



DEPRESSION AND STRESS AS CORRELATES OF SUICIDE THOUGHT AMONG UNDERGRADUATES OF IMO STATE UNIVERSITY, OWERRI.

Thompson A. Onah¹ & Funke T. Olofin²

¹Department of Ed. Psychology /Guidance & Counselling, Alvan Ikoku Federal College of Education, Owerri.

²Department of Psychology, Baze University, Abuja.

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Abstract

This study investigated Depression, self-esteem and stress as correlates of suicide thoughts among university students of Imo State University, Owerri. Using a descriptive survey design, the study adopted a purposive sampling technique to select 402 undergraduates (208 males and 194 females) from all the 12 faculties of Imo state University, Owerri. Beck Depression Inventory, Becks' Suicide Ideation Inventory and the Rosenberg self-esteem scale were used as instruments for data collection. Data analysis was done using Pearson Product Moment Correlation (PPMC) at a .05 level of significance. The study revealed a significant correlation between the independent variables (Depression, self-esteem and stress) and the dependent variable (Suicide thought) in the following order, Depression $R(400) = 0.216$, $p < .05$, Self-esteem $R(400) = 0.314$, $p < .05$ and Stress $R(400) = 0.174$, $p < .05$). Among the recommendation is the fact that Lots of awareness and knowledge about suicidal thoughts among undergraduates should be created to provide a guideline for possible prevention program or treatments for those students who are experiencing the ideas of suicidal. This study came to existence to raise awareness about suicidal ideations' risk factors and prevention so that university students in crisis may be recognized and helped.

Keywords: Depression, Stress, Suicide thought, Undergraduates.

Introduction

Suicidal thought or the thought of suicide could be regarded as the intent, plan and imagination of an individual concerning their wish to commit suicide. When looking at suicidal ideation, we do not look into suicide

attempts or complete suicide but the thought of an individual concerning suicide. Suicide, the world over, is one of the most prevalent psychosocial issues which cause a lot of pain to loved ones who are left behind. After the act, it may be impossible to know the internal thoughts or motives that drove any individual

to commit suicide. Since suicidal ideation occurs among a variety of people (young and old, rich and poor, educated or less educated), it can be very difficult to pinpoint a typical suicidal ideation profile among college students. According to many researchers, such a global problem of suicidal thought has been considered a significant factor in leading to death. Nock, Borges and Bromet (2008) affirm that 22% and 38% of young adults have suicidal thoughts at some point in their developmental life stages. According to the Centers for Disease Control and Prevention (2010), suicidal ideation is the precedent factor of suicide which is the second leading cause of death among (25-34) year olds and the third leading cause of death among (15- to 24) year olds and accounts for 12.2% of all deaths annually in the U.S.A. and other developed countries.

It is strongly believed that suicidal behaviours appear to be problematic among university students and young adults all over the world. Suicidal thought among university students has unique circumstances due to the stress of university life, including changes in family and peer relationships. Depression levels can be important during a college student's first year. People with depression develop a feeling of harm because they are not living up to their expectations that may be developed internally by the students and externally by others (Kaur & Rani, 2012). People are usually preoccupied with the thoughts of suicidal thoughts to overcome and block unbearable emotional pain caused by a wide variety of stressful life problems (Whitlock & Knox, 2007).

Suicidal thought is viewed as a preoccupation with an intensive mindset of ending one's own life, while suicide is the completed act of taking one's life (Conner, Duberstein,

Conwell & Sidik, 2008). According to Lester (2006), suicidal actions are unethical and immoral in all Islamic countries and are a sin committed against God's will. However, in some other cultures, it may not be illegal or unethical to commit suicide.

Depression and other mental health disorders are significant public health problems on college campuses. Many students experience their first psychiatric episode at universities (Abramson, Metalsky & Alloy, 2008). Several factors contribute to the initial presentation of depression during the university period. The transition from home to college places additional life stressors on young adults as they explore their identity, strive to master new skills, are away from established social support systems, and have increased time demands (Dyson & Renk, 2006).

