



WHEN HOPE FADES: CONSIDERING SELF-ESTEEM, DEPRESSION, SOCIAL SUPPORT, LONELINESS IN THE CONTEXT OF SUICIDE PREVENTION

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Abstract: Individuals engaging in suicidal ideation or making suicide attempts are a substantial demographic group to investigate preventive mental health due to inherent high risks associated with potential outcomes of suicidal behaviors for public health. Factors increasing the likelihood of suicide might include self-esteem, depression, social support, loneliness, or certain demographic profiles, and the purpose of this study is to synthesize these variables to advocate for effective strategies to intervene in cases of suicide. Specifically, this commentary aims to identify suicidal coping mechanisms and psychological resilience factors among suicidal individuals through the enhancement of self-esteem, intervention of depressive symptoms, and promotion of connectedness. Through discussing the determinants that might play a role in the onset of suicidal thoughts and suicide attempts, this paper has important implications for suicide prevention strategies and the identification of psychological resilience factors that can predict suicidal thoughts and suicide attempts in individuals.


Keywords: Suicide, Self-esteem, Depression, Social support, Loneliness, Mental health

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Received: July 03, 2024

Accepted: November 17, 2024

Published: January 15, 2025

Cite as: Çifci F, Nikhat A, Shen Y. 2025. When hope fades: Considering self-esteem, depression, social support, loneliness in the context of suicide prevention. *BSJ Health Sci*, 8(1): 21-33.

1. Introduction

Suicide is a significant public health issue because of its possible long-lasting detrimental impacts on family members, neighbors, and society, and is a prominent factor of mortality globally, although there exist significant disparities in suicide rates among different countries (WHO, 2023). The Centers for Disease Control and Prevention (CDC, 2020) reported that the number of suicides in the United States in 2022 exceeded all previous records with a remarkable death toll of almost 50,000 individuals, suicide was ranked among the top ten causes of death in America, which thus, resulting in the demise of more than 45,900 individuals in 2020. This significant prevalence of death by suicide has led the extensive investigation into the aspects contributing to the likelihood of suicide, which include stressful experiences in life (Wang et al., 2015), depressive disorders (Hawton et al., 2013), the existence of mental illness (Gili et al., 2019), the manifestation of internalized or externalized symptoms (Soto-Sanz et al., 2019), and maladaptive mental patterns or self-beliefs (Rudd, 2006; Cha et al., 2019). Therefore, studies aimed to identify the specific factors that trigger the emergence of suicidal thoughts and actions are receiving more interest and emphasis (Osman et al., 1998). However, comprehensive psychosocial interventions that target the enhancement

of self-esteem, connectedness, and social support have not proven to be efficacious in both preventing and treating suicidal ideation, suicide attempts, and completed suicide (Devenish et al., 2016; Hawton et al., 2016; Zeppegno et al., 2019; Yiu et al., 2021). This commentary paper aims to review and synthesize the factors that contribute to the risk of suicide and to promote effective practices for intervening in cases of suicide by providing guidance for suicide practitioners in developing effective coping strategies and enhancing self-esteem with the goal of reducing suicide ideation and depressive symptoms.

2. Suicide

When the act of an individual with the intention of harming oneself results in death, suicide is the case for this situation. In other words, suicide is the behavior that the individual attempts to die and harms himself, resulting in the death of the individual (Wreen, 1988). Suicide attempt, on the other hand, is an act of self-harm, the result of which is not death, even though it has the aim of dying as in suicide (Sayar and Acar, 1999). Indulging in thoughts of suicide can increase the likelihood of attempting suicide, which is the main factor that determines whether a suicide is completed. Baumeister (1990) proposed the escape theory which



defines suicide as a deliberate act of self-elimination and a means of escaping from the world. He suggested that when people perceive a discrepancy between their present circumstances compared to their anticipations, they tend to engage in self-avoidance (negative self-awareness) in order to get rid of undesirable responses or feelings. Individuals are more likely to consider suicide when their viewpoint on life is characterized by profound hopelessness (Beck et al., 1985; McGee et al., 2001; Ribeiro et al., 2018). Thus, individuals who engage in suicidal behavior might often perceive suicide as a way out of situations that include intense despair that may lead to a significant decline in their sense of self-value.

Prior research has established a clear negative association between self-esteem and suicide, with low self-esteem being associated with the heightened degrees of suicidal thoughts (Wilburn and Smith, 2005; Bhar et al., 2008; Manani and Sharma, 2013; Nguyen et al., 2019). However, it can also be proposed that a suicide attempt could potentially serve the purpose of restoring compromised self-esteem when they fail it, as individuals may contemplate their social connections and perceive themselves as valuable in their eyes, although they escaped self-awareness. This situation may be especially prominent among those who have made suicide attempts with the hope of receiving support from the loved ones rather than passing away. On the other hand, punishing oneself by referring to one's own life is a more tolerable situation than being killed because extinction due to violence and intimidation from outside is a mere, unbearable, and inevitable extinction.

Furthermore, suicide can be considered less traumatic due to the individual's knowledge of its outcome which distinguishes it from traumatic situations that are non-existent, unquantifiable, and unpredictable (Ferenczi, 1988). In other words, when it comes to one's own life, the way and timing of death might be less traumatic as the mind and memory stay functional until the final moment and remain conscious of the consequences that will befall them after committing suicide. Conversely, an unfamiliar and unexpected external threat becomes increasingly irresistible for an individual to engage in suicidal behavior (Ferenczi, 1988). In summary, suicide can be described as less traumatic but still a serious form of the self-inflicted harm, encompassing both the mental state and actions that may result in death or, in some cases, a heightened sense of self-esteem following survival.

3. Self-esteem

Self-esteem is thoughts, emotions, self-image, and the overall assessment a person makes about their value as an individual (Rosenberg, 1965; Pyszczynski et al., 2004). Being in a favorable and approved emotional and mental state that arises from an individual's self-acceptance which is determined through self-evaluation is referred to self-esteem (Özkan, 1994). In other words, self-esteem can be defined as the manifestation of an individual's

perception and assessment of their own worth. It encompasses feelings of pride, value, determination, productivity, and achievement (Oktan and Şahin, 2010), and individuals with a strong sense of self-esteem perceive themselves as valuable but this perception does not involve considering themselves superior to others (Güloğlu and Kararımak, 2010). In essence, self-esteem can be defined as an emotional state that arises from the process of examining and evaluating oneself (i.e., self-judgment) which reflects the emotional dimension of the self. This notion should not be confounded with self-efficacy or self-confidence as they are linked to having trust in one's own capabilities (Thompson, 2010). Self-esteem may play a role in an individual's academic or occupational achievements, coping mechanisms for depression and stress, ability to form friendships and familial bonds, and the level of enthusiasm for life (Özkan, 1994). Numerous studies have shown a strong relationship between poor self-esteem and various negative outcomes, including depressed mood, life dissatisfaction, lower mental well-being, loneliness, suicide attempts, and suicidal tendencies (Overholser et al., 1995; McGee et al., 2001; Martyn-Nemeth et al., 2009; Neff, 2011; Moksnes and Espnes, 2013; Makhubela, 2019; Soto-Sanz et al., 2019; Lyyra et al., 2021). Nevertheless, people with low self-esteem might be capable of adjusting to their surroundings, despite potential communication issues and possible loneliness experiences (Hamarta and Demisbaş 2009).

Numerous studies have shown that poor self-esteem is associated with, or can even predict, suicidal thoughts and behaviors (Wilburn and Smith, 2005; Martin et al., 2005; Reinherz et al., 2006; Owusu-Ansah et al., 2020). The World Health Organization's (WHO, 2014) report on suicide prevention identifies self-esteem as a crucial protection against stressful life events and suicidal tendencies among individuals. Previous longitudinal studies have provided further evidence on this, by suggesting that a comparatively low level of self-esteem may serve as a risk factor for various mental health problems, such as depression (Orth et al., 2008), loneliness (Grøholt et al., 2005; Vanhalst et al., 2013; Geukens et al., 2022), suicidal ideation (McGee and Williams, 2000; Burke et al., 2016), attempted suicide (Wichstrøm, 2000), and completed suicide (Kjelsberg et al., 1994). Although suicide accounts for the majority of patient deaths in the cases of low self-esteem (Owusu-Ansah et al., 2020) and depression (Seber et al., 1993), the question of causality, as emphasized by Baumeister et al. (2003), is central to the discussion surrounding the self-esteem concept and also interventions designed for enhancing self-esteem. To summarize, individuals who suffer from low self-esteem may exhibit a lack of vitality along with symptoms of depression, experience feelings of loneliness, dissatisfaction worthlessness, demonstrate diminished abilities and achievements, and might be at risk for suicidal tendencies. Hence, considering self-esteem as a global risk factor for suicide could have

significant implications for strategies aimed at preventing suicide.

