Innovations

Dignity as a Determinant of Depression and Suicidality

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Abstract: *The global prevalence of depression affecting over 300 million individuals highlights its profound impact. Characterized by energy loss, appetite and sleep changes, concentration difficulties, and feelings of worthlessness, depression correlates with rising suicide rates, particularly in countries like Nigeria ranking 13th in mortality due to suicide. This study in Ota, Ogun State, Nigeria, surveyed 315 residents using self-worth and respect as facets of dignity, alongside depression and suicidality assessments. Statistical analysis revealed dignity as a significant predictor of both depression and suicidality, indicating an inverse relationship: higher dignity associated with lower risks. Understanding dignity's role in psychological health could inform new psychotherapeutic interventions crucial for addressing these complex mental health challenges.*

Keywords: *Dignity, Depression and Suicidality*

Introduction

Depression is a mood disorder which has been known to cause negative thoughts and emotions that affects the cognition of human beings, influences our motivation and then leads to negative behaviour that impacts our lives and health negatively (Brody, 2018). Over 300 million people in the world are suffering from depression and it has been seen to be the major consequence in disability (WHO, 2017). The world health organization reports that more than 75% of people in low and middle income countries receive no treatment for mental disorders, and this can be due to stigma, lack of resources and lack of trained personnel (WHO, 2021).

Nigeria is one of the world's suicide epicenters, and suicide is a problem for public health around the world. There is, however, a paucity of studies examining the epidemiological factors related to suicide in Nigeria (Oyetunji et al., 2021). Suicide is the fourth most common cause of death for those between the ages of 15 and 29

worldwide, with over 700,000 people dying from it each year. Depression can be a major contributing factor (WHO, 2021). Despite estimates of 17.3 suicides per 100,000 people in Nigeria, the country has seen a rise in suicides since 2012, and the issue of suicide has remained under-researched (Oyetunji et al., 2021).

Dignity is a concept which can be traced back to over 2500 years ago when the Romans described it as a 'status of honour and respect' and they only provide it to someone who was worthy of the honour and respect due to the status he or she had, they termed it 'Dignitashominis (Pele, 2018).Another definition of dignity can be seen in the health sector which is defined as the way people think, feel and behave based on the value they place on themselves or others (Kedivar et al., 2018). In this definition, there are two dimensions that are identified here, self-worth i.e. the worth that is perceived by the individual and the worth perceived by others towards the individual which shows in their attitude towards the individual.

This study aims to assess if dignity can be seen as a determining factor in depression and suicidality by understanding factors that define dignity and how they relate to depression and suicidality.

Statement of the Problem

Nigeria has been reported to have the highest number of depression cases in Africa and there has been an increase in suicide in the country (Aluh et al., 2018). Factors such as economic hardship, financial problems, trauma and grief, substance abuse, gender, physical health problems and mental health issue are seen as the causes of this mental health problem (Fegert et al., 2020). Most of the people who experience depression do not receive the help they need due to shame, stigma and discrimination and this can be linked to a lack of awareness and understanding about the mental health problem. With an estimated suicide rate of 17.3 per 100,000 people, Nigeria, a country with a population of more than 200 million, is one of the world's suicide hot spots, surpassing the continent's (12.0 per 100,000) and the world's (10.5 per 100,000) combined rates (WHO, 2019). According to statistics from throughout the world, since 2012, there have been more suicides in the country. (WHO, 2018). This study seeks to ascertain the incidence of depression and suicidality in society as well as whether or not public decency has an impact on these actions.The primary objective of this study is to investigate the potential predictive relationship between a sense of dignity and two mental health variables, namely depression and suicidality. The research hypotheses posit that dignity will not serve as a significant predictor for either depression or suicidality, suggesting a nuanced exploration into the complex interplay between dignity and mental health outcomes.

Method

The research design adopted for this study was cross-sectional, chosen for its suitability in collecting data from participants at a single point in time. Data regarding the independent variable, dignity, and the dependent variables, depression and suicidality, were gathered from residents of Ota town in Ogun state in a single contact session. This design facilitated the collection of sufficient data from diverse individuals at a specific moment without introducing changes to the variables. The study population comprised educated (SSCE) residents of Ota town, Ogun state, selected due to the city's urbanization, industrialization, and accessibility, which were deemed crucial for accurate analysis. The population size of Ota was estimated at 733,400 based on a 2016 projection from citypopulation. From this population, a sample of 350 respondents was determined using Berry and Lindgren's (1990) 10% rule, where 10% of each area junction in Ota was purposefully chosen. The purposive sampling technique was employed to select educated respondents who met the criteria for participation.