The consequences of depression are significant. Depression has long been associated with suicide ideation (Abramson, Metalsky & Alloy, 2008). Depression and anxiety are consistently listed among the top 10 factors that make a student think of committing suicide in the past 12 months on the NCHA (Whitlock & Knox, 2007). Depression may also lead to an increased risk of self-injury, dropping out or failing college, attempting or committing suicide, and other risky behaviours (Gollust, Eisenberg, & Golberstein, 2008; Kisch, Leino, & Silverman, 2005). Psychiatric disorders and depressive symptoms have been associated with tobacco use, alcohol consumption, physical inactivity, and partner violence (physical, psychological, or sexual victimization) (Sabina & Straus, 2008)

Studies have reported that self-esteem is a powerful internal protective factor against

adolescent suicide behaviours (Whitlock & Knox, 2007). Researchers have argued that external resources in terms of availability of social support, especially from the family, can reduce the risk for suicidal behaviour and can be invaluable during periods of increased stress (Compton, Thompson, & Kaslow, 2005). In this context, Tsang and Yip (2006) found that higher family cohesion and support levels were associated with lower suicidal ideation among African American college students. Self-esteem is the sum of attitudes which depend on perceptions, thoughts, evaluations, feelings and behavioural tendencies aimed toward ourselves, the way we are and behave, and our body's and character's features. The biggest influence on self-esteem is parenting, acceptance, and control. In other words, it's one self's evaluative perception. Young children have relatively high self-esteem, which gradually declines throughout childhood. As children develop cognitively, they base their self-evaluations on external feedback and social comparisons. As they grow older, they form a more balanced and accurate appraisal of their academic competence, social skills, attractiveness, and other personal characteristics. Self-esteem continues to decline during adolescence due to the adolescent body image and other puberty-related problems. Adolescence is the critical period for developing self-esteem and self-identity, and low self-esteem may endanger adolescents' emotional regulation (Tsang & Yip, 2006). Adolescence could be seen as a critical stage in the lives of individuals, in which one consolidates their values and identity and conquer autonomy, achievements that frequently lead to psychological and relational tensions and the risk of problematic or maladaptive behaviours. Young adults' life is highly

determined by their developmental and how effectively they manoeuvred through these stages. With self-esteem, most youths tend to have a positive self-concept if the stages of development are well addressed. Most individuals who suffer from low self-esteem can be traced back to a past relationship that may have influenced their feelings. A negative view of the self may involve seeing the self as worthless and the future as hopeless. Adolescents with low self-esteem may see life as not worth living and perceive everyday stressors as overwhelming. Low self-esteem predicts suicidal ideation among high school students (Dukes and Lorch, 1989). The presence and severity of suicidal ideation in adolescents with affective disorders have been related to low self-esteem (Harris & Mollock, 2006). Low self-esteem is also implicated in suicide attempts made by adolescents (Tsang & Yip, 2006). Furthermore, negative self-evaluations were associated with increased suicidal tendencies, a number of suicidal gestures, the seriousness of suicidal intent, and medical lethality of the attempt in a study of 64 adolescent psychiatric inpatients (Harris & Mollock, 2000). Thus, self-esteem deficits appear to be directly related to suicidal tendencies, including suicidal ideation and suicide attempts in adolescents.

Suicide is the third leading cause of death among teenagers and young adults (2010). Depression has consistently been considered a risk factor in suicide ideation and suicide, along with substance abuse, adverse life events, family history, a history of sexual abuse, troubled relationships, and difficulties with sexual identity (Abramson, Metalsky & Alloy, 2008). Garlow, Roesenberg, and Moore's (2008) study of suicidal ideation and depression among college students found that 11% of students endorsed current (past four

weeks) suicidal ideation. The same study found suicidal ideation associated with screening positive for depression on the Patient Health Questionnaire-9.

Identification and referral to treatment earlier in the course of depression may reduce the serious consequences of depression and prevent suicide. Similarly, the study by Garlow, Rosenberg, and Moore (2008) found that 16% of students endorsing current suicidal ideation and 14 % of students screening positive for depression were in treatment. In community-based primary care settings, the point prevalence of major depression ranges from 4.8% – 8.6%. This is higher than the prevalence rates from community surveys, where the range tends to be 1.8% – 3.3%. Good evidence exists that screening for depression in clinical settings improves the identification of patients with depression and decreases clinical (Kaur & Rani, 2012).