4. Depression

Depression is linked to a higher frequency of suicide attempts and a greater likelihood of causing death (Soloff et al., 2000; Bostwick and Pankratz, 2000; Balázs et al., 2013; Nanayakkara et al., 2013). Although prior studies have demonstrated that depressive disorder is a significant determinant of the likelihood of suicide on an individual basis (Brådvik et al., 2008), it has been found that both self-esteem and depression independently contribute to the suicidal thoughts in individuals (de Man and Gutierrez, 2002). For example, several correlational research has shown a negative link between low self-esteem and suicidal ideation and behavior, even after accounting for confounding variables like depression (Emler, 2001; Soto-Sanz et al., 2019; Shagufta, 2022). In addition, despite the relative overlap and negative relationship between self-esteem and depression, research has demonstrated that self-esteem is the causal factor for depression at the individual level, as opposed to the reverse (Orth et al., 2008). Sowislo and Orth (2013) also suggested that interventions promoting the enhancement of self-esteem could be beneficial in mitigating the likelihood of depression since low self-esteem is one of the potential symptoms of depression in operational definitions (American Psychiatric Association, 2013). There are multiple theories exist regarding depression, and it is argued that poor self-esteem is a key indicator in the development of depressive disorders (Beck, 1967; Abramson et al., 1978). Furthermore, individuals who have overcome depression may experience a persistent state of diminished self-esteem, a pessimistic perspective on life, a deficiency in self-affection, a sense of powerlessness, and heightened sensitivity to criticism (Aşkın, 1999) which may lead to depression again. It seems that self-esteem plays a more significant role in determining the prevalence of suicide than depression. In summary, self-esteem emerges as a crucial factor that should not be overlooked in suicide prevention programs designed to lower the risk of suicide.

5. Social Support

Depression might occur as a result of withdrawing from social activities (Gjerde et al., 1988). Ferster's (1973) functional analysis of depression posited that avoidance is a central factor in this disorder. According to his model, individuals with depression often engage in withdrawal or complaints as a way of avoiding or escaping unpleasant internal and external stimuli. Ferster (1973)'s analysis suggests that depression may primarily involve a decrease in behaviors that are positively reinforced; engaging in enjoyable activities (e.g., social interactions with peers), and/or an increase in behaviors that are negatively reinforced; avoiding negative experiences

rather than seeking positive ones (e.g., avoiding social interactions due to peer disapproval). He proposed that individuals with depression exhibit a deficiency in motivation and self-control, leading to the receipt of unfavorable responses from others.

One of the potential social interaction approach involves the connection between low self-esteem and avoidance of social settings and withdrawal, which has been associated with depression (Ottenbreit and Dobson, 2004) which may lead to lower self-esteem and suicide ideation. The degree to which an individual's self-esteem plays a role in their subjective assessment of their capacity to fulfill the needs of self-respect and belonging (Maslow, 1943) may be shaped by stressful life events and the social support. Zimet et al. (1988) argued that although social support can be beneficial in any situation, it can be especially effective as a protective barrier during periods of stress. In general, when individuals feel less supported by their parents and peers, they are more likely to have suicidal thoughts and are at greater risk of attempting suicide, and this has been demonstrated in both the cross-sectional studies (Haber et al., 2007; Sharaf et al., 2009; Kleiman et al., 2014; Miller et al., 2015) as well as the longitudinal studies (Winfrey Jr and Jiang, 2010; Melrose et al., 2015; Arenson et al., 2021). Thus, social support can enhance an individual's ability to cope with thoughts of suicide (Kleiman and Liu, 2013; Kleiman and Riskind, 2013).

Perceived social support can potentially boost an individual's self-esteem. Perceived social support is an individual's subjective assessment regarding the efficacy of assistance provided by their social network in times of need (Lahey and Scoboria, 2005). It is important to differentiate perceived social support from received support, which pertains to the actual receipt of support typically within a designated period of time (Uchino, 2009). Although internal traits may offer a more effective defense against suicide ideation, previous research indicates that external approval from others has a greater impact on self-esteem than internal emotional support (Wong et al., 2002; Crocker et al., 2003). Hence, acceptance from social networks might be more closely linked to one's sense of self-worth rather than perceived support. For example, individuals who have not received approval from their networks may experience feelings of loneliness and diminished self-esteem. Prioritizing the maintenance of social connections and self-esteem is required in order to cultivate a feeling of social support (Budd et al., 2009) as well as socio-emotional well-being. The sociometer theory posits that individuals are not intrinsically driven to uphold their self-esteem and instead, their motivation stems from a desire to enhance their worth and social acceptance (Leary, 2005). In the theory, self-esteem serves as an internalized, personal measure of how individuals perceive their relationships. When self-esteem is diminished, individuals are driven to seek interactions in order to boost their self-esteem (Leary, 2005). Therefore, this theory proposes a model in

which interpersonal relationships have a function on self-esteem, resulting in an outcome for one's self-esteem (Marshall et al., 2014). However, individuals might experience inner turmoil and be discontent with their surroundings (i.e., having less social support) when they predominantly exhibit a diminished sense of self-esteem and inadequate interpersonal abilities. This circulation may contribute to individuals' experiencing feelings of loneliness, leading them to withdraw from social interactions, exhibit timidity due to unwanted feelings (e.g., fear or shame), and feel dissatisfied with themselves. For example, Rosenberg (1965) found that individuals with low self-esteem encounter greater difficulties in their social interactions, perceive an increased number of threats, and exhibit heightened sensitivity to the criticism. It entails feelings of diminished self-worth, apprehension of receiving negative feedback, and a condition of social anxiety which may lead to feeling of loneliness.

6. Loneliness

Loneliness reflects a critical intrapersonal component of social development, and is described as a psychological state characterized by an individual's affective aversion to the disparity between their perceived and intended interpersonal connections (Heinrich and Gullone, 2006; Peplau and Perlman, 1982). Loneliness can be defined as "an individual's subjective perception of deficiencies in his or her social relationships" (Russell et al., 1984), while depression, suicidal ideation, social support, and self-esteem are four additional contexts in which loneliness is intertwined, thus, makes it a crucial concept. Individuals having psychological disorders (e.g., depression) may experience feelings of loneliness potentially more commonly (Chen et al., 2023), and this is a significant issue that can lead to rapid and enduring detrimental consequences like an increased risk of suicide because Grøholt et al. (2005) discovered a substantial correlation between loneliness and depression, particularly among individuals with suicidal ideation. Similarly, McClelland et al. (2020) demonstrated that loneliness is a substantial indicator for both suicidal thoughts and actions. They also suggested that depression plays a role in this association as a mediator.

Absence of social support can significantly influence experiencing loneliness, in turn, could contribute to the development of a suicidal crisis (Silva et al., 2023). Social support functions as a safeguard against depression by intervening, or diminishing the association between loneliness and depressive symptoms (Liu et al., 2016), and lack of social interaction may increase the likelihood of suicide regardless of the impact of existing emotional disorders (Duberstein et al., 2004). Gallagher et al. (2014) proposed that loneliness could be a significant factor in the emergence of suicidal thoughts among individuals with social anxiety, particularly if loneliness is seen as a part of sense of not belonging. Hence, the

approach to addressing suicide can be centered around promoting social engagement may be critical, especially, when attempting to intervene immigrant communities, as they might be more vulnerable to experiencing loneliness or transmitting their feelings of loneliness to future generations (Cifci, 2024).

Cheng and Furnham (2002) found that depressive symptoms and feelings of loneliness are correlated with diminished self-esteem. In contrast, Grøholt et al. (2005) discovered that feelings of loneliness and the desire for companionship had certain favorable effects. Specifically, they observed that loneliness was linked to improved self-esteem after accounting for the influence of depression and they attributed the potential explanations for this phenomenon to the disregard for social network affirmation and the strength of an individual's internal emotional resilience. The perceived quality of the relationships might serve as a more accurate indicator of loneliness, depression, and psychosocial stress compared to the frequency of contact. For instance, McClelland et al. (2023) discovered that depression plays a substantial role in mediating family, romantic, and global loneliness with suicidal thoughts but it does not have the same effect on social loneliness. More precisely, the experience of feelings of romantic loneliness can be strongly linked to unpleasant emotions and thoughts of suicide among couples from diverse backgrounds. For example, intercultural couples could experience heightened psychological distress as a result of perceived poorer relationship quality or cultural conflicts (Cifci, 2023), which can subsequently exacerbate their feelings of loneliness, or increase their vulnerability to suicidal ideation.

As previously demonstrated by academic studies, loneliness has a direct correlation with suicide attempts (Stickley and Koyanagi, 2016; Weems et al., 2020) and can be influenced by the negative life experiences and other various factors (e.g., mental health, self-esteem, social support, romantic relationship, and immigration status), which could contribute to feelings of loneliness. The identification of loneliness and its subsequent correlation with the thoughts of suicide and/or behavior might also be influenced by demographic variables (McClelland et al., 2020). This circumstance calls for further empirical research to address the pervasive sense of loneliness experienced by individuals who benefit from the counseling services.