Measures

Three instruments were adopted to gather data in this research. A pilot study was carried out on 27 residents in order to validate the instruments. Results showed that the instruments were significant with a significance of .027, $P < .05$ and $R^2 = .180$ for simple regression analysis of dignity as a determinant of depression. While a significance of .047, $P < .05$ and $R^2 = .149$ for simple regression analysis of dignity as a determinant of suicidality. This means the instruments were valid to use for the intended population. Cronbach's Alpha was also obtained for each instrument to test the reliability.

Sense of self dignity questionnaire (QSSD): The QSSD-3 scale consists of 36 of items forming the following four dimensions: Cognitive (contains statements: 1, 3, 5, 8, 10, 12, 14, 16, 20, 22, 32, 34), Loss (contains statements 13, 15, 17, 19, 21, 23, 25, 27, 36), Relational (contains statements 11, 18, 24, 29, 31, 33, 35) and Experience (contains statements: 2, 4, 6, 7, 9, 26, 28, 30). Answers are given on a five-point scale (5 is "Yes", 4 "Rather yes", 3 "Yes and no" 2 " Rather no" 1 "No"). Due to the fact that within each dimension there have been included from 7 to 12 positions, raw results of each of the dimensions are situated in different points compartments. The sum of points obtained within particular scales of QSSD constitutes the raw score. The overall raw result is obtained by summing the raw results of the cognitive, relational, experiencing and loss dimensions (using the reversed scoring: 1 is "Yes", 2 "Rather yes" 3 "Yes and no" 4 "Rather no" 5 "No"). The Cronbach's Alpha for QSSD for this study was .77.

Beck's Depression Inventory: The Beck Depression Assessment (BDI), a self-report rating inventory with 21 items, assesses depressive symptoms and typical attitudes (Beck, et al., 1961). The BDI takes around 10 minutes to finish, but clients must have reading comprehension skills equivalent to those of fifth- to sixth-grade students (Groth-Marnat, 1990). The BDI's internal consistency has a range of.73 to.92 with a mean of.86 (Beck, Steer, &Garbin, 1988). For the current study, the BDI questionnaire's Cronbach's alpha was.94.

Suicidal Behaviour Questionnaire (SBQ): A four (4) item questionnaire by Osman et al. 1999. Taps into Suicide attempt, frequency of suicidal ideation over the past twelve months, threat to suicide attempt and self-reported likelihood of suicidal behaviour in the future. All the responses under each item have been allocated points, for lifetime suicide attempts or ideation (Item 1) a maximum of four (4) points can be gotten, for suicidal ideation over the past 12 months (Item 2) a maximum of five (5) points can be gotten, for threat of suicide attempts (Item 3) a maximum of 3 points can be gotten and lastly for likelihood of suicidal behaviour in future a maximum of six (6) points can be gotten. For the reliability and validity of the tool the Cronbach's alpha of SBQ for the current study was .77.

Procedure

In a survey research study, the data collection method may vary; consequently, this study collected data using quantitative techniques with the three questionnaires indicated above, and informed consent was obtained from the participants.

Method of Data Presentation and Analysis

The data was analysed with the Statistical Package for Social Sciences (SPSS 25.0), and simple linear regression analysis was performed to examine the variables' predictive ability. Using basic frequency and tables, data was displayed in percentages.

Ethical Considerations

In this study, ethical standards were followed by obtaining a research clearance letter, which formalized the study's execution. The researcher included a consent form that provided respondents with a formal introduction to the study and its objective, as well as the option to accept or reject the study. Respondents were assured that their responses would be used solely for research purposes and would be kept strictly confidential. When the researcher arrived at the field, the University's ID card was used.

Results

Demographic Profile of Participants

The study included 315 residents of Ota, Ogun state, Nigeria, comprising 41.3% males and 58.7% females. Age-wise, the participants were distributed as follows: 36.2% were in the age range of 18-25 years, 31.1% in the age range of 26-35 years, 8.9% in the age range of 36-45 years, and 14.3% were aged 46 years and above. Regarding occupation, 35.6% were students, 19% were self-employed, 17.5% were private sector employees, 10.8% were civil service employees, and 4.8% were artisans, with 3.5% unemployed. In terms of education, 42.9% held B.Sc/Ond/Hnd degrees, 36.8% had postgraduate degrees, and 19% had WAEC or lower education. Marital status distribution was 60.3% single, 37.8% married, and 1.9% divorced. Religious affiliation was predominantly Christian (90.5%), followed by Islam (8.9%).

Depression and Suicidality Levels:

Using the Beck Depression Inventory scale, 73.4% of participants were classified as normal, while 14.1% were considered clinically depressed (ranging from borderline clinical depression to extreme depression). Regarding suicidality, based on the Suicide Behaviour Questionnaire-Revised (SBQ-R), 81.3% of participants scored within normal ranges, while 17.7% had higher suicidality scores.

