

Anxiety and Self-Esteem Score in Adults with a Suicide Attempt History

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Abstract

Background: Anxiety and low self-esteem can lead to feelings of vulnerability and being at risk, which can predict a suicide attempt. This study aimed to investigate stress and self-esteem of suicide attempters referring to hospitals affiliated to Shiraz University of Medical Sciences in 2018.

Methods: This is a descriptive-analytical study. In this study, 74 patients were selected through convenience sampling from referring to hospitals affiliated to Shiraz University of Medical Sciences in 2018. Data were collected through demographic questionnaires, Spielberger anxiety questionnaire, and Rosenberg self-esteem questionnaire. After completing the surveys, the data were analyzed. Finally, by defining the scores of the questionnaires, statistical analysis was performed and the results obtained from the study.

Results: Out of 74 suicide attempters, 62.2% were women, and the majority of them were married (70.30%). The state anxiety score showed that 24.3% and 21.6% were in medium to high and severe anxiety, respectively, and the trait anxiety score indicated that the majority of individuals were in moderate to the critical range. Self-esteem scores showed that 54.1% were in low self-esteem range.

Conclusion: Anxiety and low self-esteem can be effective factors in a suicide attempt. Therefore, therapeutic interventions to reduce anxiety and improve self-esteem in such individuals can prevent a suicide attempt.

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Introduction

Modern human, has found a strange occupation with the phenomenon of death.^{1,2} In English, for the first time in 1642, the word “suicide” was coined based on the terms “Sui” and “Cader” respectively to mean self and kill.³ Since 1903, when the International Classification of Diseases and Causes of Mortality was first adopted, suicide has taken place in the section on external causes of death.⁴ Suicidal behavior has a broad meaning and encompasses a range of phenomena, including suicidal ideation, suicide attempt, and committed suicide.⁵ Today, suicide is defined as the intentional termination of life.⁶ In conclusion, suicidal thoughts and ideas refer to intellectual engagement with traumatic views. A

suicide attempt is any unintentional and deliberate self-harm behavior in which a person deliberately puts him or herself at risk of dying and commits suicide refers to killing by him.^{4,5} Suicide has always been a complex puzzle, and it will always be challenging to understand its causes.⁷ However, compared to many countries, there is no exact data on suicide in Iran.^{1,8} Studies in Iran have tried to confirm the validity of sociological theories in other countries.^{9,10} These studies have not provided a clear picture of the status of suicide in Iran, Also the religious and customary prohibition of suicide and since the announcement of suicides as more socially acceptable, therefore the real face of suicide in Iran has become corrupted.¹¹ According to researches on the causes of suicide attempts, a set of personal, social, and

family factors affects suicide attempts.^{6,7} These include mental disorders such as mood disorders,^{12, 13} drug addiction among family members,^{14,15} conflicts between family members,^{6,7} fail in emotional relationships with the opposite sex,^{6,16} and lack of religious beliefs.¹⁷ Despite various studies on the causes of suicide, whether in the medical or social sciences, they have failed to answer the question of why some people commit suicide or attempt suicide.¹⁸ Therefore, extensive research in most countries still has scientific value due to the influence of various factors on the occurrence and outcome of suicide as well as the effects of implementing prevention programs on the health and social systems of countries.¹⁹ In this case, the psychopathological approach states that there is a relationship between suicide attempts and mental illness.^{20,21} Thus, by examining the psychopathology of suicide attempters, we can identify causal relationships between suicidal and psychiatric disorders.²² The purpose of this study was to evaluate the anxiety and self-esteem of suicide attempters referring to hospitals affiliated to Shiraz University of Medical Sciences in 2018.

Methods

This survey is a descriptive-analytical study conducted in 2018. The study population included adults admitted to hospitals affiliated to Shiraz University of Medical Sciences after attempting suicide. Some 74 patients were selected by convenience sampling method. In this study, after obtaining consent and necessary explanations for the studied samples, data were collected. The data were collected through demographic questionnaires, Spielberger anxiety questionnaire, and Rosenberg self-esteem questionnaire. Finally, the data were analyzed.