7. Other Factors in Suicide: Gender, Age, and Education

The CDC (2023) tabulates state-level suicide-related deaths in the United States, and the data reveals remarkable age and gender differences. Therefore, studies on suicide must emphasize the significance of considering age group and gender disparities when analyzing patterns of deaths (Canetto and Sakinofsky, 1998; Kim et al., 2011). The variations in the occurrence

of the mental disorders such as depression among various age and gender categories could clarify the documented disparities in the correlation between suicide rates and age (Shah, 2007). Although the likelihood of men dying by suicide was nearly four times higher than that of women in 2021 (Centers for Disease Control and Prevention [CDC], 2023), women have a higher likelihood of experiencing suicidal thoughts or engaging in self-harming behaviors (O'Connor et al., 2018). Potential factors contributing to the observed gender disparities might include variations in the depression and socialization patterns (Canetto, 1991; Mościcki, 1994). According to Mościcki (1994), the reason behind women having a higher likelihood of suicidal ideation and lower rates of completed suicide is due to their higher rates of seeking treatment for depression, which is a prevalent factor leading to suicide. There may also be a discrepancy between the degrees of social behaviors and socialization exhibited by men and women which could contribute to the prevalence of loneliness as a factor in suicide rates. Further, societies that have distinct societal expectations regarding suicidal engagement might exhibit a greater gender disparity (Canetto, 1991; Canetto and Sakinofsky, 1998). Another possible explanation is that the female serotonin system exhibits greater instability compared to the male 5-HT system (Brewerton and George, 1990) that might play a role in engaging more suicidal behaviors compared to males.

Webster Rudmin et al. (2003) discovered that cultural values were found to have the strongest correlation with suicide among women and middle-aged individuals, although the global variation in suicide rates was higher among men and the elderly. Conwell et al. (1998) discovered a substantial correlation between older age and a higher likelihood of engaging in deliberate and well-thought-out self-destructive behaviors and older individuals tend to use less violent methods and provide fewer indications of their suicidal intentions. Older individuals who engage in suicide may experience heightened feelings of loneliness due to their increased social isolation (Reynolds et al., 1994) and these feelings of loneliness may potentially play a role in their ultimate choice to commit suicide. Moreover, intervening to address age-related disparities in actions contributing to suicide during a suicidal crisis may have diminished effectiveness in older individuals compared to younger individuals (Webster Rudmin et al., 2003).

Our scholarly understanding of how life events and circumstances can alter over the course of a person's life can suggest that there are variations in age cohorts for suicidal deaths in the US, especially, when combined with the known shifts in age group patterns of suicide deaths (Snowdon et al., 2017; Spiller et al., 2020; Stone et al., 2021). Thus, it is crucial to distinguish between subgroups, and analyze the factors linked to suicide in different age groups in the US, and this would strengthen the ability of interventionists when to anticipate suicide

and develop advanced and efficient interventions. Variances in the behaviors preceding suicide may have significant implications for intervention and varying strategies might be recommended depending on gender and age of individuals by comprehending the underlying reasons for the significant roles of gender and age in order to mitigate suicide rates (Kennedy and Tanenbaum, 2000). Efforts for addressing the needs of older individuals at greater risk for suicide might be more effective if practices focused on preventing the onset of suicidal tendencies, rather than solely on identifying and intervening after they have already emerged (Conwell et al., 1998).

Poor educational attainment might also serve as a risk factor for suicide. Young individuals with limited education may exhibit a propensity to lack motivation, raise more negative emotions and expectations related to the future, have inadequate problem-solving skills, and provide inadequate justifications for their desire to live longer lives (Shojaei et al., 2014). For instance, those who lack education or hold a lower level of education are more likely to employ violent techniques for suicide (Rezaie et al., 2011), and this might be linked to their limited ability to resolve issues (Shojaei et al., 2014). Conversely, when compared to those of the same age and gender who passed away from natural causes, people who committed suicide between the ages of 15 and 64 had a significantly greater degree of education (Pompili et al., 2013).

8. Suicide Intervention and Prevention

Suicide, defined as the act of intentionally terminating one's own life, is a significant worldwide public health issue (Yazıcı Çelebi and Kaya, 2023). Individuals exhibiting a mild inclination towards suicide may initially harbor thoughts of dying in an unforeseen manner or during an accident and may express a desire to fall into a perpetual slumber from which they never awaken. Following this stage, individuals may commence grappling with the notion of self-annihilation. Subsequently, the circumstances may shift towards the development of strategies, the formulation of plans, and the initiation of suicidal acts. Occasionally, it may manifest as a suicide attempt, an appeal for assistance, or a concentrated effort. Klonsky et al. (2021) defined three steps for suicide center on pain, hopelessness, connection, suicide capability. These four factors can be relatable to this article's focuses (depression, loneliness, social support, and self-esteem respectively) and its suggestions.

Firstly, although there is a negative association between suicide attempts and self-esteem (Owusu-Ansah et al., 2020), it is possible that a low level of self-esteem could be a reason or a consequence of an unsuccessful suicide attempt. Alternatively, low self-esteem can serve as both an indicator and an outcome of a suicide attempt. For example, when individuals are unsuccessful in attempting suicide, it can further deteriorate their

perception of their own values and importance as an outcome. Hence, it is imperative to conduct the longitudinal research to investigate the association and the direction between self-esteem and suicide by determining whether self-esteem serves as an indicator or is a consequence of suicidal behavior. If it is established that self-esteem is an important contributing factor to suicide, it is necessary to consider and address the notion of self-esteem in the psychological comprehension and treatment or intervention of suicidal ideation or behavior.

The adverse impact of societal evaluations on individuals' suicidal actions and behavior may result in a decline in their self-worth, necessitating the provision of support for these individuals in order to promote the enhancement of their self-esteem. Promoting self-esteem may contribute to a gain in psychological well-being while bringing about desired alterations in suicidal ideation. The cultivation of self-esteem can also be fostered through the positive and affirming interactions as well as the personal achievements. Consequently, professionals must exert their endeavors to elevate the level of self-esteem within educational institutions, families, and other community establishments. For instance, school psychologists employed by educational institutions may coordinate initiatives and research endeavors aimed at bolstering students' self-esteem. This would improve their psychological resilience, enabling them to access the strength and social support necessary to address the underlying factors that might contribute to feelings of loneliness or suicidal thoughts.

Secondly, psychological issues are an inherent component of the human experience and depression is one of the mental health disorders which contributes to the majority of suicides globally (Bachmann, 2018). To effectively prevent suicide, it is crucial to identify the underlying factors contributing to depressive disorder that may lead to suicidal tendencies and provide consistent treatment and correction for them (Aşkın, 1999). Furthermore, it is important to consider that individuals' perceptions of suicide can be assimilated during the course of depression treatment and care (Çam and Engin, 2014). However, although psychological diseases are commonly associated with the suicidal behavior and are present in up to 90% of suicide cases, approximately 10% of the individuals with mental illness ultimately die by suicide (Tanney, 1992). This underscores additional potential factors that may contribute to suicide, including social support, experiences of loneliness, and demographic variables.

Thirdly, when individuals receive greater social support and experience lower feelings of loneliness following a failed suicide attempt, this can actually strengthen their suicidal tendencies because they may have been seeking attention from their social circle by using their attempt. Practitioners must exercise caution when administering treatment to individuals who have engaged in self-harm as a means of demanding attention and signaling a need

for help. The clinicians should also be mindful that individuals with a history of the suicide attempts are at risk of the recurrent attempts, or the eventual completion of suicide. Therefore, it is crucial to provide constant supervision and support to the individual who has previously attempted suicide. Moreover, it would be beneficial to prioritize and address any signs of suicidal behavior or thoughts and make sincere efforts to comprehend the individual's situation. Finally, suicide attempts should be regarded not only as acts of homicide but also as a plea for assistance from the individual because the presence of these thoughts, behaviors, and suicide attempts, which may be overlooked, generates a significant crisis for both the individual and the community around them.

Ecological systems theory posits that decreased social support and self-esteem intensify the connection between loneliness and the likelihood of suicide and depression (Bronfenbrenner, 1977). Thus, this commentary suggests that self-esteem, depression, social support, and loneliness play significant roles in comprehending the likelihood of suicide among individuals. Since social support can enhance a sense of belongingness, which is inversely linked to the likelihood of suicide according to Joiner's Interpersonal Theory of Suicide (Joiner, 2005; Joiner et al., 2009), developing trustworthy and solid relationships by implementing a formal or informal mentorship program with mentors from diverse backgrounds becomes increasingly important. Similarly, Kleiman and Riskind (2013) suggested that it is necessary for individuals to both recognize the presence of social support and actively seek and use that support in order to enhance their self-esteem and eliminate thoughts of suicide; because individuals with low self-esteem may exhibit a lack of awareness regarding their abilities, may fail to recognize their own achievements, and may encounter challenges when it comes to establishing objectives and resolving issues.

