Self-Esteem and Suicide Ideation in Psychiatric Outpatients

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Depression, hopelessness, and low self-esteem are implicated as vulnerability factors for suicide ideation. The association of self-esteem with suicide ideation after controlling for depressed mood and hopelessness was examined. Adult psychiatric outpatients (N = 338) completed measures of self-esteem, suicide ideation, hopelessness, and depression. Self-esteem was operationalized as beliefs about oneself (self-based self-esteem) and beliefs about how other people regard oneself (other-based self-esteem). Each dimension of self-esteem was negatively associated with suicide ideation after controlling for depression and hopelessness. Of the two dimensions of self-esteem, other-based self-esteem was the more robust predictor of suicide ideation. These findings suggest that even in the context of depression and hopelessness, low self-esteem may add to the risk for suicide ideation.

Suicide ideation involves a wide range of expressions, from the wish to die to thinking about detailed plans to commit suicide (Joiner, Steer, Brown, Beck, Pettit, & Rudd, 2003). Research has shown that robust predictors of suicide ideation include depression (Beck, Steer, Beck, & Newman, 1993; Jin & Zhang, 1998) and hopelessness (Beck, 1986; Beck, Steer, & Brown, 1993; McGee, Williams, & Nada-Raja, 2001). Studies have also shown a negative relationship between self-esteem and suicide ideation (Beck, Brown, Steer, Kuyken, & Grisham, 2001; Beck, Steer, Epstein, & Brown, 1990; McGee et al., 2001), although the extent to which this relationship is mediated by depression and hopelessness is less well established.

A number of researchers have suggested that low self-esteem contributes to vulnerability for developing suicidal behaviors (Baumeister, 1990; Harter & Marold, 1994). For example, Baumeister proposed that suicide ideation arises from a strong desire to escape aversive self-awareness. According to his theory, people are at risk when they set unattainable goals and then blame themselves for their failure to achieve these goals. These negative self-attributions provide a context for the emergence of suicidal intent and desire. One study found that low self-esteem predicted the emergence of suicide ideation over a period of 3 years (McGee et al., 2001), thus demonstrating the potential importance of self-esteem difficulties in creating a long-standing vulnerability for suicide ideation.

One criticism of research examining the relationship between self-esteem and suicide ideation is that confounding mediating or moderating variables are not often speci-
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fied or controlled (Swann, Chang-Schneider, & McClarty, 2007). A number of studies that have examined the relationship between self-esteem and suicide ideation have not controlled for depression or hopelessness (e.g., Beck, Steer, et al., 1993; Vilhjalmsson, Krisjandsdottir, & Sveinbjarnardottir, 1998). In addition to being a symptom of clinical depression (American Psychiatric Association, 2000), low self-esteem has been related to vulnerability for depressive states (Beck, 1967; Brown, Bifulco, Harris, & Bridge, 1986) and is strongly associated with hopelessness (Beck et al., 1990; Dori & Overholser, 1999; Tarrier, Barrowclough, Andrews, & Gregg, 2004). Therefore, it is possible that the association between self-esteem and suicide ideation is mediated by depression or hopelessness. Conversely, it is also possible that self-esteem may directly relate to suicide ideation.

The literature is equivocal about whether the relationship between self-esteem and suicide ideation is mediated by depression and hopelessness. Some researchers suggest that individuals with low self-esteem think about suicide only if they also have high levels of depression or hopelessness. For example, Harter (1999) proposed that negative beliefs about self cannot be separated from the broader context of depressed mood and hopelessness when predicting suicide ideation. For Harter, it is the “constellation of low self-worth, depressed affect and hopelessness” (p. 203) that explains the emergence of suicide ideation. Consistent with this model, studies have shown that self-esteem does not predict suicide ideation once controlling for depression (De Man, 1999; Pinto & Whisman, 1996; Wagner, Rouleau, & Joiner, 2000) or hopelessness (Tarrier et al., 2004). However, other researchers suggest that self-esteem constitutes a risk factor for suicide ideation independent of mitigating factors such as low mood and hopelessness. McGee and colleagues (2001) found that low self-esteem at ages 11 to 13 predicted suicide ideation in early adulthood even after controlling for the effects of hopelessness. Similarly, other researchers found that measures of self-esteem and suicide ideation remained significantly associated despite controlling for depression (Vella, Persic, & Lester, 1996) and hopelessness (Overholser, Adams, Lehnert, & Brinkman, 1995; Reynolds, 1991). Given these disparate findings, the question of whether or not depression and hopelessness explain the relationship between self-esteem and suicidal ideation remains to be empirically examined.