Stress is a response of the human body to any stimulus that disrupts the individual's homeostasis (Selye 1974). Because these responses are unavoidable, individuals are faced with the constant urge to maintain internal balance. Accordingly, any experience that affects one's homeostasis is considered stress (Rice, 1992). Social scientists have expanded Hans Selye's notion of physiological stress to include social, cognitive, and psychological or mental stress. Mullis, Youngs, MuUis, and Rathge (1993) proposed that stress is a function of an individual's appraisal of a life stressor and, therefore, a cognitive process.

Similarly, Lazarus (1993) contended that subjective evaluations of their experiences determine the extent to which individuals experience stress. Therefore, if individuals

appraise an event as traumatic, they will experience more stress from the experience than those who appraise the event as non-significant. Researchers (e.g., Bartle-Haring, Rosen, & Stith, 2002) have noted the importance of reducing stress by helping youth develop positive perceptions of the self to avoid catastrophic socio-emotional outcomes such as suicidal behaviour. Indeed, exposure to stress by youth has been linked to severe emotional and psychological problems (Bartle- Haring, Rosen, & Stith, 2002)

The search for identity, a naturally stressful demand on youth, can overwhelm some adolescents and predispose them to thoughts of suicide (Lester, 2006). Hence, the high incidence of adolescent suicide is assumed to be indicative of societal stress in the lives of young people. Suicide attempts among adolescents do tend to increase as stress levels increase. Academic pressure, work-related problems, interpersonal difficulties, death of loved ones, illnesses, and loss of relationships are significant stressors on young people (Butler, Novy, Gagan, & Gates, (2009) maintained that a poor or an overachieved academic performance could serve as a precursor to stress, subsequent depression, and suicidality. They also reported that serious suicide attempts seem higher among students who experience considerable academic success, and less serious suicide attempts indicate students failing at school. Those researchers argued that academically successful students experience greater stress than their less successful peers because more successful students feel more pressure to maintain their level of performance. This pressure may cause them to increase the lethality of their suicidal intent. However, students who have consistently exhibited academic failure may

simply engage in risk-taking behaviours (e.g., criminal acts, risky sexual activity) that predispose them to suicidality. On the other hand, Petzel and Riddle (1981) observed that most suicidal students in both high school and college receive passing scores in their academic classes, indicating that academic performance is not the only significant factor contributing to suicide.

Research findings have indicated an inverse correlation between life stressors and Suicide ideation (Abramson, Metalsky, & Alloy, (2008). Specifically, too much academic stress predisposes adolescents to depression and other psychiatric difficulties (Garber, Robinson, & Valentiner, 2007; Therefore, it is conceivable that students need to enhance their ability to cope effectively with stress because individuals with poor coping mechanisms are more vulnerable to environmental stressors (Simonds, McMahan, & Armstrong, 1991). This study examined the association between adolescent stress and suicidal ideation.

Statement of Problem

Suicide thought is a trend gradually being experienced and prevalent among undergraduates in tertiary institutions in Nigeria and beyond. Suicidal thought has been considered a significant factor leading to death among youths and adolescents, especially in our institutions of higher learning. It is strongly believed that suicidal behaviour affects many university students and young adults worldwide. The thought of suicide among university youth has unique circumstances due to factors such as depression, self-esteem, and stress that occur in university life, including changes in family and peer relationships. The current study examined Depression, self-esteem and stress

as correlates of suicide thoughts among undergraduates. Apart from the dearth of Literature, much of the research to date has focused on the associations of either depression or stress to actual suicide but not the thought of suicide. The majority of studies have examined the relationships in clinical populations. Also, the researcher does not know of a study with variables such as depression and stress in a single work in Imo State. Thus, the researcher intends to fill these gaps. The present study, therefore, tried to see Depression, self-esteem and stress as correlates of suicide thoughts among undergraduates of Imo State University, Owerri.

Purpose of Study

- (1). To examine if there is a significant relationship between Depression and Suicide thoughts among undergraduates of Imo State University.
- (2). To find out if there is a significant relationship between self-esteem and Suicide thoughts among undergraduates of Imo State University.
- (2). To find out if there is a significant relationship between stress and Suicide thoughts among undergraduates of Imo State University.

