

# Self-Concept And Suicidal Ideation Among Patients With Mood Disorder.

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## ABSTRACT

*The objective of the present study was to explore the relationship between self- concept and suicidal ideation among patients with Mood Disorders especially Major Depressive Disorder (MDD). Total sample comprised of (N=60) patients(30 men; 30 women) already diagnosed with Major Depressive Disorder (MDD) were selected through purposive sampling technique from Jinnah Hospital of Lahore and District Headquarter Hospital (DHQ) of Faisalabad. Research measures employed were: Urdu Adjective Checklist (UACL) also named as self-concept scale which was translated by Ansari et al, (1982) and Beck Scale for Suicidal Ideation (BSSI) which was translated by Ayub, N. (2008). The Pearson's product moment correlation coefficient (r) was employed to analyze the data. Results indicate highly significant correlation between self-concept and suicidal ideation among patients with Major Depressive Disorder (MDD) (0.499\*\*, p<0.01\*\*).*

**Key Words:** Self-Concept, Suicidal Ideation, Patient of Major Depressive Disorder.

## INTRODUCTION

The present research focused on the “self-concept and suicidal ideation among the patients with Mood Disorders especially Major Depressive Disorder.” In human beings the self refers to unique and lasting identity making up the individual. Self-concept is a cognitive structure about the perception or image of our abilities, talents and our uniqueness. Self-concept is very general, flexible and changeable at first but with the passage of time these self-images become more consistent much detailed are added and become more precise and specific. (Wolman, 1973).

The social identity theory described the self-concept in two ways. First is the personal identity theory which includes human personality traits that make each person unique. On the other hand, the social identity theory refers to those groups which we belong to or which we are affiliated. (Tajfel and Turner, 1979). In the development of self-concept the three components self-worth, self-image and ideal self are the result of social interaction. (Roger, 1951).

The low self-concept and suicidal ideation are included in diagnostic criterion as well as considered an associated feature for the diagnosis of Mood Disorders. (Fennell, 2005). Feelings of worthlessness lead to suicidal ideation which is the cognition or thought about suicide which may range from more general thoughts such as wishes to more specific thoughts such as developing plans for ending life among patients with Major Depressive Disorder. (American Psychiatric Association, 2003).

Suicidal ideation occurs due to egoistic thought which is a lack of social support and anomic thought when society doesn't have control over individual feelings and they take their lives. Sometimes altruistic thought occurs when a person sacrifices his or her life for the benefit of others and these sacrifices are based on society demands. (Durkheim, 1897). Psychoanalytic theory also described suicidal ideation by focusing on Thanatos, the death instinct. The normal individuals can control their death instinct and direct it outward expression but suicidal individuals may turn this death instinct inwards which could result in the individual taking their own life by suicide. (Freud, 1923).

Stress-diathesis theory of suicidal ideation described that when a person placed under high life stressful conditions, he or she is unprepared to develop the solutions necessary for coping. As a result they are assumed to turn into hopeless conditions which make the individual keep fostering the high risk for suicidal ideation. (Rubinstein, 1986). The cognitive behavioral theory of suicidal ideation is associated with depression and hopelessness. The suicidal person due to low self-concept views the future pessimistically and become hopeless, worthless, and desires to escape from life. He can see the only way to relief from his suffering that is suicide. (Beck and Rush, 1978).

## **MOOD DISORDERS**

The Mood Disorders include those disorders that have a disturbance in mood as the predominant feature and they are divided into the following categories such as Major Depressive Disorder, Bipolar Disorders, Mood Disorder Due to a General Medical Condition and Substance Induced Mood Disorder. The Major Depressive Disorder is characterized by one or more Major Depressive Episode (i.e. at least 2 weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression. At least five of the following symptoms have been present during the same 2 week period and represent a change from previous functioning. One of the symptoms is depressed mood or loss of interest, weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation nearly every day, fatigue, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate, or indecisiveness, recurrent suicidal ideation for committing suicide.

On the other hand, the symptoms do not meet criteria for a mixed episode and the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms are not due to the direct physiological effects of a substance or a general medical condition and the symptoms are not better accounted for by bereavement, i.e., after the loss of a loved one. The symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation. (American Psychiatric Association, 2000).

## **CHAPTER NO 2**

### **LITERATURE REVIEW**

Many researchers have worked on self-concept and suicidal ideation in combination and also with combination of others variables. The present research explored the relationship of self-concept and suicidal ideation among patients with Mood Disorders especially Major Depressive Disorder (MDD). Following review of literature presents the work done on the above mentioned variables.

