



SUICIDAL IDEATION, SELF ESTEEM AND PERFECTIONISM : THE VICIOUS TRIAD.

Voice of Research

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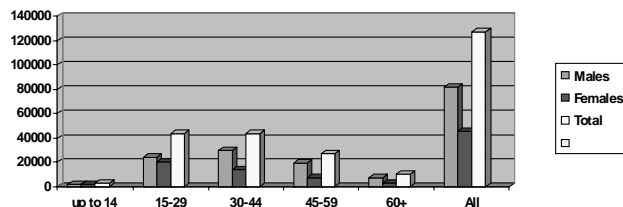
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Abstract

It is estimated that over 100,000 people die by suicide in India every year. Majority of suicides occur among men and among adolescents. Research and epidemiological studies indicate that suicidal behaviors appear particularly problematic among college students and young adults. Since 1980s, researchers have been interested in the relationship among certain personality traits and suicidal ideation, particularly perfectionism. At the core perfectionism is thought of as: "the irrational belief that you and/or your environment must be perfect, while striving to be the best, to reach the ideal, and to never make a mistake". When perfectionists fail to achieve their unreasonable goals, they turn inward and become excessively self-critical and demoralized; consequently, this endless cycle ultimately leads to lower self-esteem, anxiety and depression, which has led many to postulate that these self-defeating thoughts and negative appraisals may lead to suicidal ideation. In order to explore this relationship between perfectionism, self esteem and suicidal ideation, the present study was conducted. A sample of 100 undergraduate students (40 males; 60 females) were taken. They were administered Frost Multidimensional Perfectionism Scale (Dr. Randy O. Frost, 1990), Rosenberg self-esteem scale (RSES) (Dr. Morris Rosenberg, 1965) and Adult Suicidal Ideation Questionnaire (Dr. William M. Reynolds, 1991). Results revealed significant association among Maladaptive Perfectionism was positively correlated with Suicidal Ideation whereas Self Esteem and Suicidal Ideation were inversely related. Overall findings were in line with the hypothesis formulated.

key words :Perfectionism, Self Esteem and Suicidal Ideation.

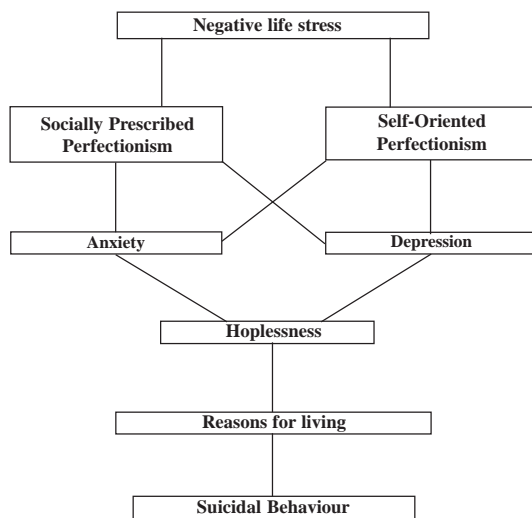
It is estimated that over 100,000 people die by suicide in India every year. India alone contributes to more than 10% of suicides in the world. The suicide rate in India has been increasing steadily and has reached 10.5 (per 100,000 of population) in 2009 registering a 67% increase over the past decade. Majority of suicides occur among men and in younger age groups. In 2009, suicide was the third leading cause of death for young people ages 15 to 24 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2009). Research and epidemiological studies indicate that suicidal behaviors appear particularly problematic among college students and young adults (Webb, 1986, Goldney, Winefield, Tiggenmann, Winefield & Smith, 1989; Schwartz & Whitaker, 1990) suicidal behavior is problematic across the life span and increases with age (Vaillant & Blumenthal, 1990) Number of suicides by age group and gender. INDIA, 2009 (WHO).