Research Questions

- (1). What significant relationship exists between Depression and Suicide thoughts among undergraduates of Imo State University?
- (2). What significant relationship exists between self-esteem and Suicide thoughts among undergraduates of Imo State University?

(3.) What significant relationship exists between stress and Suicide thoughts among undergraduates of Imo State University?

Research Hypotheses

(1). There is no significant relationship between Depression and Suicide thoughts among undergraduates of Imo State University.

(2). There is no significant relationship between self-esteem and Suicide thoughts among undergraduates of Imo State University.

(3). There is no significant relationship between stress and Suicide thoughts among undergraduates of Imo State University.

Methods

Research Design

This study adopted a descriptive survey design: Utilizing the purposive sampling

technique to select 402 first year Undergraduates from all the faculties and departments in the university. All the students were given a choice to participate or not in the study, and they were seen in their classrooms or at the various relaxation parks. After telling them what was expected, those who accepted to participate were given the instruments to fill and return.

Participants

The sample was selected from students that cut across all the faculties and departments in the university. The sample consisted of 402 students. They consisted of 208 males and 194 females. They were informed about the purpose of the study as well as about their rights and expectations from participating in this study. They all gave their verbal consent to participate.

Table 1: Distribution of the Socio-Demographic Variables

Variable	Frequency n = 402	Per cent
Gender		
Males	208	51.7
Females	194	48.3
Age Range		
15 – 17 years	197	49.0
18 – 20 years	205	51.0

Table 1 indicates that 208 (51.7%) students were males, while 194(48.2%) were females. Students between the ages of 15-17 years were 197 (49.0%), and those between 18-20 were 205(51.0%).

Procedure

The researchers approached the students in their classes during a free period, while others were approached while relaxing at the various students' parks within the school environment. The researchers ensured they used only the first-year students because most of them fell within the adolescent period. The other research assistants

administered the participant's questionnaires. The questionnaire took between 25 and 30 minutes to complete and was collected back the same day by the researchers for analysis.

Instruments

The Beck Depression Inventory for Primary Care (BDI-PC) was used in the survey to measure depression. The BDI-PC is an accurate and effective screening test for major depression in primary care settings. The inventory consists of 7 items related to symptoms of sadness, past failure, loss of pleasure, self-dislike, self-criticism, and suicidal ideation from 0 (I do not feel sad), 1 (I feel sad much of the time), 2 (I feel sad all of the time), to 3 (I feel so sad and unhappy that I can't stand it). Participants are asked to describe their symptoms from the previous two weeks. Each item is scored on a 4-point scale (range 0–3), and a total score is calculated by adding the rating for each item (range: 0–21). Prior studies have shown that at a ≥ 4 cut-off, the BDI-PC has a sensitivity of 97% and a specificity of 99% (Beck, Guth, Steer, & Ball, 1997; Steer, Cavalieri, Leonard, & Beck, 1999; Winter, Steer, Jones-Hicks, & Beck, 1999).

The 10-item Rosenberg self-esteem (RSE) scale was used to measure self-esteem. The RSE was developed by Morris Rosenberg (1965). It had a reliability coefficient of between 0.77 to 0.88. The researcher also conducted a Pilot study among 50 University of Mkar in Benue State students, which yielded a reliability coefficient of 0.81. Items in the scale include: “on the whole, I am satisfied with myself”; “At times, I feel I am not good at all”; “I feel that I have a number of good qualities”; “I am able to do things as well as most other people

do”; “I wish I could have more respect for myself” etc.

Beck's Suicide Ideation Inventory (BSII) was also used to measure suicide thought. The scale is a 19-item instrument that evaluates the presence and intensity of suicidal thoughts a week before evaluation. Beck et al. (1988) introduced the self-reporting edition of the scale. Each item is scored based on an ordinal scale from 0 to 2, and the total score is 0 to 38. Individuals answer to the first five items, which are excerpted. If an individual's answer to the fifth item is positive (scores 1 and 2), they answer the rest of the items; otherwise, the questionnaire is completed. Some of the items include [1] “Wish to live”? with options including (a) Moderate to strong, (b) Weak, (c) None [2] “Wish to die”? with options including (a) None (b) Weak (c) Moderate to strong. [3] Reasons for living/dying: with options [a]. For living outweigh for dying (b) About equal (c) For dying to outweigh for living. The items assess the extent of suicidal thoughts and their characteristics as well as the patient's attitude towards them; the extent of the wish to die, the desire to make an actual suicide attempt, and details of plans, if any; internal deterrents to an active attempt; and subjective feelings of control and/or "courage" regarding a proposed attempt.