Orvaschel et al., (1997) surveyed 236 patients and all were recently referred to an outpatient center for Mood Disorders. The patient's self-concept was measured by the Self-Esteem Inventory developed by Coopersmith (1967) and depression was assessed by the Beck Depression Inventory developed by Beck and Kovac (1981). They found that 84 % patients met criteria for at least one depressive episode with low self-concept and suicidal ideation during depressive states. They also found a relationship between self-concept and suicidal ideation among patients with Major Depressive Disorder regardless of the specific socio-economic status.

Battle (1980) found similar results in his experiment. He studied 26 patients already diagnosed as Major Depressive Disorder. Their age ranged was 25 to 50 years. He administered the Canadian Self-Concept Inventory, Beck Scale for Suicidal Ideation and the Becks Depression Inventory (BDI). The results indicated a significant relationship between self-concept, suicidal ideation and depression among patients with Major Depressive Disorder (MDD). The results also indicated that the patients who scored high in self-concept tended to have lower suicidal ideation scores during Depressive Episode and who scored low in self-concept tended to have higher suicidal ideation scores during Depressive Episode. In (1987) he further administered the Beck Scale for Suicidal Ideation, Beck's Depression Inventory and the Culture Free Self-Esteem Inventory for to 62 patients all were collected by referral to the clinical psychologist for behavior problems and other Mood Disorders diagnosis. The age ranged was from 20 to 40 years. They were all collected by referral to the clinical psychologist for behavior problems or other Mood Disorders diagnosis. The results indicate that self-concept is strongly associated with suicidal ideation among patients with Major Depressive Disorder.

Kernis, et al. (1998) administered a modified version of Rosenberg (1965) Self-Esteem Scale and the Beck (1967) Depression Inventory to 98 patients diagnosed as Major Depressive Disorder. They wanted to investigate the correlation between instable self-concept and suicidal ideation. They also found that the self-concept instability predicted suicidal tendencies during depressive symptoms and further showed that the suicidal ideation leads to suicide attempts among patients with Major Depressive Disorder. They further researched that an individual with instable self-concept was more prone to develop suicidal ideation in depressive phase.

Ouellet and Joshi (1986) conducted research on 81 French Canadian psychiatric patients. He wanted to determine a correlation between self-concept and suicidal ideation among patients with Major Depressive Disorder. They administered the Beck Scale for Suicidal Ideation and a French adaptation of the Social Self-Esteem Inventory. They found that self-concept and suicidal ideation were significantly and negatively correlated among patients with Major Depressive Disorder.

The obtained results are supported with the findings of Dukes and Lorch (1989) studies. Their study showed a correlation between self-concept and suicidal ideation. They gave a "Youth Life Styles Survey" to the patients having the diagnosis of Major Depressive Disorder. The survey results showed that self-concept was found to be a predictor of suicidal ideation among patients with Major Depressive Disorder during depressive states.

Vella and Lester (1996) conducted research on the effects of low self-concept among patients with Major Depressive Disorder. The Rosenberg Self-Esteem Scale was administered to 131 patients. The

results indicated that low self-concept was negatively associated with Major Depressive patients. They investigated that the feelings of worthlessness and negative evaluation of self are the key variable in the diagnosis of Major Depressive Disorder.

Rasmussen and Burns (1997) conducted a study of 242 patients having the diagnosis of Major Depressive Disorder. The study was done to determine the relationship of depression, poor self-concept and suicidal ideation among patients with Major Depressive Disorder. They found that suicidal ideation was found to be significantly correlated with depression and poor self-concept was found significantly related to suicidal ideation among patients during single episode.

Dori and Overholser (1999) also found that low self-concept increases vulnerability for suicidal ideation among patients with Major Depressive Disorder. They conducted a study to determine the relationship between hopelessness, low self-concept and depression among the out-patients who committed suicide prior to admit versus those out-patients who had not committed suicide during depressed phase. They recruited 90 patients diagnosed with Major Depressive Disorder in their research. The patient's age ranged from 26 to 38 years old were selected and all are belonging to the middle socioeconomic status. Those patients who attempted suicide had significantly lower self-concept as well as higher levels of depression and hopelessness than the non-suicidal patients.