Furthermore, despite the proliferation of theories describing self-esteem as a multi-dimensional concept (Harter, 1999; James, 1890), many studies examining the association between self-esteem and suicide ideation have not used a multidimensional definition of self-esteem, which includes both personal and projected beliefs about self-worth. Many researchers have conceptualized self-esteem as personal evaluations of self-worth (i.e., self-based self-esteem), and have ignored the role of one’s beliefs about how other people value oneself (i.e., other-based self-esteem) in predicting suicide ideation (McGee et al., 2001; Overholser et al., 1995). Beck and colleagues (2001) found that both these dimensions of self-esteem were associated with suicide ideation in an adult psychiatric outpatient sample; however, they did not control for the effects of depression and hopelessness, and therefore were unable to examine the independence of each dimension of self-esteem from such factors in predicting suicide ideation. There is some research that suggests that factors such as depression may explain the relationship between suicide ideation and self-based but not other-based self-esteem. For example, Wild, Flisher, and Lombard (2004) found that after controlling for depression, suicidal ideation was predicted by other-based self-esteem; that is, one’s perceptions of being valued by family members but not by one’s own estimations of self-worth.

More research is needed to clarify if the relationships between self-based and other-based dimensions of self-esteem and suicide ideation are independent from the effects of both depression and hopelessness. The purpose of the current study was to extend Beck et al.’s (2001) research to examine the extent to which self-based self-esteem
and other-based self-esteem were associated with suicide ideation after controlling for depressed mood and hopelessness.

**METHOD**

**Participants**

The sample consisted of 338 psychiatric outpatients (54% women; mean age = 36.3, SD = 10.6). These patients were selected from a pool of 360 patients who were assessed at an outpatient psychotherapy clinic (Center for Cognitive Therapy at the University of Pennsylvania) between October 1992 and April 1994 and included in a psychometric study of the Beck self-esteem scales (Beck et al., 2001). Patients were selected for the current study if they were assessed for self-esteem. The patients’ psychiatric diagnoses were determined by the Structured Clinical Interview for DSM-III-R (SCID; Spitzer, Williams, Gibbon, & First, 1990). The broad diagnostic categories included mood disorders (74%), anxiety disorders (46%), substance use disorders (28%), and personality disorders (51%).

**Measures**

**Beck Self-Esteem Scales.** The BSE (Beck et al., 2001) consists of two scales which measure beliefs about oneself (BSE Self Scale) and beliefs about how people perceive oneself (BSE Other Scale). Each scale lists 18 pairs of semantic-differential adjectives (e.g., smart–dumb; lovable–unlovable). Respondents are asked to make an “X” at a point between each pair of adjectives to indicate their evaluation of themselves (for the BSE Self Scale) or their evaluation of how others would rate them (for the BSE Other Scale). Total scores for each scale range from 18 to 180 (see Beck et al., 2001). Adequate validity and reliability have been demonstrated with each scale (Beck et al., 2001). Internal consistency alphas for the Self and Other Scales were 0.94 and 0.95, respectively. Test-retest reliability was moderately high over a 2-week interval for the BSE-Self Scale (r = 0.84, p < .01, one tailed) and Other Scale (r = .65, p < .05, one tailed). Demonstrating concurrent validity, the BSE Self and Other scales correlated significantly (p < .001) with other measures of self-esteem, including the Beck Depression Inventory (BDI) self-dislike item (r = –.49 and –.36, respectively), the Revised Hamilton Psychiatric Rating Scale for Depression (Hamilton, 1960; Williams, 1988) worthlessness item (r = –.47 and –.39, respectively), and the Beck Self Concept Test (Beck et al., 1990: r = .67 and .55, respectively). Further, the BSE Self and Other Scales significantly correlated (p < .001) with measures of psychopathology such as the BDI (r = –.55 and –.41, respectively), Beck Hopelessness Scale (r = –.60 and –.50, respectively), and Scale for Suicide Ideation (r = –.40 and –.38, respectively).

**Beck Depression Inventory.** The BDI (Beck & Steer, 1987) is a 21-item self-report instrument used to measure the severity of depression. The BDI has demonstrated adequate psychometric properties (Beck & Steer, 1987; Beck, Steer, & Garbin, 1988).

**Beck Hopelessness Scale.** The BHS (Beck, Kovacs, & Weissman, 1979) is a 21-self-report instrument administered measure that evaluates the current intensity of the patient’s specific attitudes, behaviors, and plans to commit suicide. The predictive validity of the SSI for completed suicide is supported. Patients who score a 3 or higher on the SSI were found to be approximately seven times more likely to die by suicide than those scoring less than 3 (Brown, Beck, Steer, & Grisham, 2000).

**Procedure**

At the time of their initial presentation to the outpatient clinic, patients were as-
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Assessed by doctoral-level diagnosticians. Assessments were conducted after the patients signed informed consent forms. The assessment included a psychological assessment of presenting problems, the SCID, and a battery of measures of mood, self-esteem, negative automatic thoughts, and suicide ideation. A subset of these measures was relevant for this study. These measures were completed in no specific order. Overall, the assessment lasted approximately 3 hours.

RESULTS

The means and standard deviations for the measures were as follows: BDI (M = 14.8, SD = 9.2), BHS (M = 8.2, SD = 5.5), SSI (M = 1.3, SD = 4.0), BSE Self Scale (M = 125.6, SD = 28.5), and BSE Other Scale (M = 133.3, SD = 29.0). The means for the BSE scales in this sample are nearly identical to means reported for the pool of 360 patients in Beck et al. (2001): BSE Self Scale: M = 125.87, SD = 28.56; BSE Other Scale M = 133.24, SD = 28.94).