Fourth, providing social support to the adolescents and older individuals can decrease the probability of suicide and suicide attempts and enable them to effectively cope with the challenges and to encounter fewer psychological difficulties. On the contrary, teens and seniors experiencing loneliness and lacking social support may also experience feelings of hopelessness and despair, potentially leading them to contemplate suicide. In light of this, it may be recommended that psychosocial and educational initiatives be developed to assist youth and elders in generating viable alternatives to any problems they experience. Moreover, it is crucial to regularly implement inventory scanning protocols in educational institutions and elderly care facilities. Additionally, it would be advantageous to pinpoint issues pertaining to individuals and give precedence to both individual and group counseling within establishments. Within this context, I propose that the ideation of suicide could have detrimental impacts on individuals' emotional states, as

it may interact with significant social obstacles such as feelings of loneliness and diminished self-esteem, thereby leading to difficulties in interpersonal connections. However, it is feasible to incorporate individuals who experience feelings of loneliness into social skills training programs to enhance their social interactions with others and ultimately yielding positive outcomes for their suicidal thoughts. To encourage the initiation, development, and maintenance of new relationships, social skills training could be supplemented with social gatherings in public organizations and incentives within educational settings. Through this approach, individuals can acquire the ability to handle circumstances (e.g., suicidal thoughts) that hinder their proximity to others.

Finally, gender, age, and educational attainment are other important risk factors for the likelihood of suicide attempts (Shojaei et al., 2014). Professionals and authorized individuals should carefully consider this situation and conduct studies to promote an understanding of the factors that influence men's emotional expressions and their abilities to move forward in life. Adolescence, the transitional phase between childhood and adulthood, encompasses physical maturation, social and emotional growth, as well as hormonal, sexual, and cognitive transformations. Adolescence is a distinct phase that commences with the onset of the puberty and might be considered to conclude with the cessation of physical development. The transition period from childhood to adulthood, known as adolescence, often gives rise to conflicts, particularly in the development of concepts like self-esteem (Hamarta and Demirbaş, 2009). During adolescence years, young adults may strive to adapt to the physical changes that occur in their physical appearances while simultaneously endeavoring to construct their own unique identities, and these processes are considered a crucial aspect of their overall development because they seek to establish a sense of self-worth and individuality (Oktan and Şahin, 2010). One characteristic aspect that may be correlated with the adolescent depression is low self-esteem. Research has shown that adolescents who are more likely to experience depression tend to have lower levels of self-esteem (Eskin et al., 2008). The correlation between diminished self-esteem during childhood and an increased likelihood of experiencing suicidal thoughts in early adulthood was underscored in an additional longitudinal study (McGee et al., 2001). In order to mitigate the risk of suicide in adolescents, it is crucial to provide youths more social encouragement to enhance their self-esteem and coping abilities. Additionally, facilitating their expression within both familial and social contexts as well as offering them suitable opportunities to achieve their success are essential.

Research indicates that older adults have a higher chance of completing suicide attempts since they may experience feelings of despair when they perceive their lives as unsatisfying and are unable to attain a sense of

self-worth (Conwell et al., 1998). Thus, depression and suicidal ideation may be more prevalent among the elderly individuals ascribing negative life events to their own perceived inability to cope with life or poor self-evaluation of worth. In his theory of depression, Freud (1930) posited that an individual's angers and disappointments are redirected inwardly towards oneself, rather than being directed towards the actual source of frustration. Directing anger towards oneself may lead to a decrease in self-esteem accompanied by feelings of guilt and a desire for punishment by suicide attempts. Potential for increased medical conditions, declined in cognitive and sensory functions, reduced mobility, increased dependence, diminished social interactions with family and society, retirement leading to a decrease in social interactions, difficulty in adapting to new technologies, possible feelings of loneliness or decreased self-esteem, and development of mental disorders, such as depression or suicidal thoughts, are possible side effects of aging. For instance, the correlation between loneliness, suicide, and depression in older individuals has been exacerbated by reduced social support and self-esteem in various research investigations (Zhao et al., 2018; Wang et al., 2021; Lapane et al., 2022; Yang et al., 2022).

The adolescence and old ages are critical periods for implementing suicide interventions. For example, practitioners can enhance their clients' motivation by addressing various facets of their lives and fostering their self-esteem. If individuals experiencing depression possess numerous motivations for persisting with multiple aspects of life, it could potentially serve as a deterrent against the emergence of suicidal thoughts in individuals who are in a vulnerable state. Given that the adverse consequences of these perceptions on individuals' social attitudes and behaviors may result in a deterioration of their self-esteem; it is imperative for the overall well-being of individuals to foster self-esteem. In addition, individuals with lower self-esteem and negative self-perceptions may exhibit reduced participation in their social circle, which may potentially result in the experiences of loneliness, depression, and thoughts of suicide. Facilitating inclusive social activities across all age demographics and adapting policies accordingly is a necessity. Continuing enhancement of public health policies is imperative in order to prevent suicidal behavior (Turecki and Brent, 2016).

Overall, this commentary claims that psychological resilience factors, specifically self-esteem and social support, can serve as protective factors against individuals' suicidal ideation and suicide attempts. Furthermore, present research implies that individuals with higher levels of self-esteem and greater social support might be less likely to engage in suicidal behavior. It is advisable for people to be directed towards acquiring training and seeking support in strategies such as enhancing their communication skills, regulating their emotions, and effectively coping with stressful situations.

There is potential for these strategies to be efficient in the prevention of suicidal thoughts and suicide attempts. Promoting and expanding the availability of the psychological counseling services that aim to prevent suicide and suicide attempts are required. This is particularly important in educational institutions like high schools and universities, where young individuals constitute a significant portion of the population. In addition, this research also highlights the importance of implementing prevention strategies for the elderly individuals due to their possible vulnerability to suicidal ideation since the challenges that accompany the aging process. As previously mentioned, suicidal ideation and certain negative factors (i.e., depression and lower self-esteem) that contribute to suicidal behavior are intricately linked to experiences of loneliness (Grøholt et al., 2005; McClelland et al., 2020). This situation necessitates conducting additional preventative research to address the pervasive sense of loneliness that individuals experience within the confines of counseling services.

Furthermore, it is fundamental to cultivate empathy through demonstrating genuine acceptance and honesty towards the person, as well as allowing individuals the opportunity to express their feelings and their thoughts (Sofronieva, 2012). Experts could pose direct inquiries regarding the individual's suicidal ideation with this empathy towards them. Inquiring explicitly about suicide would not induce the individual to engage in suicidal behavior, rather, it may demonstrate the individual's willingness to seek assistance regarding this matter (Michelmores and Hindley, 2012; Dazzi et al., 2014). At this juncture, the initial course of the action is to persuade the individual that, regardless of the circumstances or occurrence, there is invariably some way to effectively manage it. In addition, increasing the awareness and alert the family members of the person is vital for suicide-related disclosure (Frey et al., 2018; Sun et al., 2013; Stone et al., 2017).

Notwithstanding exhaustive endeavors, it is conclusively difficult to establish that the prediction of suicide remains improbable, even for individuals with a heightened risk. Therefore, despite the extensive explanation of numerous potential factors, the issue of predicting suicide attempts continues to be significant. Complete eradication of suicides or absolute prevention of individuals from engaging in suicidal behavior is unrealistic. Nevertheless, it is feasible to reduce the likelihood of suicide in certain remarkable community settings and individuals by taking into account the recommendations provided by this research for suicide intervention and prevention implementation.

In conclusion, discussions and theories about suicide often revolve around the current social conditions, as well as an individual's personal qualities, mental well-being, and relationships. Hence, comprehending and reflecting on the wide-ranging patterns and variations in suicide presents a difficulty, and extensive debates may

arise regarding the potential of movies or books depicting suicide incidents to possibly provoke a desire to commit suicide. Aşkın (1999) also suggests that these tools do not incite the inclination to commit suicide, but instead, provide explicit information about the method of suicide without raising the suicide rate. Consequently, implementing effective problem-solving strategies and developing extensive training, education, and treatment plans can successfully prevent these individuals from engaging in suicidal behavior. It would be beneficial to design psychological education programs that teach people how to think critically and creatively about problems and how to find effective solutions.

9. Conclusion

This commentary contributes an important psychological understanding of the predictors of future suicide attempts among individuals and offers practical implications. Although obtaining information regarding individuals who have committed suicide can be a challenging task, suicide was found to be significantly associated with individuals having lower levels of self-esteem (Martin et al. 2005; Owusu-Ansah et al., 2020). The foundation of self-esteem is the individual's perception of their own sufficiency and value (Oktan and Şahin, 2010). The individual's self-esteem, which arises from feelings of adequacy and worth, may profoundly shape their perspective, attitudes, and behaviors towards themselves and the external environment. Individuals with low self-esteem experience the dissatisfaction with their own selves and harbor dislike and rejection towards themselves (Güloğlu and Karairmak, 2010). An individual's self-esteem level, whether low or high, may profoundly shape their emotions and actions in response to or cause of the various situations, such as psychological disorders or feelings of loneliness. Enhancing low self-esteem can be achieved through the positive and affirming experiences, greater social support, and the interventions targeting depressive symptoms and feelings of loneliness.

The conclusions of this commentary suggest that suicidal behaviors, including thoughts, plans, attempts, and desires for death, are prevalent among individuals. The demographic of individuals who experience suicidal ideation or attempt suicide is of considerable importance for preventive mental health research because of the public health implications resulting from the inherently high risks associated with such behaviors. Therefore, this present commentary highlights the importance of developing mental health services that take into account individuals' self-esteem, depression, social support, and loneliness. This commentary suggests that identifying the initial stages of the suicidal process may facilitate the implementation of prevention measures, which can often be administered long before more severe suicidal behaviors occur. The current implications strongly indicate the need for specific concentration on individuals who have low self-esteem, depressive

symptoms, lack of social support, feelings of loneliness, as well as younger and elder individuals.