Researchers have been interested in the relationship among certain personality traits and suicidal ideation, particularly perfectionism. At the core perfectionism is thought of as: "the irrational belief that you and/or your environment must be perfect, while striving to be the best, to reach the ideal, and to never make a mistake". Perfectionists often experi-

ence all-or-none thinking, where they believe they are a failure if not all of their goals are completed without any mistakes - they have inflexible notions of what constitutes success and failure. They often experience a fear of making mistakes, and measure their self-worth in terms of productivity and accomplishment. Failure to achieve their goals results in a lack of personal worth (Broday, 1988; Frost & Marten, 1990; Blankstein, Flett, Hewitt & Eng, 1993; Ellis, 2002; Shafran, Cooper & Fairburn, 2002; Brophy, 2005). When perfectionists fail to achieve their unreasonable goals, they turn inward and become excessively self-critical and demoralized; consequently, this endless cycle ultimately leads to lower self-esteem, anxiety and depression, and these self-defeating thoughts and negative appraisals may lead to suicidal ideation. The fear of failure, of not being perfect and of not being able to live up to the expectations of themselves and others, can cause overwhelming feelings that lead to procrastination as an avoidance tactic - this allows the individual to avoid a less than perfect performance (Frost & Marten, 1990; Frost, Marten, Lahart & Rosenblate, 1990; Peters, 2005). Perfectionists also fear disapproval by others, and believe that if they let others see their flaws they will not be accepted. They commonly believe that others achieve success with minimal effort or stress, while they feel they have to work hard without obtaining success (Frost & Marten, 1990; Hall, 2005). These irrational beliefs can lead to the experience of negative emotions, such as shame, guilt and embarrassment (Tangney, 2002). Perfectionism has been divided into several different classifications, perhaps the most widely utilized categorization

was developed by Hewitt & Flett (1994). They divided perfectionists into three subgroups: Self-oriented: they hold exceptionally high standards for themselves. They subsequently critically evaluate their work based on these unrealistic expectations. Socially-prescribed: they believe others have exceedingly high and impractical expectations of them, which places considerable pressures on them to succeed, because they fear being rejected. Lastly, Other-oriented: they have unrealistic expectations for those people around them. They constantly appraise and assess the quality of others' work based on these standards.



**Figure 1 : Suicidal Model**

In 1996, Dean & Range proposed the six stage escape theory of suicide originally postulated by Baechler in 1980. They proposed whether being a perfectionist who is under high stress, anxious, depressed, feeling hopeless and reported lower reasons for living was associated with suicidal behaviors. Their most pertinent finding was that socially-prescribed perfectionism was related to suicidal ideation, but that neither other-oriented nor self-oriented perfectionism were significantly correlated. Their findings provide evidence, that not all dimensions of perfectionism are associated with maladaptive outcomes in every situation; however, under considerable stress, a perfectionist's perceived external standards can lead to suicidal behavior.

Support for an association between perfectionism and suicide threat was demonstrated in a series of studies of both psychiatric patients and college students (Hewitt, Flett, Turnbull-Donovan, 1992). While it was initially reported that only socially prescribed perfectionism (expectation that others hold these standards for the individual) was significantly correlated with suicide ideation and intent in psychiatric patients, later studies suggested suicide ideation was correlated with both self-oriented (high personal standards) and socially prescribed perfectionism (Hewitt, Flett, & Weber, 1994). There are two other categories of perfectionism as well: adaptive and maladaptive perfectionism. Adaptive

perfectionism embraces characteristics such as high personal standards, order and organization, and an unwillingness to procrastinate. While maladaptive perfectionism embraces excessive concern about mistake and doubts about their actions, they are more likely to have critical parents who expect a lot from them, and they are more likely to procrastinate (Rice, Slaney, & Ashby, 1998). Ashby & Rice (2002) state that adaptive perfectionism is positively correlated with self-esteem, whereas maladaptive perfectionism is negatively correlated with self-esteem. Therefore, maladaptive perfectionism is the negative form of perfectionism. Maladaptive perfectionism has been associated with psychological and physical problems such as depression, anxiety, substance abuse, migraines, chronic pain, suicidal ideation and eating disorders. On the other hand, adaptive perfectionism has been associated with positive academic achievement and adjustment, high self-esteem, social adjustment, and positive affect in general (Rice, Leever, Christopher, & Porter, 2006). It is suggested that high achievers are more at risk of being maladaptive perfectionists than students who are not high achievers.

Self-esteem reflects the evaluative component of self-concept. Self-esteem refers to the global appraisal a person makes of his or her own value as a competent and worthwhile person. People with high self-esteem tend to be satisfied with their lives and hold a positive attitude toward themselves. They display a genuine sense of self-acceptance, self-worth, and self-respect (Rosenberg, 1985). In contrast, people with low self-esteem evaluate the self as unworthy and incompetent. Thus, self-esteem can have a profound influence on a person's cognitions, emotions, and responses to stressful life events. Self-esteem appears to play an important role in understanding suicidal behavior. Low self-esteem has been found to be important in the prediction of suicidal ideation among high school students (Dukes and Lorch, 1989). Low self-esteem may indirectly heighten the risk of suicidal behavior by increasing a person's vulnerability to depression. The presence of depression is associated with increased risk of suicidal ideation, attempts (Garrison et al., 1991), and completion (Marttunen et al., 1991). It may indirectly increase the risk of suicidal behavior by increasing the adolescent's hopelessness and pessimism about the future. Hopelessness is a cognitive factor that is closely related to suicidal behavior (Beck et al., 1985) and suicidal ideation (Steer et al., 1993). The relationship between hopelessness and suicide risk is important because feelings of hopelessness appear to be stable over time (Overholser et al., 1987).