A pilot study was carried out on students to determine the reliability of the Becks Suicide Ideation inventory. The researcher administered it to 50 students outside the study sample. The scale's reliability was established through the overall measure of the internal consistency, which was obtained by Cronbach alpha (0.89) which is suitable for the study.

A high score on the scale indicated a higher likelihood that students have suicidal ideation or intent. The possible responses ranged from: (0= No suicidal ideation existed), (1= Strongly Disagree), (2= Disagree), (3 = Agree), (4 =Strongly Agree). The possible scores ranged from (0 to 180). The possible score is divided into three levels, low level from (0 - 1.33), moderate level from (1.34 – 2.67), and high level from (2.68-4.0).

Life Experiences Survey (LES) developed by Sarason, Johnson, & Siegel (1978) was used to determine stress. The LES is a 60-item instrument designed to measure stressful life events and the importance of life experiences across time of experience. For each event, respondents indicate whether the event occurred within the last six months (1 to six months) or the last 6 to 12 months; the stressful outcomes are designated as acute and chronic, respectively. The LES assesses the type of appraisal of the life experiences (positive, negative, or total) and evaluates the individual's response patterns. The measure is set on a 7-point Likert-type scale anchored by - 3 (extremely negative) and 3 (extremely positive). The rating of (0) on the scale

indicates that the participant appraises the life experience as having no impact. Because positive life experiences do not cause the type of stress that can potentially lead to thoughts about suicide, only negative life experiences were used in the analysis for the present study. The test-retest reliability for the negative life changes on the life experiences survey has been reported to be .56 and .88 ($p < .001$), respectively (Sarason, Johnson, & Siegel, 1978). In addition, the measure shows significant correlations with other well-established psychological measures such as the Beck Depression Inventory, Internal-External Locus of Control Scale, Holmes and Rahe Scale, and State-Trait Anxiety Inventory.

Data Analysis

Data collected were analyzed using Pearson's Product Moment Correlation (PPMC) at a 0.05 level of significance.

Research Hypothesis 1: There is no significant relationship between depression and suicidal thoughts among undergraduates of Imo State University, Owerri

Table 2: PPMC summary table showing a significant relationship between depression and suicidal thoughts among undergraduates in Imo State University, Owerri

Variables	N	Mean	SD	r	df	p
Suicide Thoughts	402	12.13	5.34	.216	400	<0.05
Depression	402	10.52	3.89			

Table 2 shows that depression correlates with suicide thoughts, $r(400) = 0.216$, $p < .05$, and the mean and standard deviation for teaching anxiety were 10.52 and 3.89, respectively. This result indicates that when students' level of depression is high, their thought of suicide

is also high. However, when depression is low, students' suicide thought is high.

Research Hypothesis 2: There is no significant relationship between self-esteem and suicidal thoughts among undergraduates of Imo State University, Owerri.

Table 3: PPMC summary table showing a significant relationship between self-esteem and suicidal thoughts among undergraduates in Imo State University, Owerri

Variables	N	Mean	SD	r	df	p
Suicide Thoughts	402	12.13	5.34	.314	400	<0.05
Self-Esteem	402	11.25	3.76			

Table 3 shows that self-esteem correlates with suicide thoughts, $r(400) = 0.314$, $p < .05$, and the mean and standard deviation for suicide thoughts were 11.25 and 3.76, respectively. This result indicates that when students' level of self-esteem is high, their thought of suicide is high. However, when

self-esteem is low, students' suicide thought is high.

Research Hypothesis 3: There is no significant relationship between stress and suicidal thoughts among undergraduates in Imo State University.

Table 4: PPMC summary table showing a significant relationship between stress and suicide thoughts among undergraduates in Imo State University.

Variables	N	Mean	SD	r	df	p
Suicide Thoughts	402	12.13	5.34	.174	400	<0.05
Stress	402	9.17	2.85			

Table 4 reveals that undergraduates with a high level of stress have a high tendency of suicide thoughts, $r(400) = 0.174$, $p < .05$, the mean and standard deviation for stress were 9.17 and 2.85, respectively, while those students that have a low level of stress have a low level of suicide thoughts.