It is essential to develop prevention programs that seek to safeguard and improve self-esteem, especially in those with particularly low levels. However, low self-esteem is typically evident through observable behaviors, and its professional evaluation through questionnaires might be considered less intrusive than inquiries about suicidal ideation or practices. Thus, when individuals exhibit the signs of diminished self-esteem, it is imperative to acknowledge the potential correlation with the subsequent suicidal tendencies and other individual challenges (i.e., low levels of self-esteem with indicators of depression, lack of social support, and feelings of loneliness); thereby necessitating a thorough inquiry at the very least. In addition, it is important to note that there is a lack of information on the effectiveness of such programs in decreasing the number of suicides which can moderate our excitement about the success of the current programs. Consequently, additional investigation is required to ascertain the effectiveness of suicide prevention strategies that are founded on the enhancement of self-esteem and social support while also reducing signs of depression and levels of loneliness, especially for youth and old people.

Author Contributions

The percentages of the authors' contributions are presented below. All authors reviewed and approved the final version of the manuscript.

| | F.Ç. | A.N. | Y.S. |
|----|------|------|------|
| C | 80 | 20 | |
| D | 80 | 10 | 10 |
| S | 80 | 10 | 10 |
| L | 70 | 20 | 10 |
| W | 80 | 10 | 10 |
| CR | 60 | 30 | 10 |
| SR | 100 | | |
| PM | 90 | 10 | |

C=Concept, D= design, S= supervision, L= literature search, W= writing, CR= critical review, SR= submission and revision, PM= project management.

Conflict of Interest

The authors declared that there is no conflict of interest.

References

Abramson LY, Seligman ME, Teasdale JD. 1978. Learned helplessness in humans: Critique and reformulation. *J Abnormal Psychol*, 87(1): 497-499. <https://doi.org/10.1037/0021-843X.87.1.49>

American Psychiatric Association. 2013. Diagnostic and statistical manual of mental disorders: DSM-5 (Vol. 5, No. 5), American psychiatric association, Washington, US, pp: 53.

Arenson M, Bernat E, De Los Reyes A, Neylan TC, Cohen BE. 2021. Social support, social network size, and suicidal ideation: A nine-year longitudinal analysis from the Mind Your Heart Study. *J Psychiat Res*, 135: 318-324. <https://doi.org/10.1016/j.jpsychires.2021.01.017>

Aşkın R. 1999. Handbook of depression. Roche, Istanbul, Türkiye, (2nd ed.).

Bachmann S. 2018. Epidemiology of suicide and the psychiatric perspective. *Int J Environ Res Pub Health*, 15(7): 1-23. <https://doi.org/10.3390/ijerph15071425>

Balázs J, Miklósi M, Keresztény Á, Hoven CW, Carli V, Wasserman C, Wasserman D. 2013. Adolescent subthreshold-depression and anxiety: Psychopathology, functional impairment and increased suicide risk. *J Child Psychol Psychiat*, 54(6): 670-677. <https://doi.org/10.1111/jcpp.12016>

Baumeister RF, Campbell JD, Krueger JI, Vohs KD. 2003. Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychol Sci Pub Interest*, 4(1): 1-44. <https://doi.org/10.1111/1529-1006.01431>

Baumeister RF. 1990. Suicide as escape from self. *Psychol Rev*, 97(1): 90-113. <https://doi.org/10.1037/0033-295X.97.1.90>

Beck AT, Steer RA, Kovacs M, Garrison B. 1985. Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. *Amer J Psychiat*, 142(5): 559-563. <http://dx.doi.org/10.1176/ajp.142.5.559>

Beck AT. 1967. Depression: Clinical experimental and theoretical aspects. Hoeber, New York, US.

Bhar S, Ghahramanlou-Holloway M, Brown G, Beck AT. 2008. Self-esteem and suicide ideation in psychiatric outpatients. *Suicide Life-threat Behav*, 38(5): 511-516. <https://www.doi.org/10.1521/suli.2008.38.5.511>

Bostwick JM, Pankratz VS. 2000. Affective disorders and suicide risk: A reexamination. *Amer J Psychiat*, 157(12): 1925-1932. <https://doi.org/10.1176/appi.ajp.157.12.1925>

Brådvik L, Mattisson C, Bogren M, Nettelbladt P. 2008. Long-term suicide risk of depression in the Lundby cohort 1947-1997-severity and gender. *Acta Psychiat Scand*, 117(3): 185-191. <https://doi.org/10.1111/j.1600-0447.2007.01136.x>

Brewerton TD, George MS. 1990. A study of the seasonal variation of migraine. *Headache: J Head and Face Pain*, 30(8): 511-513. <https://doi.org/10.1111/j.1526-4610.1990.hed3008511.x>

Bronfenbrenner U. 1977. Toward an experimental ecology of human development. *Amer Psychol*, 32(7): 513-531. <https://doi.org/10.1037/0003-066X.32.7.513>

Budd A, Buschman C, Esch L. 2009. The correlation of self-esteem and perceived social support. *Undergraduate Res J Human Sci*, 8(1): 121-135.

Burke TA, Connolly SL, Hamilton JL, Stange JP, Abramson LY, Alloy LB. 2016. Cognitive risk and protective factors for suicidal ideation: A two year longitudinal study in adolescence. *J Abnormal Child Psychol*, 44(6): 1145-1160. <https://www.doi.org/10.1007/s10802-015-0104-x>

Çam O, Engin E. 2014. Mental health and diseases nursing care art. Istanbul Medicine Bookstores, İstanbul, Türkiye.

Canetto SS, Sakinofsky I. 1998. The gender paradox in suicide. *Suicide Life-threat Behav*, 28(1): 1-23. <https://doi.org/10.1111/j.1943-278X.1998.tb00622.x>

Canetto SS. 1991. Gender roles, suicide attempts, and substance abuse. *J Psychol*, 125(6): 605-620. <https://doi.org/10.1080/00223980.1991.10543323>

Centers for Disease Control and Prevention. 2020. WISQARS leading causes of death reports, in 2020. URL: <https://wisqars.cdc.gov/data/lcd/home> (accessed date: November 29, 2023).

Centers for Disease Control and Prevention. 2023. Provisional suicide deaths in the United States, 2022. URL: <https://www.cdc.gov/media/releases/2023/s0810-US->