Research may be able to clarify the relationship between self-esteem, depression, and suicide risk. However, gender differences have been found in self-esteem. Different elements contribute to self-esteem for males versus females (Griffin et al., 1981). In addition to gender differences in self-esteem, research has consistently found gender differ-

ences in adolescent depression (Allgood-Merten et al., 1990; Avison and McAlpine, 1992) and suicidal behaviors (Kotila and Lonnqvist, 1988). Thus, research on self-esteem, depression, and suicidal tendencies must take into account the relative impact of gender. Self-esteem refers to a person's global evaluation of his/her worth as a human being. (Rosenberg, 1965; Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). A number of correlational studies have found that self-esteem is negatively related to suicidal thoughts and attempts, even after control for other factors such as depression (Emler, 2001). There is also evidence from longitudinal studies that relatively low self esteem is a risk factor for health problems, including social isolation (Stinson et al., 2008), depression (Orth, Robins, & Robert, 2008), suicide ideation (Goldney, Smith, Wine?eld, Tigerman, & Wine?eld, 1991; McGee & Williams, 2000), suicide attempts (Lewinsohn, Rohde, & Seeley, 1994) and completed suicide (Kjelsberg, Neegaard, & Dahl, 1994). McGee and Williams (2000) found that both global self-esteem and academic self-esteem predicted suicide ideation in a longitudinal study of adolescents. In the same way, Lewinsohn et al. (1994) surveyed 1508 high school students, among whom 26 made a suicide attempt during the year following their entry into the study. Low self-esteem at entry predicted these attempts.

**Hypotheses**

Suicidal Ideation would be negatively correlated with Self Esteem.

Maladaptive Perfectionism would be positively correlated with Suicidal Ideation.

Maladaptive Perfectionism would be negatively correlated with Self Esteem.

Males would be higher on Self Esteem as compared to Females.

Females would be higher on Perfectionism as compared to Males.

Females would be higher on Suicidal Ideation as compared to Males.

**Research Design :** A sample of 100 undergraduate students (40-males, 60-females) was collected from the campus of Punjabi University, Patiala, and age ranging from 19-22years. A set of Frost Multidimensional Perfectionism Scale (Dr. Randy O. Frost, 1990), The Rosenberg self-esteem scale (RSES) (Dr. Morris Rosenberg, 1965) and Adult Suicidal Ideation Questionnaire (Dr. William M. Reynolds, 1991) was administered to each student. The scores obtained from each student were tabulated and further data analysis was done. Frost Multidimensional Perfectionism Scale (Dr. Randy O. Frost, 1990): The FMPS is a 35-item questionnaire designed to measure six dimensions of perfectionism: Concern about Mistakes, Doubts about Actions, Personal Standards, Parental Expectations, Parental Criticism, and Organization. Responses are scored on a 5-point Likert scale. Internal consistency for the subscales (? = .73 to .93) and

the overall scale (? .90) is satisfactory ( Frost et al., 1993). The scale has adequate reliability and validity. ( Frost et al., 1990). The Rosenberg self-esteem scale (RSES) (Dr. Morris Rosenberg, 1965) is a self-esteem measure, widely used in social-science research. The RSES is designed similar to social-survey questionnaires. It is a ten-item Likert-type scale with items answered on a four-point scale - from strongly agree to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures state self-esteem by asking the respondents to reflect on their current feelings. The scale has high reliability: test-retest correlations are in the range of .82 to .88. Adult Suicidal Ideation Questionnaire (Dr. William M. Reynolds, 1991): The ASIQ consists of 25 items. Each item measures a specific suicidal behavior or thought. The respondent rates each ASIQ item on a 7 point scale. The scale ranges from 0 ("I never had this thought") to 6 ("Almost every day"). The maximum possible raw score is 150 with higher scores indicating more numerous and frequent suicidal thoughts. The internal consistency reliability coefficient is .94. Construct validity was established through convergent validity, comparing it with related effective constructs ranging from .56 to .66. Correlation, t-test was used.

