compared to control. This suggests that persons with low self-esteem are much more vulnerable to suicidal indulgence than the persons with higher self-esteem (Table 1).

Discussion

Self-esteem is assumed to be a major determinant of achievement, adjustment and success in human life [8]. It is recognized as an important protective factor in adolescence [9-13]. Self-esteem is a personality dimension that indicates the extent to which a person believes in himself/herself capable of performing different types of tasks and deal with various situations in life [14].

In our study, suicide attempters had shown a significantly lower self-esteem in all domains than the control group.

According to literature [15] depression, school drop-out, low self-esteem and the inability to resolve interpersonal issues are major factors leading to suicide. As mentioned [16], Low self-esteem during adolescence predicts poorer mental health outcomes, future suicide attempts, and failure to develop positive social support networks.

Thus, lack of self-esteem is a recognized risk factor for suicide [17]. Indeed, some people aren't able to cope with problems and issues in their lives as effectively as some other people can do. Their self-esteem drops and they take it out on themselves. They may punish themselves for what they are feeling inside and in this situation self-esteem may play a significant role in facing the difficult moments of life. This feeling may influence the tendency of suicidal ideation among people possessing inadequate self-esteem [18]. In addition, low self-esteem is a significant risk factor for suicidal ideation, as low self-esteem may lead to depression in challenging situations which may make people vulnerable to suicidal ideation [8]. This finding take into account the frequent comorbidity between depression and suicide attempts in adolescence [19].

As has been noted by several authors quoted [20], adolescents who have attempted suicide have been found to have significantly lower self-esteem than non-suicidal inpatients and normal controls. In contrast, high self-esteem, even in the presence of depression and hopelessness, has been found to function as a protective factor against suicidal behavior. Some authors [21] relate that low self-esteem and lack of support from parents and from peers may act as mediators and cause suicidal behavior to progress to more serious forms.

According to some studies [22], personal control and self-esteem are two crucial personal resources known to enhance coping abilities and to reduce emotional distress. Others [11] suggest that self-esteem and non-productive coping stood out as the most important factors that contribute to suicidal behavior, but in opposite directions. Hence, the less adolescent self-esteem, the more non-productive coping strategy and the more suicidal risk. These authors [10,11] conclude that self-esteem, self-control, coping strategies and social support are protective factors that assess suicidal risk. These findings corroborate the significant relationship between these factors and the suicidal risk,

but also that low self-esteem and coping strategy contribute more heavily to suicide.

Conclusion

Since prevention is better than cure, screening psychopathological risk factors for suicide attempts is a way to prevent suicide among adolescents. In fact, having a proper understanding about the risk of suicide among adolescents gives an appropriate assessment process and provides a better care to those who are at risk.

Results of this study support the hypothesis that low self-esteem is a major risk factor for suicide attempts among adolescents. These findings imply that teenagers should be assisted in strengthening their positive coping strategies and to enhance their self-esteem to prevent suicide.

This survey is noteworthy for being the first study in Tunisia of suicide attempts in adolescence using non-psychiatric sample and using psychometric assessments to assess the self-esteem. However, it has been focused on self-esteem as a global measure of self-worth, while there is evidence suggesting that self-esteem should be conceptualized as a multidimensional developmental construct, including both competence and worth as primary components [23].

The cross-sectional design of this study is a limitation. It would be optimal to use a longitudinal study design which would allow for studying treatment and shedding light on the developmental trajectories of these adolescents in our country. We have little idea what happened to these suicide attempters following their hospital treatment. Indeed, we do know that although all suicide attempters were given an appointment for a consultation in the child and adolescent department of Sfax, but only a few kept the appointment.

An additional limitation of this study is that the psychometric assessments we used, although validated in French speaking populations, have not been validated in Tunisian adolescents.

Finally, this sample was a convenience sample. In fact, general population epidemiological surveys of adolescents would provide a more complete picture of adolescent self-esteem than hospital and clinic-based studies.