- Suicide-Deaths-2022.html (accessed date: August 10, 2023). Centers for Disease Control and Prevention. 2023. Suicide Data and Statistics. URL: <https://www.cdc.gov/suicide/suicide-data-statistics.html> (accessed date: November 29, 2023).
- Cha CB, Wilson KM, Tezanos KM, DiVasto KA, Tolchin GK. 2019. Cognition and self-injurious thoughts and behaviors: A systematic review of longitudinal studies. *Clin Psychol Rev*, 69: 97-111. <https://doi.org/10.1016/j.cpr.2018.07.002>
- Chen YL, Jian CR, Chang YP, Chao SR, Yen CF. 2023. Association of loneliness with suicide risk and depression in individuals with schizophrenia: moderating effects of self-esteem and perceived support from families and friends. *Schizophrenia*, 9(1): 1-7. <https://doi.org/10.1038/s41537-023-00368-7>
- Cheng H, Furnham A. 2002. Personality, peer relations, and self-confidence as predictors of happiness and loneliness. *J Adolescence*, 25(3): 327-339. <https://doi.org/10.1006/jado.2002.0475>
- Cifici F. 2023. The comparison of relationship satisfaction in monocultural and intercultural couples. *Open Access Library J*, 10(8): 1-13. <https://doi.org/10.4236/oalib.1110372>
- Cifici F. 2024. Life-course perspective on immigrant loneliness: A conceptual framework for intergenerational loneliness trajectories. *Family J: Counsel Ther Couples Famil*, 32(3): 371-381. <https://doi.org/10.1177/10664807241235324>
- Conwell Y, Duberstein PR, Cox C, Herrmann J, Forbes N, Caine ED. 1998. Age differences in behaviors leading to completed suicide. *Amer J Geriatr Psychiat*, 6(2): 122-126. <https://doi.org/10.1097/00019442-199805000-00005>
- Crocker J, Luhtanen RK, Cooper ML, Bouvrette A. 2003. Contingencies of self-worth in college students: theory and measurement. *J Personal Soc Psychol*, 85(5): 894-908. <https://doi.org/10.1037/0022-3514.85.5.894>
- Dazzi T, Gribble R, Wessely S, Fear NT. 2014. Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?. *Psychol Medic*, 44(16): 3361-3363. <https://doi.org/10.1017/S0033291714001299>
- de Man AF, Gutierrez BI. 2002. The relationship between level of self-esteem and suicidal ideation with stability of self-esteem as moderator. *Canadian J Behav Sci*, 34(4): 235-238. <https://doi.org/10.1037/h0087176>
- Devenish B, Berk L, Lewis AJ. 2016. The treatment of suicidality in adolescents by psychosocial interventions for depression: A systematic literature review. *Austral New Zealand J Psychiat*, 50(8): 726-740.
- Duberstein PR, Conwell Y, Conner KR, Eberly S, Evinger JS, Caine ED. 2004. Poor social integration and suicide: Fact or artifact? A case-control study. *Psychol Medic*, 34(7): 1331-1337. <https://doi.org/10.1017/S0033291704002600>
- Emler N. 2001. *Self-esteem: The costs and causes of low self-worth*. York Publishing Services, York, UK.
- Eskin M, Ertekin K, Harlak H, Dereboy Ç. 2008. Prevalence of and factors related to depression in high school students. *Turkish J Psychiat*, 19(4): 382-389.
- Ferenczi S. 1988. *The clinical diary of Sándor Ferenczi*. Harvard University Press, Cambridge, US.
- Ferster CB. 1973. A functional analysis of depression. *American psychologist*, 28(10): 857-870. <https://doi.org/10.1037/h0035605>
- Freud S. 1930. Civilization and its discontents (excerpt). URL: <https://www.narcissisticabuserehab.com/wp-content/uploads/2021/02/SigmundFreudCivilizationAndItsDiscontents1929.pdf> (accessed date: November 15, 2023).
- Frey LM, Fulginiti A, Lezine D, Cerel J. 2018. The decision-making process for disclosing suicidal ideation and behavior to family and friends. *Family Relat*, 67(3): 414-427. <https://doi.org/10.1111/fare.12315>
- Gallagher M, Prinstein MJ, Simon V, Spirito A. 2014. Social anxiety symptoms and suicidal ideation in a clinical sample of early adolescents: Examining loneliness and social support as longitudinal mediators. *J Abnormal Child Psychol*, 42: 871-883. <https://doi.org/10.1007/s10802-013-9844-7>
- Geukens F, Maes M, Spithoven A, Pouwels JL, Danneel S, Cillessen AH, Goossens L. 2022. Changes in adolescent loneliness and concomitant changes in fear of negative evaluation and self-esteem. *Int J Behav Devel*, 46(1): 10-17. <https://doi.org/10.1177/0165025420958194>
- Gili M, Castellvi P, Vives M, de la Torre-Luque A, Almenara J, Blasco MJ, Parés-Badell O. 2019. Mental disorders as risk factors for suicidal behavior in young people: A meta-analysis and systematic review of longitudinal studies. *J Affect Disord*, 245: 152-162. <https://doi.org/10.1016/j.jad.2018.10.115>
- Gjerde PF, Block J, Block JH. 1988. Depressive symptoms and personality during late adolescence: Gender differences in the externalization-internalization of symptom expression. *J Abnormal Psychol*, 97(4): 475-486. <https://doi.org/10.1037/0021-843X.97.4.475>
- Grøholt B, Ekeberg Ø, Wichstrøm L, Haldorsen T. 2005. Suicidal and nonsuicidal adolescents: Different factors contribute to self-esteem. *Suicide Life-threat Behav*, 35(5): 525-535. <https://doi.org/10.1521/suli.2005.35.5.525>
- Güloğlu B, Karairmak Ö. 2010. Self-esteem and resilience as the predictors of loneliness among university students. *Ege J Educ*, 11(2): 73-88.
- Haber MG, Cohen JL, Lucas T, Baltes BB. 2007. The relationship between self-reported received and perceived social support: A meta-analytic review. *Amer J Commun Psychol*, 39: 133-144. <https://doi.org/10.1007/s10464-007-9100-9>
- Hamarta E, Demirbaş E. 2009. Examination of high school students' shyness and self-esteem in terms of dysfunctional attitudes. *Selçuk Üniv Sos Bil Enst Derg*, 21: 239-247.
- Hawton K, Comabella CC, Haw C, Saunders K. 2013. Risk factors for suicide in individuals with depression: A systematic review. *J Affect Disord*, 147(1-3): 17-28. <https://doi.org/10.1016/j.jad.2013.01.004>
- Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Hazell P, Townsend E, van Heeringen K. 2016. Psychosocial interventions for self-harm in adults. *Cochrane Database Systemat Rev*, 5: CD012189. <https://doi.org/10.1002/14651858.CD012189>
- Heinrich LM, Gullone E. 2006. The clinical significance of loneliness: A literature review. *Clin Psychol Rev*, 26(6): 695-718. <https://doi.org/10.1016/j.cpr.2006.04.002>
- Joiner Jr TE, Van Orden KA, Witte TK, Selby EA, Ribeiro JD, Lewis R, Rudd MD. 2009. Main predictions of the interpersonal-psychological theory of suicidal behavior: Empirical tests in two samples of young adults. *J Abnormal Psychol*, 118(3): 634-646. <https://www.doi.org/10.1037/a0016500>
- Joiner T. 2005. *Why people die by suicide*. Harvard University Press, Cambridge, US.
- Kennedy GJ, Tanenbaum S. 2000. Suicide and aging: International perspectives. *Psychiat Quart*, 71: 345-362. <https://doi.org/10.1023/A:1004636307592>
- Kim SY, Kim MH, Kawachi I, Cho Y. 2011. Comparative epidemiology of suicide in South Korea and Japan: Effects of age, gender and suicide methods. *Crisis*, 32(1): 5-14. <https://doi.org/10.1027/0227-5910/a000046>
- Kjelsberg E, Neegaard E, Dahl AA. 1994. Suicide in adolescent psychiatric inpatients: Incidence and predictive factors. *Acta Psychiatr Scand*, 89(4): 235-241.