The Spielberger Anxiety Inventory consists of 40 questions, first developed by Spielberger in 1970.²³ This questionnaire is used to determine trait anxiety and state anxiety. In responding to the scale of state anxiety, subjects should express their emotions in the present moment of “time to complete the form”, but in responding to the trait scale, they must refer to their usual and often emotions. Each question has a rating scale (almost never, sometimes, often, and almost always). Each of the terms in this test is assigned a weight of 1 to 4 based on the answer provided. A higher score indicates more anxiety. The validity and reliability of this questionnaire have been studied in different parts of the world, including Iran. The validity and reliability of the Persian format have been confirmed in Iranian studies.²⁴ The scores on each of the two scales of state and trait anxiety can range between 20 and 80.

The Rosenberg Self-esteem Questionnaire is also a self-report test designed by Maurice Rosenberg.²⁵ The questionnaire consists of 10 statements that indicate the actual feelings of each individual in one of the four strongly agree, agree, disagree, and strongly disagree

with the scores from 1 to 4. The minimum score is ten, and a score of 40 indicates maximum self-esteem. A higher score indicates higher self-esteem. A score between 25 and 35 indicates normal self-esteem, and less than 25 meanlow self-esteem.^{26, 27} In Iran, the validity and reliability of this questionnaire have been confirmed in various studies.^{26, 28} In multiple studies, its test-retest reliability ranged from 0.82 to 0.88, and Cronbach’s alpha for different samples ranged from 0.77 to 0.88.²⁸

Inclusion criteria were informed consent to participate in the study, age between 40–60 years, and familiarity with the Persian language. Samples were excluded from continuing their research with a history of substance abuse or alcohol abuse.

Finally, by defining the scores of the questionnaires, statistical analysis was performed and the results obtained from the study. The Ethics Committee approved this study of the Larestan University of Medical Sciences with the Code of Ethics (IR.LARUMS.1396.3).

Results

Of the 74 people who attempted suicide, 62.2% were women, and the majority were married (Table 1).

The state anxiety score showed that 24.3% and 21.6% were in the medium to high and severe anxiety range, respectively, and the trait anxiety score indicated that the majority of individuals were in the moderate to the severe range (Table 2).

Self-esteem scores showed that 54.1% were in low self-esteem range (Table 3).

Discussion

In this study, depression and self-esteem of suicide attempters were studied. The findings of the current study show that the rate of suicide attempts in women is more than men. In support of this finding, studies show that women are more likely to attempt suicide,²⁹ but serious suicide attempts have been reported more frequently in men.³⁰ According to research done in this case, the most important reason for this difference is the suicide attempt between men and women related to the type of suicide attempt. Violent and lethal methods of suicide are more common among men than women.³¹ Also, the findings of the current study show that suicide attempt rates were also higher in married and less educated individuals. According to research in this area, the most important causes can be family conflicts^{6,7} and the use of more ineffective defense mechanisms in less educated people.¹⁰ The present study shows that suicide is more common in people with poor self-esteem. The findings of this study are congruent with the results of other researchers.^{32, 33} Also, the findings of this study indicate that many people who commit suicide

Table 1: Frequency (Percentage) of Qualitative Characteristics of the Study Participants

Variable	Frequency	Percentage
Age (year)		
40 – 45	20	27
46 – 50	26	35.20
51 – 55	14	18.90
56 - 60	14	18.90
Gender		
Male	28	37.80
Female	46	62.20
Marital status		
Single	22	29.70
Married	52	70.30
Level of Education		
Illiterate	9	12.20
Diploma and under the Diploma	61	82.40
Academic	4	5.40

Table 2: A score of state and trait anxiety scores of study participants

Type of anxiety	Frequency	Percentage
State		
Mild	15	20.30
Medium to low	15	20.30
Higher than average	18	24.30
Relatively severe	10	13.50
Severe	16	21.60
Very severe	0	0
Trait		
Mild	15	20.30
Medium to low	19	25.70
Higher than average	14	18.80
Relatively severe	7	9.50
Severe	19	25.70
Very severe	0	0

Table 3: A score of self-esteem scores of study participants

Self-esteem	Frequency	Percentage
Low	40	54.10
Normal	34	45.90

have high levels of anxiety. Many factors have been identified in the etiology of suicide and suicide attempt, among which the results of the research indicate that mental disorders are involved in most suicides.³⁴ Among the mental disorders, anxiety disorders are one of the most important diseases.³⁵ Anxiety creates a feeling of being vulnerable and at-risk that can predict suicide attempts.³⁶ It can, therefore, be said that mental disorders have a clear role in a suicide attempt.³⁸ Excitement by definition: The organism's overwhelming response to an unexpected situation, or a situation that goes beyond the individual's tolerance threshold and is associated with a pleasant or unpleasant emotional state.³⁹ Studies show that suicide attempters experience a variety of psychological problems before attempting suicide, such as lack of self-esteem and anxiety.^{6,7} Emotion is a personal and unique feeling, and it can have a different meaning for each person. The excitement is a sign of a person's incompatibility with the organism's position and attempts to strike a balance. Since emotion is closely related to the needs and motivations of the organism and decreases in the control of action and thinking during the passion, so emotion can be the root of many problems such as suicide attempts.^{39,40} In-Albon