The goal of the analyses was to examine whether each dimension of self-esteem predicted suicide ideation after controlling for the effects of depression and hopelessness. Hierarchical regression analyses were conducted with depression and hopelessness entered at the first step as covariates, and each self-esteem scale entered at the second step. Separate regression analyses were conducted for each of the two self-esteem scales. Suicide ideation, as measured by the SSI, was the dependent variable in each regression model. Scores on the SSI were transformed to their square roots to improve normality in the distribution of scores. Tolerance values for each model were within acceptable limits, indicating that multicollinearity was not a problem.

Depression and hopelessness constituted a significant composite predictor of suicide ideation, $R^2 = .26$, $F (2, 335) = .57.64, p = .000$. Once controlling for both depression and hopelessness, the BSE Self Scale was significantly associated with the SSI, $R^2 change = .01, F change (1, 334) = 5.47, p = .02$, effect size ($f^2$) = .02. Likewise, after controlling for depression and hopelessness, the BSE Other Scale was significantly associated with the SSI, $R^2 change = .02, F change (1, 334) = 9.27, p = .003, f^2 = .03$. In summary, both dimensions of self-esteem significantly predicted the level of suicide ideation after controlling for both depression and hopelessness.

Given that the BSE scales were highly intercorrelated ($r = .82, p < .001$), two additional hierarchical regressions were conducted to examine the association between each BSE scale and SSI while controlling for the other BSE scale along with depression and hopelessness. Once controlling for these variables, suicidal ideation was not predicted by the BSE Self Scale, $R^2 change = .00, F change (1, 334) = .02, p = .90, f^2 = .00$. After controlling for the BSE Self Scale, hopelessness, and depression, however, the relationship between SSI and BSE Other Scale approached significance, $R^2 change = .01, F change (1, 333) = 3.75, p = .054, f^2 = .01$.

DISCUSSION

In this study we examined whether self-esteem predicted suicide ideation while controlling for depression and hopelessness. Self-esteem was conceptualized as the individuals’ beliefs about themselves and their beliefs about how other people perceive them. Both dimensions of self-esteem predicted suicide ideation beyond the effects of depression and hopelessness.

This finding is consistent with empirical studies (McGee et al., 2001; Overholser et al., 1995; Reynolds, 1991; Vella et al., 1996) that found poor self-esteem was an important risk factor for suicide ideation even after controlling for mitigating factors such as depression and hopelessness. Conversely, the current finding contradicts studies that failed to find an independent relationship between self-esteem and suicide ideation (De Man, 1999; Pinto & Whisman, 1996; Wagner et al., 2000). One difference between the current study and those latter studies is the age of participants sampled. Past research that failed to find an independent relationship be-
between self-esteem and suicide ideation has tended to examine participants aged between 7 and 18. In contrast, we used a sample of adults with a mean age of 36.9 years. Thus, while low self-esteem and suicidal ideation appear to be associated across age groups, this association may be more independent from depression and hopelessness in adulthood than in younger age groups.

Further, unlike studies that have conceptualized self-esteem as a single dimension (McGee et al., 2001; Overholser et al., 1995), we considered two dimensions of self-esteem—self-based and other-based. After controlling for depression and hopelessness, differences were observed in the relationship between each dimension of self-esteem and suicide ideation. Other-based self-esteem accounted for more variance in suicidal ideation than self-based self-esteem. Moreover, it remained a somewhat significant predictor of suicidal ideation (p = .054), even after controlling for self-based self-esteem. Conversely, the relationship between self-based self-esteem and suicide ideation was nonsignificant after controlling for other-based self-esteem, depression, and hopelessness. Such findings are consistent with research by Wild, Flisher, and Lombard (2004), who suggest that other-based self-esteem may constitute a more potent and independent predictor of suicide ideation than personal evaluations of self-worth.

Two limitations are salient in the current study. First, we did not test for causation between self-esteem and suicide ideation. Some researchers have found that self-esteem is prospectively predictive of suicide ideation (McGee et al., 2001), but further longitudinal research is required to examine the extent to which self-esteem difficulties pre-date the emergence of suicidal ideation. Second, we did not examine the extent to which other facets of self-esteem such as certainty and stability of views about self impinge on thoughts of suicide. There is some research suggesting that uncertainty about self-worth predisposes certain individuals toward negative mood states (Swann et al., 2007). Therefore, more research is required also to investigate the importance of various aspects of self-esteem for predicting suicide ideation.

The findings of the current study have potential implications for the clinical assessment and treatment of suicide ideation. Low self-esteem, particularly inferences about how other people value oneself, may relate to the development or maintenance of suicide ideation, beyond the effects of depressed mood or hopelessness. Therefore, low self-esteem may be an important construct to assess and address when managing patients with suicidal ideation. Perhaps improvements in beliefs about self serve as an important mechanism underlying improvement in suicidal phenomena. Such a question can be examined in further research. Experimental and treatment outcome research would be very useful for examining the extent to which manipulations of self-esteem affect levels of suicide ideation.

REFERENCES


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