### **RATIONALE OF THE STUDY**

The Mood Disorders especially Major Depressive Disorder is the most common diagnoses in Pakistan. The diagnosis of Major Depressive Disorder is becoming one of the major health issues globally. Ilyas and Jenkins (2004) observed that in Pakistan the prevalence of Major Depressive Disorder among men varied from 2.65 % to 27 %, and among women from 11.5 % to 52 %. A number of studies in Pakistan highlight the prevalence of Major Depressive Disorder are 44.4 % (Husain et al., 2000). Another research reported that mean prevalence of Major Depressive Disorder in Pakistan is 34 %. Prof. Haroon Ahmed specifies that in Pakistan various studies have documented that at any given time 10 to 45 % of adult suffer from Major Depressive Disorder and Bipolar Disorders. Many previous studies have documented the relationship between self-concept and suicidal ideation among patients with Mood Disorder in Pakistan but this link is poorly discussed among patients with Major Depressive Disorder. So, there is a need to explore the relationship of self-concept and suicidal ideation among patients with Major Depressive Disorder. (Ilyas et al., (2004). The findings obtained will be helpful among the health professionals, psychologists, clinical psychologists and counselors to provide the guidelines to facilitate the patients for designing the effective and applicable remedies and counseling plans by keeping in view the enhancing and boosting up the self-concept among patients with Major Depressive Disorder. It will also be useful for clinicians those who work with the family of patient with reference to enhancing the role of social support for those patients who have low self-concept and high risk for suicidal ideation. The results of the study will also lessen the risk potential for suicidal ideation among the patients with Major Depressive Disorder.

### **OBJECTIVE**

The current study was focused on the following objective:

- To explore the relationship between self-concept and suicidal ideation among patients with Major Depressive Disorder.

### **HYPOTHESIS**

Keeping in view the literature review, following hypothesis for the current study was formulated:

- There is a significant relationship between self-concept and suicidal ideation among patients with Major Depressive Disorder.

## **CHAPTER NO 3**

### **MATERIALS AND METHOD**

This section includes description of participants, inclusion/exclusion criteria, sampling technique, operational definitions of the variables, instruments, research procedure, scoring and statistical analysis.

#### **PARTICIPANTS**

The total sample comprised of (N=60) patients including (30 men, 30 women) already diagnosed with Major Depressive Disorder were selected. The data was collected from District Headquarter Hospital (D.H.Q) Faisalabad and Jinnah Hospital Lahore. Patients with Major Depressive Disorder comprised of both male and female because of the availability in psychiatry wards.

#### **INCLUSION CRITERIA**

The out-patients were selected as participants in this current study and all the participants were already diagnosed patients of (DSM-IV-TR) with Major Depressive Disorder.

#### **EXCLUSION CRITERIA**

The patients with a diagnosis of (DSM-IV-TR) Dysthymic Disorder, Bipolar Disorder type I and II, Depressive Disorder NOS, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder due to general medical condition and Substance-Induced Mood Disorder were excluded from the study. The in-patient, children and adolescents were not selected in this current research. Those individuals who also had any chronic medical illness (e.g., cancer, cardiac problem, tuberculosis, etc.) were excluded from both groups.

#### **SAMPLING STRATEGY AND RESEARCH DESIGN**

The purposive sampling technique and correlational and comparative group research design was used in this present research.

#### **OPERATIONAL DEFINITIONS OF THE VARIABLES**

##### **SELF-CONCEPT**

In this research the variable of self-concept was measured by Urdu Adjective Checklist (UACL) also named self-concept scale which is translated by Ansari et al, (1992). The scores of self-concept scale will operationally define the variable of self-concept. The low score indicate low self-concept and high scores indicate high self-concept.

##### **SUICIDAL IDEATION**

In this research the variable of suicidal ideation was measured by Urdu version of Beck Scale for Suicidal Ideation Scale (BSSI) which is translated by Ayub, N.(2008).

##### **INSTRUMENTS**

The following instruments were used to measure the variables of self-concept and suicidal ideation.

### **a) THE SELF-CONCEPT SCALE**

The Urdu Adjective Checklist (UACL) also named self-concept scale was developed by Ansari et al, in (1982). The scale consists of popular adjectives in Urdu language, which was easily understood by the general population of Pakistan. The final version of that self- concept scale consists of 54 adjectives both negative and positive. The respondents had to rate each item on one to five categories ranging from most to least. These response categories were score as 1, 2, 3, 4, and 5 for the positively phrased items and 5, 4, 3, 2 and 1 for the negative items. The maximum score on this scale was 270 and minimum score was 54. The higher scores on self-concept scale would mean higher and positive self-concept of adolescents and vice versa. The developed scale with the total score with an average correlation of .42 and alpha coefficient value of .82 which shows that the scale is internally consistent and reliable.