et al. mention emotional disturbances play a crucial role in self-harming behaviors such as suicide attempts.⁴¹ The results of the study by Bhuiyan (2006) showed that individuals experience hopelessness and loss of morale, aggression and hostility before attempting suicide.⁴² Zayas et al. point out the role of emotional vulnerability in suicide attempt. From these researchers' perspective, emotional vulnerability plays a key role in people's decision to commit suicide. Emotional vulnerability refers to how a person's emotional response to what he/she experiences and responds to his/her world. According to this view, vulnerable individuals respond to existing (imagined or actual) threats, such as anxiety, despair, low self-esteem, aggression, all of which are related to a suicide attempt.⁴³ In-Albon et al. mention emotions such as feeling helpless lead people commit suicide, which in the short term may lead to a sense of relaxation, but in the long run, it makes the problem worse.⁴¹ Greenberg also writes: suicide, such as blood sepsis caused by a bacterial infection, is the worst outcome of an unpleasant situation and occurs when one feels hopeless and worthless.⁴⁴ Lloyd-Richardson et al. mentioned that there is little information on the underlying cause of the suicide attempt. Studies show that

these individuals aim to relieve their negative emotions such as depression, anxiety, guilt, aggression and anger, loneliness, disgust, and self-hatred, as well as getting rid of unpleasant thoughts and feelings and finally for these negative pressure attempt suicide.⁴⁵ In support of this, the results of the study by Rodham et al.⁴⁶ Madge et al.⁴⁷ Scoliers et al.⁴⁸ show that most people attempt suicide to escape their disturbed mental state. So it can be said that people who commit suicide experience a range of negative emotions, including anxiety and lack of self-esteem, because they feel that will not be able to cope with these events. As a result, they seek the only way out of this difficult psychological situation in attempting suicide.^{6,7,14} In the present study, the mental status of participants was out of control of the researchers when answering questions, which is one of the limitations of this study. Also, the small number of samples studied limits the generalizability of the findings to the target population.

Conclusion

According to the findings of this study, anxiety and low self-esteem can play an essential role in a suicide attempt. Therefore, therapeutic and counseling interventions such as problem-solving skills training in people with high anxiety and low self-esteem can play a prevention role against such behaviors.