Discussion

The result of the first hypothesis shows that depression correlates with suicide thoughts, $r(400) = 0.216$, $p < .05$, and the mean and standard deviation for depression were 10.52 and 3.89, respectively. This result indicates that when students' level of depression is high, their thought of suicide is high. However, when depression is low, students' suicide thought is low. Corroborating this, Harris & Mollock (2000) stated that the presence and severity of suicidal ideation in

adolescents with affective disorders had been related to depression. He added that depression is also implicated in suicide attempts made by adolescents. Tsang and Yip (2006) added that negative self-evaluations were associated with increased suicidal tendencies, a number of suicidal gestures, the seriousness of suicidal intent, and medical lethality of the attempt in a study of 64 adolescent psychiatric inpatients. Thus, depression appears to be directly related to suicidal tendencies, including suicidal ideation and suicide attempts in adolescents.

The result of hypothesis two shows that self-esteem correlates with suicide thoughts, $r(400) = 0.314$, $p < .05$, and the mean and standard deviation for suicide thought was 11.25 and 3.76, respectively. This result indicates that when students' level of self-esteem is high, their thought of suicide is

high. However, when self-esteem is low, students' suicide thought is high. Corroborating this, Harris & Mollock (2000) stated that the presence and severity of suicidal ideation in adolescents with affective disorders had been related to low self-esteem. He added that Low self-esteem is also implicated in suicide attempts made by adolescents. Tsang and Yip (2006) added that negative self-evaluations were associated with increased suicidal tendencies, a number of suicidal gestures, the seriousness of suicidal intent, and medical lethality of the attempt in a study of 64 adolescent psychiatric inpatients. Thus, self-esteem deficits appear to be directly related to suicidal tendencies, including suicidal ideation and suicide attempts in adolescents.

The result of hypothesis three revealed that stress significantly and positively predicted suicide thought among Undergraduates of Imo State University, Owerri ($400 = 0.174$, $p < .05$). This means that the higher the score on stress, the higher the score on suicide thought among undergraduates. This implies that undergraduate students that experience more stress academically, physically, mentally and otherwise are more likely to have thoughts of suicide when compared to those who experience less stress. The reason could be because tertiary institution comes with associated fatigue that could impair their motivation and ability to learn and with the daily learning task in the university. According to Lester (2006), the search for identity, a naturally stressful demand on youth, can overwhelm some adolescents and students and predispose them to thoughts of suicide. Hence, the high incidence of student suicide is assumed to be indicative of societal stress in the lives of young people. I have found that suicide attempts among adolescents tend to increase as stress due to

academic pressures increases. Corroborating this, Butler, Novy, Gagan, & Gates (2009) maintained that a poor or an overachieved academic performance could be a precursor to stress, subsequent depression, and suicidal thoughts.

Conclusion

This study's findings indicate that depression and stress positively and significantly predict suicide thoughts among undergraduates due to the emotional, psychological and physical situations they pass through on campus. As such, parents, guardians and teachers are in a unique position to help adolescents and students improve their self-value and self-worth, problem-solving abilities and coping skills; in turn, this can help them deal with negative life stressors and low self-esteem and reduce the occurrence of intrusive thoughts about suicide.

Recommendations

Management of Tertiary institutions across the country should ensure that courses that relate to depression, such as psychology and counselling, be made compulsory electives for all first-year students coming into the institution, not minding their departments, this will go a long way to helping them develop the skills on how to improve and develop their mindset, and further will help to curb incidences such as suicide. Secondly, Counselors and other caregivers should become aware of the potential factors that can predict at-risk students. As such, proper counselling be given to students to help them properly manage and cope with stress while in school. Lots of awareness and knowledge about suicidal thoughts should be created to provide a guideline for possible prevention programs or treatments for those students who are experiencing ideas of suicidal

ideation. This study came to existence to raise awareness about suicidal thoughts, risk factors and prevention so that university students in crisis may be recognized and helped. Counselling psychologists and other mental health practitioners should work towards providing more counselling services and alternative therapeutic interventions for students, especially when they detect unusual life strains—particularly in the college academic environment.

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