### **b) BECK SCALE FOR SUICIDAL IDEATION (BSSI)**

The Beck Scale for Suicidal Ideation (BSSI) was translated by Ayub, N. (2008). Originally, it was developed by Beck Kovacs, and Weissman (1979) to evaluate the intensity of a person's attitude, behaviors, and plans to commit suicide. It is to quantify and assess the current conscious suicidal intent by scaling various dimensions of self-destructive thoughts or wishes. The scale may be used either in interview form or self-report form. The items are rated on a 3- point scale with the scoring of 0, 1, and 2. The total score may range from 0 to 38 where higher scores reflect presence and intensity of suicidal ideation. The first three questions address Death Ideation (DI) by asking the subjects if they wished to live, wished to die, and the extent to which one wish overweighs the other. Question 4 and 5 refer more specifically to Suicidal Ideation (SI). The subjects are asked if they have thought of taking their lives, either by active or passive means. The first five screening items reduce the length and the intrusiveness of the questionnaire for those who are non-suicidal. The following 14 questions are to be attempted only if any or both of the questions 4 and 5 were answered in some affirmative choice towards suicide. Beck, Kovacs, and Weissman (1979) have found a reliability coefficient of .89 and an interrater reliability of .83 ( $p < .001$ ). They have shown the scale to have reasonable concurrent, discriminant, and construct validities.

## **PROCEDURE**

The participants for the present study comprised of already diagnosed patients with Major Depressive Disorder. The sample was recruited from two hospitals, firstly from District Headquarter Hospital Faisalabad at psychiatric departments and secondly from Jinnah Hospital Lahore. After getting written permission from authorities the diagnosed patients were approached. The patients were briefed and then assured the confidentiality of the personal information and responses. Those patients were taken who gave written consent. After the administration of self-concept scale and Beck Scale for Suicidal Ideation they were assessed the level of self-concept and suicidal ideation among patients with Major Depressive Disorders. At the end the concerned authorities and patients who participate were thanked for their cooperation and time.

## **STATISTICS**

After scoring, the research data was analyzed and interpret in statistical terminology. Data was analyzed on Statistical Package for Social Sciences (SPSS, V-15.0) software and Pearson's product moment correlation coefficient was employed to analyze the data.

**CHAPTER NO 4****RESULTS**

In this chapter, focus is on detailed statistical analysis of the present research data. The Statistical Package for Social Sciences (SPSS, version 15.0) was used. Pearson's product moment correlation coefficient (r) was employed to analyze the data.

**TABLE 1:**

*The self-concept and suicidal ideation among patients with Major Depressive Disorder (n=60).*

Variable	Self-Concept <i>p</i> -value	
Suicidal Ideation	0.499**	.000

*df=118, P<0.01\*\**

This hypothesis was tested by Pearson's product moment correlation coefficient (r). The results are given in the table. The above table shows that there is highly significant ( $P<0.01^{**}$ ) correlation between self-concept and suicidal ideation among patients with Major Depressive Disorder.

**CHAPTER NO 5****DISCUSSION**

*There is a significant relationship between self-concept and suicidal ideation among patients with Major Depressive Disorder.* The Pearson product moment correlation coefficient (r) was used to test the hypothesis. The hypothesis is supported by results which showed highly significant ( $0.499^{**}$ ,  $p<0.01^{**}$ ) relationship between self-concept and suicidal ideation among patients with Major Depressive Disorder. These findings are consistent with the formulated hypothesis and validate the previous researches. Orvaschel et al., (1997) surveyed 236 patients and all were recently referred to an outpatient center for Mood Disorders. The patient's self-concept was measured by the Self-Esteem Inventory developed by Coopersmith (1967) and depression was assessed by the Beck Depression Inventory developed by Beck and Kovac (1981). They found that 84 % patients met criteria for at least one depressive episode with low self-concept and suicidal ideation during depressive states. They also found a relationship between self-concept and suicidal ideation among patients with Major Depressive Disorder regardless of the specific socio-economic status.

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## **CONCLUSION**

Major Depressive Disorder impairs person's almost every area of functioning including cognitions, emotions and behaviors as well as social and occupational life. The present research findings indicate that highly significant correlation between self-concept and suicidal ideation among patients with Major Depressive Disorder (0.499\*\*,  $p < 0.01$ \*\*).

## LIMITATIONS

The present study sample comprised of patients already diagnosed with Major Depressive Disorder (MDD) only. So, the findings of the study cannot be generalized. These findings of study don't measure the relationship of variables with other categories of Mood Disorders. The second limitation is that the data was collected from two cities Faisalabad and Lahore hospitals: so, the results cannot be generalized on other hospitals of Pakistan. The third limitation was their socio-economic status and education level. These results cannot be generalized on educated people. Much of the participants in the data belong to low socio-economic status so, the results cannot be generalized on other people with different socioeconomic status.

## SUGGESTIONS

Other already diagnosed patients with different categories of Mood Disorders should also be included in the sample. The sample size should be large enough to increase the generalizability of the study findings. Comparative study can be done with other variables of Mood Disorders. Govt should take such reformers to facilitate and to provide awareness to enhance the patient's self-concept about himself/herself. Awareness about the suicide preventive programs should be introduced through media and different electronic sources in hospitals for patients.

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