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References

- 1 Faramarzian Z, Delam H, Habibikhah Z, Bazrafshan MR. Demographic characteristics of adolescents with a history of suicide attempt in Larestan, Iran: 2012-2018. *Health Monitor Journal of the Iranian Institute for Health Sciences Research*. 2019;18(5):475-83.
- 2 Jahangir F, Bazrafshan MR, Zangoee A, Raeisi T. Comparison of coping mechanisms used by suicidal attempt patients, and those without suicidal history. *Hormozgan Medical Journal*. 2009;13(2):109-13.
- 3 Rezaeian M, Sharifirad GhR, Foroutani MR, Moazam N. Recognition of some of the risk factors for suicide and attempted suicide within Ilam province and their direction of function. *Journal of Health System Research*. 2010;6(1):86-94.
- 4 De Leo D, Burgis S, Bertolote JM, Kerkhof AJ, Bille-Brahe U. Definitions of suicidal behavior: lessons learned from the WHO/EURO multicentre Study. *crisis*. 2006;27(1):4-15.
- 5 Bridge JA, Goldstein TR, Brent DA. Adolescent suicide and suicidal behavior. *J Child Psychol Psychiatry*. 2006;47(3-4):372-94.
- 6 Bazrafshan MR, Sharif F, Molazem Z, Mani A. Cultural concepts and themes of suicidal attempt among Iranian adolescents. *Int J High Risk Behav Addict*. 2015;4(1).
- 7 Bazrafshan MR, Sharif F, Molazem Z, Mani A. Exploring the risk factors contributing to suicide attempt among adolescents: A qualitative study. *Iran J Nurs Midwifery Res*. 2016;21(1):93-9.
- 8 Hassanian Moghaddam H, Pajoumand A. A One-Year Epidemiological Study of Acute Poisoning among Adults and Adolescents Admitted to Loghman Hospital, Tehran between 2005 and 2006 *journal of Pejouhandeh*. 2007;12(3):169-76.
- 9 Norozi A, Ramezani A. Investigation of Suicide Studies in Iran and Comparing it with Suicides in Darehshahr. *Scientific Journal Management System*. 2016;16(48,49):104-31.
- 10 Bazrafshan MR, Jahangir F, Mansouri A, Kashfi SH. Coping Strategies in People Attempting Suicide. *Int J High Risk Behav Addict*. 2014;3(1):e16265. Epub 2014-03-09.
- 11 Azar M, Noohi S, Shafiee Kandjani AR. *suicide*. Tehran: Arjmand; 2010.
- 12 Isometsa E. Suicidal behaviour in mood disorders--who, when, and why? *Can J Psychiatry*. 2014;59(3):120-30.
- 13 Berkol TD, Islam S, Kirli E, Pinarbasi R, Ozyildirim I. Suicide attempts and clinical features of bipolar patients. *Saudi Med J*. 2016;37(6):662-7.
- 14 Bazrafshan MR, Sharif F, Molazem Z, Mani A. The Effect of Paternal Addiction on Adolescent Suicide Attempts: A Qualitative Study. *Int J High Risk Behav Addict*. 2016;5(3)
- 15 Dragisic T, Dickov A, Dickov V, Mijatovic V. Drug addiction as risk for suicide attempts. *Materia socio-medica*. 2015 Jun;27(3):188.
- 16 Keyvanara M, Haghghat M. Sociocultural contexts of attempting suicide among Iranian youth: a qualitative study. *eastern Mediterranean health journal (EMHJ)*. 2011;17(6):529-35.
- 17 Bazrafshan M-R, Jahangir F, Shokrpour N. What protects adolescents from suicidal attempt: A qualitative study. *Shiraz E Medical Journal*. 2017;18(9)
- 18 Hosseinpour M, Ghaffari SM, Mehrabizadeh M. A study on the incentives of suicide attempts among adolescents referred to golestan hospital of ahwaz in 1379-1380. *Jundishapur Scientific Medical Journal*. 2004;41:24-30.
- 19 Salari Lak Sh, Eentezarmahdi R, Afshani MT, Hedayat M. Evaluation of influencing factors and the incidence of suicide within a year in West Azerbaijan Province. *Urmia Medical Journal*. 2006;17(2):93-100.
- 20 Rebraca Shivers L. basic concepts of psychiatric mental