**Results:**

**Table 1: Correlation between the subscales of self esteem, perfectionism and suicidal ideation.**

CM	PS	PE	PC	D	O	SE	SI	
CM	1.00							
PS	0.46	1.00						
PE	0.50	0.36	1.00					
PC	0.91	0.48	0.47	1.00				
D	0.89	0.42	0.46	0.92	1.00			
O	0.71	0.33	0.57	0.72	0.76	1.00		
SE	-0.68	-0.29	-0.38	-0.67	-0.68	-0.51	1.00	
SI	0.82	0.39	0.43	0.83	0.83	0.61	-0.74	1.00

**Table 2: t values of males and females on the subscales of perfectionism.**

	Mean Males	Mean Females	t-value	df
CM (M) vs. CM (F)	3.125000	3.516667	-1.81639	98
PS (M) vs. PS (F)	2.850000	2.800000	0.316497	98
PE (M) vs. PE (F)	3.025000	3.350000	-1.29287	98
PC (M) vs. PC (F)	3.050000	3.583333	-2.46076	98
D (M) vs. D (F)	2.975000	3.550000	-2.81943	98
O (M) vs. O (F)	2.650000	3.233333	-2.95213	98
SE (M) vs. SE (F)	19.85000	16.83333	2.990442	98
SI (M) vs. SI (F)	11.47500	14.78333	-2.33881	98

**Discussion :** The present study was focused on exploring the relationship between the triad of self esteem, perfectionism and suicidal ideation. Table no. 1 shows the correlations between the scores obtained on subscales of perfectionism, suicidal ideation and self esteem. The results indicate that suicidal ideation is negatively correlated to self esteem (r=-0.74). Hence the results support the hypothesis that, Suicidal ideation would be negatively correlated with self esteem. Self esteem plays an important role in suicidal

ideation. When the person evaluates himself as worth living and gives respect to self, portraying him to be high on self esteem. On the contrary, low self esteem people display themselves as incompetent. This may increase the risk of suicidal behavior. James, Dalia, Kim and David (1995) conducted a study on "self esteem deficits and suicidal tendencies among adolescents", which indicated that the rates of suicidal ideation and history of suicide attempts rose substantially when self esteem was low. Different studies have pointed out the link between low self-esteem and suicidal behaviour, as well as the relationship between depression and suicidal ideation. (Feldman, Wilson, 1997; Van Heeringen, Vincke, 2000; Groleger, Tomori, Kocmur, 2003; Osvath, Vvoros, Fekete, 2004). Thus, the results obtained in the present study are supported by earlier studies. Table no.1 also shows the correlation between the various subscales of perfectionism and suicidal ideation. Maladaptive perfectionists score higher on Parental Expectations & Criticism and Concern about mistakes & Doubt about Actions (Hawkins, Sinclair & Watt, 2006). Individuals who score higher on these dimensions were considered to be maladaptive perfectionist. Maladaptive perfectionism is considered as negative form of perfectionism. The results indicate a positive correlation between suicidal ideation and all the subscales of perfectionism. Thus, it supports the hypothesis that, Maladaptive perfectionism would be positively correlated to suicidal ideation. According to both Burns (1980) and Hollender (1965), suicide is one potential outcome for the perfectionistic individual. Burns (1980) suggested that perfectionistic thinking patterns may partly explain elevated suicide rates among some professional groups, while Hollender (1965) pointed to the perfectionist's failure to reach unattainable goals as a factor in depression, which if persistent, could lead to suicide. The subscales of perfectionism: Concern about Mistakes ( $r=0.82$ ) and Doubt about Actions ( $r=0.83$ ) show strong correlation with suicidal ideation. Adkins and Parker (1996) conducted a study on college students and found that the Concerns about Mistakes (CM) and Doubts about Actions (D) subscales are related to suicidal preoccupation, whereas parental criticism was not related to suicidal ideation. But the present study displays a strong correlation between Parental Criticism ( $r=0.83$ ) and Suicidal ideation. Wedig and Nock (2007) conducted a study which indicates that parental criticism is significantly associated with Suicidal thoughts and behavior. In another study conducted by Stephen Allison, Colby Pearce, Graham Martin, Karen Miller & Randell Long (1995) there was a high level of suicidal behavior reported with suicidal adolescents perceiving their parents to be significantly more critical, less caring and more overprotective. Thus, it can be concluded that there is a positive correlation between parental criticism and suicidal ideation. Table no. 1 also shows that there is a negative correlation between all the subscales of perfectionism and self esteem. Thus, it supports the hypothesis