References

1. Organisation mondiale de la Santé. Prévention du suicide: l'état d'urgence mondial. Organisation mondiale de la Santé. 2014.
2. Cavanagh JT, Carson AJ, Sharpe M, Lawrie SM. Psychological autopsy studies of suicide: a systematic review. *Psychol Med*. 2003;33(3):395-405.
3. Rasmussen ML, Dyregrov K, Haavind H, Leenaars AA, Dierserud G. The role of self-esteem in suicides among young men. *OMEGA-Journal of Death and Dying*. 2018;77(3):217-39.
4. Halayem S, Ounalli H, Boudali M, Hajri M, Abbes Z, Bouden A. Evolution of suicide attempts in tunisian clinical population between 2005 and 2015: new modalities for young people to commit suicide? *The brain*. 2018;44(6):504-11.
5. Khelil MB, Gharbaoui M, Farhani F, Zaafrane M, Harzallah H, Allouche M, et al. Impact of the tunisian Revolution on homicide and suicide rates in Tunisia. *Int J Public Health*. 2016;61(9):995-1002.
6. Edition F. Diagnostic and statistical manual of mental disorders. Arlington: American Psychiatric Publishing, USA; 2013.
7. Chiu LH. Measures of self-esteem for school-age children. *Journal of Counseling & Development*. 1988;66(6):298-301.

8. Singh RN, Pathak N. Effects of self-esteem on suicidal ideation among adolescents. *Int J Indian Psychol.* 2017;4(4):60-8.
9. D'Amours Y. Portrait de la criminalité et de la violence envers autrui chez les adolescents in le point sur la délinquance et le suicide chez les jeunes. Quebec: Conseil permanent de la jeunesse. Document téléaccessible à l'adresse. 1995.
10. Eggert LL, Thompson EA, Herting JR. A Measure of adolescent potential for suicide (MAPS): development and preliminary findings. *Suicide and Life-Threatening Behavior.* 1994;24(4):359-81.
11. Grossman DC, Milligan BC, Deyo RA. Risk factors for suicide attempts among Navajo adolescents. *Am J Public Health.* 1991;81(7):870-4.
12. Plancherel B, Bolognini M, Nunez R. Preadolescence. *Theorie, Recherche et Clinique.* Paris: ESF,1994;57-72.
13. Plutchik R, Botsis AJ, Van Praag HM. Psychopathology, self-esteem, sexual and ego functions as correlates of suicide and violence risk. *Archives of Suicide Research.* 1995;1(1):27-38.
14. Rosenberg M. *Society and the adolescent self-image.* New Jersey: Princeton university press, USA; 2015.
15. Dieserud G, Gerhardsen RM, Van den Weghe H, Corbett K. Adolescent suicide attempts in Baerum, Norway, 1984-2006. *Crisis.* 2010;31(5):255-64.
16. Marshall SL, Parker PD, Ciarrochi J, Sahdra B, Jackson CJ, Heaven PC. Self-compassion protects against the negative effects of low self-esteem: a longitudinal study in a large adolescent sample. *Personality and Individual Differences.* 2015;74:116-21.
17. Séguin M, Lafleur C. *Intervenir en situation de crise suicidaire.* Presses de l'Université de Laval. 2008.
18. Bhar S, Ghahramanlou-Holloway M, Brown G, Beck AT. Self-esteem and suicide ideation in psychiatric outpatients. *Suicide and Life-Threatening Behavior.* 2008;38(5):511-6.
19. Chérif L, Ayadi H, Boussaid N, Moalla Y, Rekik N, Ghribi F. Depression in adolescent suicide attempters: a cross-sectional comparative study. *Adolescent Psychiatry.* 2012;2(3):253-7.
20. Dori GA, Overholser JC. Depression, hopelessness, and self-esteem: accounting for suicidality in adolescent psychiatric inpatients. *Suicide Life Threat Behav.* 1999;29(4):309-18.
21. Grøholt B, Ekeberg Ø, Wichstrøm L, Haldorsen T. Young suicide attempters: a comparison between a clinical and an epidemiological sample. *J Am Acad Child Adolescent Psychiatry.* 2000;39(7):868-75.
22. Thompson EA, Eggert LL, Herting JR. Mediating effects of an indicated prevention program for reducing youth depression and suicide risk behaviors. *Suicide Life Threat Behav.* 2000;30(3):252-71.
23. Harter S. *Distinguished contributions in psychology. The construction of the self: A developmental perspective.* New York, Guilford Press, USA; 1999.