- health nursing. 7th ed ed. Philadelphia: Wolters Kluwer / Lippincott Williams & Wilkins; 2008.
- 21 Sadock BJ, Sadock VA. synopsis of psychiatry, behavioral sciences/ clinical psychiatry. 10 ed. Tehran: Arjmand; 2012.
 - 22 Panaghi L, Gholamrezaei M. Evaluation and management of suicide. Tehran: Nardis; 2011.
 - 23 Spielberger CD, Gorsuch RL, Lushene RE. Manual for the state-trait anxiety inventory. 1970.
 - 24 Shahri MP. Preliminary Study of Reliability and validity of Spielberger Trait Anxiety Inventory (STAI). Tehran: Tarbiat Modarres University; 1993.
 - 25 Rosenberg M. Society and the adolescent self-image: Princeton university press; 1965.
 - 26 Hemmati Maslakpak M, Hashemlo L, Khalkhali HR. Effect of implementing Orem, s self-care program on the self-esteem of elderlies based in residents of Nursing home in Urmia. *Medical-Surgical Nursing Journal*. 2012;1(1):11-5.
 - 27 Gaggioli A, Scaratti C, Morganti L, Stramba-Badiale M, Agostoni M, Spatola CA, et al. Effectiveness of group reminiscence for improving wellbeing of institutionalized elderly adults: study protocol for a randomized controlled trial. *Trials*. 2014;15(1):408.
 - 28 Pishvaei M, Moghanloo RA, Moghanloo VA. The efficacy of treatment reminders of life with emphasis on integrative reminiscence on self-esteem and anxiety in widowed old men. *Iranian journal of psychiatry*. 2015;10(1):19.
 - 29 Vijayakumar L. Suicide in women. *Indian Journal of Psychiatry*. 2015;57(6):233-8.
 - 30 Freeman A, Mergl R, Kohls E, Székely A, Gusmao R, Arensman E, et al. A cross-national study on gender differences in suicide intent. *BMC psychiatry*. 2017;17(1):234.
 - 31 Kumar CS, Mohan R, Ranjith G, Chandrasekaran R. Gender differences in medically serious suicide attempts: A study from South India. *Psychiatry research*. 2006;144(1):79-86.
 - 32 Perrot C, Vera L, Gorwood P. [Poor self-esteem is correlated with suicide intent, independently from the severity of depression]. *Encephale*. 2018;44(2):122-7.
 - 33 Yoo T, Kim SW, Kim SY, Lee JY, Kang HJ, Bae KY, et al. Relationship between Suicidality and Low Self-esteem in Patients with Schizophrenia. *Clin Psychopharmacol Neurosci*. 2015;13(3):296-301.
 - 34 Norheim AB, Grimholt TK, Ekeberg Ø. Attitudes towards suicidal behaviour in outpatient clinics among mental health professionals in Oslo. *BMC psychiatry*. 2013;13:90.
 - 35 Bentley KH, Franklin JC, Ribeiro JD, Kleiman EM, Fox KR, Nock MK. Anxiety and its disorders as risk factors for suicidal thoughts and behaviors: A meta-analytic review. *Clinical psychology review*. 2016;43:30-46.
 - 36 Ahmadian Gorji M, Fata L, Ascharnezhad Farid AA, Malakouti SK. A Comparison of the Early Maladaptive schemas of Suicidal and Non-Suicidal Depressed Patients with Non-Clinical Sample. *advances in cognitive science*. 2009;10(4(40)):49-59.
 - 37 Evans E, Hawton K, Rodham K. Factors associated with suicidal phenomena in adolescents: a systematic review of population-based studies. *Clinical psychology review*. 2004;24(8):957-79.
 - 38 Sharifian MS, Gholamali Lavasani M, Ejei J, Taremian F, Amrai K. The relationship among classroom community, attitude toward parents, anxiety disorders and depression with adolescent suicide probability. *Procedia Social and Behavioral Sciences*. 2011;15:520-5.
 - 39 Ganji H. General psychology. 5 ed. Tehran: Savalan; 2012.
 - 40 Pisani AR, Wyman PA, Petrova M, Schmeelk-Cone K, Goldston DB, Xia Y, et al. Emotion regulation difficulties, youth-adult relationships, and suicide attempts among high school students in underserved communities. *J Youth Adolesc*. 2013;42(6):807-20.
 - 41 In-Albon T, Bürlü M, Ruf C, Schmid M. Non-suicidal self-injury and emotion regulation: a review on facial emotion recognition and facial mimicry. *Child Adolesc Psychiatry Ment Health*. 2013;7(1):5.
 - 42 Bhuiyan MY. Attitudes towards suicidal behaviour among adolescents in Bangladesh. *Umea International School of Public school: UMEÅ*; 2006.
 - 43 Zayas LH, Lester RJ, Cabassa LJ, Fortuna LR. Why do so many latina teens attempt suicide? A conceptual model for research. *Am J Orthopsychiatry*. 2005;75(2):275-87.
 - 44 Greenberg DB. The signal of suicide rates seen from a distance in patients with pancreatic cancer. *Cancer*. 2011;117(3):446-8.
 - 45 Lloyd-Richardson EE, Perrine N, Dierker L, Kelley ML. Characteristics and functions of non-suicidal self-injury in a community sample of adolescents. *Psychol Med*. 2007;37(8):1183-92.
 - 46 Rodham K, Hawton K, Evans E. Reasons for deliberate self-harm: comparison of self-poisoners and self-cutters in a community sample of adolescents. *J Am Acad Child Adolesc Psychiatry*. 2004;43(1):80-7.
 - 47 Madge N, Hewitt A, Hawton K, de Wilde EJ, Corcoran P, Fekete S, et al. Deliberate self-harm within an international community sample of young people: comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study. *J Child Psychol Psychiatry*. 2008;49(6):667-77.
 - 48 Scoliers G, Portzky G, Madge N, Hewitt A, Hawton K, de Wilde EJ, et al. Reasons for adolescent deliberate self-harm: a cry of pain and/or a cry for help? Findings from the child and adolescent self-harm in Europe (CASE) study. *Soc Psychiatry Psychiatr Epidemiol*. 2009;44(8):601-7.