- <https://doi.org/10.1111/j.1600-0447.1994.tb01507.x>
- Kleiman EM, Liu RT. 2013. Social support as a protective factor in suicide: Findings from two nationally representative samples. *J Affect Disord*, 150(2): 540-545. <https://doi.org/10.1016/j.jad.2013.01.033>
- Kleiman EM, Riskind JH, Schaefer KE. 2014. Social support and positive events as suicide resiliency factors: examination of synergistic buffering effects. *Arch Suicide Res*, 18(2): 144-155. <https://doi.org/10.1080/13811118.2013.826155>
- Kleiman EM, Riskind JH. 2013. Utilized social support and self-esteem mediate the relationship between perceived social support and suicide ideation. *Crisis*, 34(1): 42-49. <https://doi.org/10.1027/0227-5910/a000159>
- Klonsky ED, Pachkowski MC, Shahnaz A, May AM. 2021. The three-step theory of suicide: Description, evidence, and some useful points of clarification. *Prevent Medic*, 152: 1-8. <https://doi.org/10.1016/j.ypped.2021.106549>
- Lakey B, Scoboria A. 2005. The relative contribution of trait and social influences to the links among perceived social support, affect, and self-esteem. *J Personality*, 73(2): 361-388. <https://doi.org/10.1111/j.1467-6494.2005.00312.x>
- Lapane KL, Lim E, McPhillips E, Barooah A, Yuan Y, Dube CE. 2022. Health effects of loneliness and social isolation in older adults living in congregate long term care settings: A systematic review of quantitative and qualitative evidence. *Arch Gerontol Geriat*, 102: 104728. <https://doi.org/10.1016/j.archger.2022.104728>
- Leary MR. 2005. Sociometer theory and the pursuit of relational value: Getting to the root of self-esteem. *Eur Rev Soc Psychol*, 16(1): 75-111. <https://doi.org/10.1080/10463280540000007>
- Liu L, Gou Z, Zuo J. 2016. Social support mediates loneliness and depression in elderly people. *J Health Psychol*, 21(5): 750-758. <https://doi.org/10.1177/1359105314536941>
- Lyyra N, Thorsteinsson EB, Eriksson C, Madsen KR, Tolvanen A, Löfstedt P, Välimaa R. 2021. The association between loneliness, mental well-being, and self-esteem among adolescents in four Nordic countries. *Int J Environ Res Pub Health*, 18(14): 7405. <https://doi.org/10.3390/ijerph18147405>
- Makhubela M. 2019. The relation between low self-esteem and depressive mood in a non-clinical sample: The role of gender and negative life events. *J Psychol Africa*, 29(1): 54-59. <https://doi.org/10.1080/14330237.2019.1568067>
- Manani P, Sharma S. 2013. Self esteem and suicidal ideation: A correlational study. *MIER J Educ Stud Trends Pract*, 3(1): 75-83. <https://doi.org/10.52634/mier/2013/v3/i1/1556>
- Marshall SL, Parker PD, Ciarrochi J, Heaven PC. 2014. Is self-esteem a cause or consequence of social support? A 4-year longitudinal study. *Child Devel*, 85(3): 1275-1291. <https://doi.org/10.1111/cdev.12176>
- Martin G, Richardson AS, Bergen HA, Roeger L, Allison S. 2005. Perceived academic performance, self-esteem and locus of control as indicators of need for assessment of adolescent suicide risk: Implications for teachers. *J Adoles*, 28(1): 75-87. <https://doi.org/10.1016/j.adolescence.2004.04.005>
- Martyn-Nemeth P, Penckofer S, Gulanick M, Velsor-Friedrich B, Bryant FB. 2009. The relationships among self-esteem, stress, coping, eating behavior, and depressive mood in adolescents. *Res Nurs Health*, 32(1): 96-109. <https://doi.org/10.1002/nur.20304>
- Maslow AH. 1943. A theory of human motivation. *Psychol Rev*, 50(4): 370-396. <https://doi.org/10.1037/h0054346>
- McClelland H, Evans JJ, Nowland R, Ferguson E, O'Connor RC. 2020. Loneliness as a predictor of suicidal ideation and behaviour: A systematic review and meta-analysis of prospective studies. *J Affect Disord*, 274: 880-896. <https://doi.org/10.1016/j.jad.2020.05.004>
- McClelland H, Evans JJ, O'Connor RC. 2023. The association of family, social and romantic loneliness in relation to suicidal ideation and self-injurious behaviours. *J Psychiat Res*, 158: 330-340. <https://doi.org/10.1016/j.jpsychires.2022.12.022>
- McGee R, Williams S, Nada-Raja S. 2001. Low self-esteem and hopelessness in childhood and suicidal ideation in early adulthood. *J Abnormal Child Psychol*, 29: 281-291. <https://doi.org/10.1023/A:1010353711369>
- McGee R, Williams S. 2000. Does low self-esteem predict health compromising behaviours among adolescents? *J Adoles*, 23(5): 569-582. <https://doi.org/10.1006/jado.2000.0344>
- Melrose KL, Brown GD, Wood AM. 2015. When is received social support related to perceived support and well-being? When it is needed. *Personal Indiv Differ*, 77: 97-105. <https://doi.org/10.1016/j.paid.2014.12.047>
- Michelmore L, Hindley P. 2012. Help-seeking for suicidal thoughts and self-harm in young people: A systematic review. *Suicide Life-threat Behav*, 42(5): 507-524. <https://doi.org/10.1111/j.1943-278X.2012.00108.x>
- Miller AB, Esposito-Smythers C, Leichtweis RN. 2015. Role of social support in adolescent suicidal ideation and suicide attempts. *J Adoles Health*, 56(3): 286-292. <https://doi.org/10.1016/j.jadohealth.2014.10.265>
- Moksnes UK, Espnes GA. 2013. Self-esteem and life satisfaction in adolescents-gender and age as potential moderators. *Quality Life Res*, 22: 2921-2928. <https://doi.org/10.1007/s11136-013-0427-4>
- Mościcki EK. 1994. Gender differences in completed and attempted suicides. *Annals Epidemiol*, 4(2): 152-158. [https://doi.org/10.1016/1047-2797\(94\)90062-0](https://doi.org/10.1016/1047-2797(94)90062-0)
- Nanayakkara S, Misch D, Chang L, Henry D. 2013. Depression and exposure to suicide predict suicide attempt. *Depression Anxiety*, 30(10): 991-996. <https://doi.org/10.1002/da.22143>
- Neff KD. 2011. Self-compassion, self-esteem, and well-being. *Soc Personal Psychol Compass*, 5(1): 1-12. <https://doi.org/10.1111/j.1751-9004.2010.00330.x>
- Nguyen DT, Wright EP, Dedding C, Pham TT, Bunders J. 2019. Low self-esteem and its association with anxiety, depression, and suicidal ideation in Vietnamese secondary school students: A cross-sectional study. *Front Psychiat*, 10: 1-7. <https://doi.org/10.3389/fpsy.2019.00698>
- O'Connor RC, Wetherall K, Cleare S, Eschle S, Drummond J, Ferguson E, O'Carroll RE. 2018. Suicide attempts and non-suicidal self-harm: National prevalence study of young adults. *BJPsych Open*, 4(3): 142-148. <https://doi.org/10.1192/bjo.2018.14>
- Oktan V, Şahin M. 2010. Examination of the relationship between the body image and self-esteem of female adolescents. *J Human Sci*, 7(2): 543-556.
- Orth U, Robins RW, Roberts BW. 2008. Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology*, 95(3), 695-708. <https://doi.org/10.1037/0022-3514.95.3.695>
- Owusu-Ansah FE, Addae AA, Peasah BO, Oppong Asante K, Osafo J. 2020. Suicide among university students: Prevalence, risks and protective factors. *Health Psychology and Behavioral Medicine*, 8(1), 220-233. <https://doi.org/10.1080/21642850.2020.1766978>
- Orth U, Robins RW, Widaman KF, Conger RD. 2014. Is low self-esteem a risk factor for depression? Findings from a longitudinal study of Mexican-origin youth. *Devel Psychol*,

- 50(2): 622-633. <https://doi.org/10.1037/a0033817>
- Osman A, Downs WR, Kopper BA, Barrios FX, Baker MT, Osman JR, Linehan MM. 1998. The reasons for living inventory for adolescents (RFL-A): Development and psychometric properties. *J Clin Psychol*, 54(8): 1063-1078.
- Ottenbreit ND, Dobson KS. 2004. Avoidance and depression: The construction of the Cognitive-Behavioral Avoidance Scale. *Behav Res Ther*, 42(3): 293-313. [https://doi.org/10.1016/S0005-7967\(03\)00140-2](https://doi.org/10.1016/S0005-7967(03)00140-2)
- Overholser JC, Adams DM, Lehnert KL, Brinkman DC. 1995. Self-esteem deficits and suicidal tendencies among adolescents. *J Amer Acad Child Adoles Psychiat*, 34(7): 919-928. <https://doi.org/10.1097/00004583-199507000-00016>
- Owusu-Ansah FE, Addae AA, Peasah BO, Oppong Asante K, Osafo J. 2020. Suicide among university students: Prevalence, risks and protective factors. *Health Psychol Behav Medic*, 8(1): 220-233. <https://doi.org/10.1080/21642850.2020.1766978>
- Özkan İ. 1994. Factors affecting self-esteem. *Düşünen Adam*, 7(3): 4-9.
- Peplau LA, Perlman D. 1982. Perspectives on loneliness. In L. A. Peplau and D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy*. John Wiley & Sons, New York, US, pp: 1-18.
- Pompili M, Vichi M, Qin P, Innamorati M, De Leo D, Girardi P. 2013. Does the level of education influence completed suicide? A nationwide register study. *J Affect Disord*, 147(1-3): 437-440. <https://doi.org/10.1016/j.jad.2012.08.046>
- Pyszczynski T, Greenberg J, Solomon S, Arndt J, Schimel J. 2004. Why do people need self-esteem? A theoretical and empirical review. *Psychol Bull* 130(3): 435-468. <https://doi.org/10.1037/0033-2909.130.3.435>
- Reinherz HZ, Tanner JL, Berger SR, Beardslee WR, Fitzmaurice GM. 2006. Adolescent suicidal ideation as predictive of psychopathology, suicidal behavior, and compromised functioning at age 30. *Amer J Psychiat*, 163(7): 1226-1232. <https://www.doi.org/10.1176/ajp.2006.163.7.1226>
- Reynolds CF, Schneider LS, Lebowitz BD, Kupfer DJ. 1994. Treatment of depression in elderly patients: Guidelines for primary care. In *Diagnosis and Treatment of Depression in Late-Life: Results of the NIH Consensus Development Conference*. American Psychiatric Press Inc, Washington, US, pp: 463-490.
- Rezaie L, Khazaie H, Soleimani A, Schwebel DC. 2011. Is self-immolation a distinct method for suicide? A comparison of Iranian patients attempting suicide by self-immolation and by poisoning. *Burns*, 37(1), 159-163. <https://doi.org/10.1016/j.burns.2010.07.003>
- Ribeiro JD, Huang X, Fox KR, Franklin JC. 2018. Depression and hopelessness as risk factors for suicide ideation, attempts and death: Meta-analysis of longitudinal studies. *British J Psychiat*, 212(5): 279-286. <https://doi.org/10.1192/bjp.2018.27>
- Rosenberg M. 1965. *Society and the adolescent self-image*. Princeton University Press, New Jersey, US.
- Rudd MD. 2006. Fluid vulnerability theory: A cognitive approach to understanding the process of acute and chronic suicide risk. In Ellis TE (Ed.), *Cognition and suicide: Theory, research, and therapy*. American Psychological Association, Washington, US, pp: 355-368. <https://doi.org/10.1037/11377-016>
- Russell D, Cutrona C, Rose J, Yurko K. 1984. Social and emotional loneliness: An examination of Weiss's typology of loneliness. *J Personal Soc Psychol*, 46(6): 1313-1321. <https://doi.org/10.1037/0022-3514.46.6.1313>
- Sayar K, Acar B. 1999. Risk factors in suicide attempts victims with the use of psychotropic drugs. *Klin Psikofarmakol Bül*, 9(4): 208-12.
- Seber G, Dilbaz N, Kaptanoğlu C, Tekin D. 1993. Hopelessness Scale: Validity and reliability. *Kriz Derg*, 1(3): 139-142.
- Shagufta DS. 2022. Self-esteem and suicidal ideation in Pakistani undergraduates. *Psychologia Avances de la Disciplina*, 16(1): 13-21. <https://doi.org/10.21500/19002386.5423>
- Shah A. 2007. The relationship between suicide rates and age: An analysis of multinational data from the World Health Organization. *Int Psychogeriatr*, 19(6): 1141-1152. <https://doi.org/10.1017/S1041610207005285>
- Sharaf AY, Thompson EA, Walsh E. 2009. Protective effects of self-esteem and family support on suicide risk behaviors among at-risk adolescents. *J Child Adoles Psychiat Nurs*, 22(3): 160-168. <https://doi.org/10.1111/j.1744-6171.2009.00194.x>
- Shojaei A, Moradi S, Alaeddini F, Khodadoost M, Barzegar A, Khademi A. 2014. Association between suicide method, and gender, age, and education level in Iran over 2006-2010. *Asia-Pacific Psychiat*, 6(1): 18-22. <https://doi.org/10.1111/appy.12097>
- Silva C, McGovern C, Gomez S, Beale E, Overholser J, Ridley J. 2023. Can I count on you? Social support, depression and suicide risk. *Clin Psychol Psychother*, 30(6): 1407-1415. <https://doi.org/10.1002/cpp.2883>
- Snowdon J, Phillips J, Zhong B, Yamauchi T, Chiu HF, Conwell Y. 2017. Changes in age patterns of suicide in Australia, the United States, Japan and Hong Kong. *J Affect Disord*, 211: 12-19. <https://doi.org/10.1016/j.jad.2017.01.007>
- Sofronieva E. 2012. Empathy and communication. *Rhetoric Commun E-J*, 4(1): 5-17.
- Soloff PH, Lynch KG, Kelly TM, Malone KM, Mann JJ. 2000. Characteristics of suicide attempts of patients with major depressive episode and borderline personality disorder: A comparative study. *Amer J Psychiat*, 157(4): 601-608. <https://www.doi.org/10.1176/appi.ajp.157.4.601>
- Soto-Sanz V, Castellví P, Piqueras JA, Rodríguez-Marín J, Rodríguez-Jiménez T, Miranda-Mendizábal A, Alonso J. 2019. Internalizing and externalizing symptoms and suicidal behaviour in young people: A systematic review and meta-analysis of longitudinal studies. *Acta Psychiat Scand*, 140(1): 5-19. <https://doi.org/10.1111/acps.13036>
- Sowislo JF, Orth U. 2013. Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychol Bull*, 139(1): 213-240. <https://doi.org/10.1037/a0028931>
- Spiller HA, Ackerman JP, Smith GA, Kistangari S, Funk AR, McDermott MR, Casavant MJ. 2020. Suicide attempts by self-poisoning in the United States among 10-25 year olds from 2000 to 2018: substances used, temporal changes and demographics. *Clin Toxicol*, 58(7): 676-687. <https://doi.org/10.1080/15563650.2019.1665182>
- Stickley A, Koyanagi A. 2016. Loneliness, common mental disorders and suicidal behavior: Findings from a general population survey. *J Affect Disord*, 197: 81-87. <https://doi.org/10.1016/j.jad.2016.02.054>
- Stone DM, Holland KM, Bartholow BN, Crosby AE, Davis SP, Wilkins N. 2017. Preventing suicide: A technical package of policies, programs, and practice. URL: https://stacks.cdc.gov/view/cdc/44275/cdc_44275_DS1.pdf (accessed date: January 17, 2024).
- Stone DM, Jones CM, Mack KA. 2021. Changes in suicide rates - United States, 2018-2019. *Morbidity Mortality Weekly Rep*,