that, Maladaptive perfectionism would be negatively correlated to Self Esteem. The perfectionists often experience a fear of making mistakes, and measure their self-worth in terms of productivity and accomplishment. Failure to achieve their goals results in a lack of personal worth (Broday, 1988; Frost & Marten, 1990; Blankstein, Flett, Hewitt & Eng, 1993; Ellis, 2002; Shafran, Cooper & Fairburn, 2002; Brophy, 2005). When perfectionists fail to achieve their unreasonable goals, they turn inward and become excessively self-critical and demoralized; consequently, this endless cycle ultimately leads to lower self-esteem, anxiety and depression, which can lead to self-defeating thoughts and negative appraisals further leading to suicidal ideation.

Table no. 2 indicates the means and t values of males and females on self esteem, the various subscales of perfectionism and suicidal ideation. The results indicate that males ( $M=19.85$ ) would be higher on self esteem as compared to females ( $M=16.83$ ). Thus, it supports the hypothesis that, Males would be higher on self esteem than Females. Girls have a lower self-esteem than boys (Marcotte, Fortin, Potvin, & Papillion, 2002). Much attention has been directed at determining why it is that girls have lower self-esteem than boys. Factors that affect a girls' self-esteem include: adjusting to the onset of puberty (Marcotte et al., 2002), methods of coping (Byrne, 2000), less attention in the classroom, feelings of inadequacy at math and science (Angelo & Branch, 2002), physical appearance (Corbin, 2002), overall support system (Marcotte et al., 2002), and feelings of competency (Corbin, 2002). Moreover in our culture girls are taught to be submissive not vocal, docile and polite in nature, whereas boys are encouraged to behave aggressively and boldly. The overall socialization process plays important role in the self esteem of girls. Table no. 2 indicates that the mean score of females (CM: $M=3.51$ , PS: $M=2.8$ , PE: $M=3.35$ , PC: $M=3.58$ , D: $M=3.55$ , O: $M=3.23$ ) are higher on almost all the subscales of perfectionism, than males (CM: $M=3.125$ , PS: $M=2.85$ , PE: $M=3.025$ , PC: $M=3.05$ , D: $M=2.97$ , O: $M=2.65$ ). Thus, it supports the hypothesis that, Females would be higher on perfectionism than males. So far, little is known about gender differences in perfectionism. In one of the studies there were findings suggesting that female athletes have higher levels of perfectionism than male athletes (Anshel, Kim, & Henry, 2009). Consequently, more research on gender differences in perfectionism is needed (Hyde, 2005). Table no. 2 also indicates that the females ( $M=14.78$ ) score higher on suicidal ideation than males ( $M=14.78$ ). Thus, it supports the hypothesis that, Females would be higher on suicidal ideation than males. Rich, Kirkpatrick-Smith, Bonner and Jans (1992) indicated that males reported higher loneliness and substance abuse scores than females whereas females reported greater suicidal ideation, depression, and reasons for living. Another study indicated that female subjects outnumber male subjects in most community studies of suicidal ideation and attempts

(Levinson, 1990; Lewinsohn, Rohde, Seeley, 1993; Reinherz, Giaconia, Silverman, Friedman, Pakiz, Frost, Cohen, 1995). Males die much more often by means of suicide than do females, although reported suicide attempts are 3 times more common among females than males (Suicide Statistics, 2005). The suicide rate is higher for males than females, the rates of suicidal thoughts and suicide attempts are higher for females. (United States Public Health Service, 2001). Thus it can be concluded that, though the suicide rate is higher for males, the rate of suicidal ideation is higher in females.

Thus, the present study indicates that the triad of self-esteem, perfectionism and suicidal ideation forms a cycle in which one leads to the other. When perfectionists fail to achieve their unreasonable goals, it leads to low self-esteem, which in turn leads to suicidal ideation. One can be a high achiever without being a perfectionist. One can accomplish plenty and stay emotionally healthy by setting standards that are high but achievable, enjoying the process not just the outcome, recovering from disappointment quickly, not being disabled by anxiety and fear of failure, viewing mistakes as opportunities for growth and learning and reacting positively to constructive feedback. When one becomes aware of the ways by which they expect themselves to be perfect, they can start to modify their behavior.

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