- 70(8): 261-268.
- Sun FK, Chiang CY, Yu PJ, Lin CH. 2013. A suicide education programme for nurses to educate the family caregivers of suicidal individuals: A longitudinal study. *Nurse Educ Today*, 33(10): 1192-1200. <https://doi.org/10.1016/j.nedt.2012.06.017>
- Tanney BL. 1992. Mental disorders, psychiatric patients, and suicide. In Maris RW, Berman AL, Maltzberger JT, Yufit RI (eds.), *Assessment and prediction of suicide*. Guilford Press, New York, US, pp: 227-320.
- Thompson AH. 2010. The suicidal process and self-esteem. *J Crisis Intervent Suicide Prevent*, 31(6): 311-316. <https://doi.org/10.1027/0227-5910/a000045>
- Turecki G, Brent DA. 2016. Suicide and suicidal behaviour. *Lancet*, 387(10024): 1227-1239. [https://doi.org/10.1016/S0140-6736\(15\)00234-2](https://doi.org/10.1016/S0140-6736(15)00234-2)
- Uchino BN. 2009. Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspect Psychol Sci*, 4(3): 236-255. <https://doi.org/10.1111/j.1745-6924.2009.01122.x>
- Vanhalst J, Luyckx K, Scholte RH, Engels RC, Goossens L. 2013. Low self-esteem as a risk factor for loneliness in adolescence: Perceived-but not actual-social acceptance as an underlying mechanism. *J Abnormal Child Psychol*, 41: 1067-1081. <https://doi.org/10.1007/s10802-013-9751-y>
- Wang R, Yang Y, Li Y, Liu Y, Zhao X, Jia J, Su Y. 2021. Social support moderates suicidal ideation among Chinese nursing home residents with limited activities of daily living and loneliness. *Arch Psychiat Nurs*, 35(6): 638-644. <https://doi.org/10.1016/j.apnu.2021.07.008>
- Wang Y, Sareen J, Afifi TO, Bolton SL, Johnson EA, Bolton JM. 2015. A population-based longitudinal study of recent stressful life events as risk factors for suicidal behavior in major depressive disorder. *Arch Suicide Res*, 19(2): 202-217. <https://doi.org/10.1080/13811118.2014.957448>
- Webster Rudmin F, Ferrada-Noli M, Skolbekken JA. 2003. Questions of culture, age and gender in the epidemiology of suicide. *Scand J Psychol*, 44(4): 373-381. <https://doi.org/10.1111/1467-9450.00357>
- Weems CF, Carrion VG, McCurdy BH, Scozzafava MD. 2020. Increased risk of suicide due to economic and social impacts of social distancing measures to address the Covid-19 pandemic: A forecast. URL: <https://www.researchgate.net/publication/340487993> (accessed date: January 14, 2024).
- WHO. 2014. World Health Organization: Preventing suicide: A global imperative. World Health Organization.
- WHO. 2023. World Health Organization: Suicide. URL: <https://www.who.int/news-room/fact-sheets/detail/suicide> (accessed date: August 28, 2023).
- Wichstrøm L. 2000. Predictors of adolescent suicide attempts: A nationally representative longitudinal study of Norwegian adolescents. *J Amer Acad Child Adoles Psychiat*, 39(5): 603-610. <https://doi.org/10.1097/00004583-200005000-00014>
- Wilburn VR, Smith DE. 2005. Stress, self-esteem, and suicidal ideation in late adolescents. *Adolescence*, 40(157): 33-45.
- Winfree Jr LT, Jiang S. 2010. Youthful suicide and social support: Exploring the social dynamics of suicide-related behavior and attitudes within a national sample of US adolescents. *Youth Violence Juvenile Justice*, 8(1): 19-37. <https://doi.org/10.1177/1541204009338252>
- Wong EH, Wiest DJ, Cusick LB. 2002. Perceptions of autonomy support, parent attachment, competence and self-worth as predictors of motivational orientation and academic achievement: An examination of sixth-and ninth-grade regular education students. *Adolescence*, 37(146): 255-266.
- Wreen M. 1988. The definition of suicide. *Soc Theor Pract*, 14(1): 1-23.
- Yang Y, Wang R, Zhang D, Su Y, Zang Y. 2022. The protective effect of self-esteem on suicidal ideation among nursing home residents with limited social support in China: A cross-sectional study. *Nurs Open*, 9(6): 2729-2738. <https://doi.org/10.1002/nop2.973>
- Yazıcı Çelebi G, Kaya F. 2023. The association between personal, affective, and cognitive factors and suicide risk among Muslims in Turkey. *J Religion Health*, 62(6): 3780-3800. <https://www.doi.org/10.1007/s10943-023-01945-x>
- Yiu HW, Rowe S, Wood L. 2021. A systematic review and meta-analysis of psychosocial interventions aiming to reduce risks of suicide and self-harm in psychiatric inpatients. *Psychiat Res*, 305: 114175. <https://doi.org/10.1016/j.psychres.2021.114175>
- Zeppegno P, Gattoni E, Mastrangelo M, Gramaglia C, Sarchiapone M. 2019. Psychosocial suicide prevention interventions in the elderly: A mini-review of the literature. *Front Psychol*, 9: 2713. <https://doi.org/10.3389/fpsyg.2018.02713>
- Zhao X, Zhang D, Wu M, Yang Y, Xie H, Li Y, Su Y. 2018. Loneliness and depression symptoms among the elderly in nursing homes: A moderated mediation model of resilience and social support. *Psychiat Res*, 268: 143-151. <https://doi.org/10.1016/j.psychres.2018.07.011>
- Zimet GD, Dahlem NW, Zimet SG, Farley GK. 1988. The Multidimensional Scale of Perceived Social Support. *J Personal Assess*, 52(1): 30-41. https://doi.org/10.1207/s15327752jpa5201_2