Hypotheses Testing

Research Hypothesis One: Dignity will not significantly predict depression

Table 1. ***Regression Analysis Summary for Dignity predicting depression***

Variable	B	SE	β	t	p	95% CI
(Constant)	1.193	.114		7.983	.000	[.899, 1.487]
Dignity	-.342	.049	-.303	-5.623	.000	[.462, -.222]

Note: R^2 = .092; F(1,313) = 31.614, p<.001.

Table 1, presents the regression analysis summary assessing the relationship between dignity and depression. The analysis included the constant term and the variable "Dignity," with corresponding values for unstandardised coefficients (B), standard errors (SE), standardized coefficients (β), t-values, p-values, and 95% confidence intervals (CI). The regression analysis yielded a coefficient of determination (R^2) of .092, indicating that the predictor variable (dignity) accounted for 9.2% of the variance in the outcome variable (depression scores). This relationship was found to be statistically significant, as evidenced by the F-statistic of F(1,313) = 31.614, with a corresponding p-value of less than .001. Specifically, the analysis revealed that dignity had a negative impact on depression, with a standardized coefficient (β) of -.303 and a significant p-value of less than .001. This indicates that higher levels of dignity were associated with lower depression scores.

Therefore, based on these results, we reject the null hypothesis, which posited that dignity would not significantly predict depression.

Research Hypothesis two: Dignity will not significantly predict suicidality.

Table 2.*Regression Analysis Summary for Dignity predicting suicidality*

Variable	B	SE	β	t	p	95% CI
(Constant)	2.517	.157		12.296	.000	[2.114, 2.2920]
Dignity	-.449	.068	-.292	-5.391	.000	[-.613, -.285]

Note: R^2 = .085; F(1,313)=29.067,p<.001

Table 2 presents the regression analysis summary assessing the relationship between dignity and suicidality. Similarly, the analysis included the constant term and the variable "Dignity," with corresponding values for unstandardized coefficients (B), standard errors (SE), standardized coefficients (β), t-values, p-values, and 95% confidence intervals (CI).

The regression analysis yielded a coefficient of determination (R^2) of .085, indicating that the predictor variable (dignity) accounted for 8.5% of the variance in the outcome variable (suicidality scores). This relationship was found to be statistically significant, as evidenced by the F-statistic of F(1,313) = 29.067, with a corresponding p-value of less than .001.

Specifically, the analysis revealed that dignity had a negative impact on suicidality, with a standardized coefficient (β) of -.292 and a significant p-value of less than .001. This indicates that higher levels of dignity were associated with lower suicidality scores. Therefore, based on these results, we reject the null hypothesis, which posited that dignity would not significantly predict suicidality.

These findings contribute to understanding the role of dignity in mental health outcomes, highlighting its importance in predicting both depression and suicidality among the study population.

Discussions

Research Hypothesis 1: Dignity Predicts Depression

The research aimed to explore the predictive role of dignity in depression, finding support for dignity as a predictor of depression. Quantitative data was collected, focusing on the hypothesis that dignity influences depression and suicidality. While various factors have historically predicted depression, including biological, social, and psychological factors, this study concentrated on dignity as a major factor. Although the perception of dignity may vary individually, it generally encompasses self-worth and respect, either from oneself or others. The results indicated a significant predictive relationship between dignity and depression, demonstrating

an inverse correlation; higher dignity levels corresponded to lower depression levels and vice versa. These findings are consistent with prior research by Li et al. (2019), which investigated the impact of dignity therapy on cancer patients and observed a decrease in depression as dignity increased. Similarly, Salehi et al. (2020) found an inverse relationship between inherent dignity and depression in patients with heart failure. Social factors such as education, employment, and marital status often contribute to one's sense of dignity in society. The absence of these factors may lead to mental health issues like depression and suicidality, especially over time. This aligns with Dong et al.'s (2021) study on older adults, where higher economic status and better health were associated with higher dignity scores, indicating a link between dignity and overall well-being. Physical health can also impact dignity, as seen in Obispo et al.'s (2022) study on advanced cancer patients, where those with perceived lower dignity experienced heightened feelings of helplessness and despair. Moreover, the religious beliefs of participants acted as a protective factor against depression, echoing findings by Opsahl et al. (2019) that religiosity was associated with lower depressive symptoms and suicidality. Relationships and social connections also play a crucial role in one's sense of dignity. Negative views or experiences within relationships can diminish dignity and contribute to psychological distress, as emphasized by the higher participation of females (who are typically more religious) in this study. Cox and Diamant (2018) noted gender differences in religiosity, which may influence self-esteem and depression levels.

Research Hypothesis 2: Dignity Predicts Suicidality

The study also explored whether dignity predicts suicidality, finding an inverse relationship between dignity and suicidality. This suggests that higher levels of dignity are associated with lower suicidality rates. McFarland et al. (2019) previously identified various risk factors for suicide, including depression, hopelessness, and loss of dignity, aligning with the findings of this study. Loss of dignity has been linked to suicidal ideation, particularly in palliative care settings, where existential crises can arise from a perceived loss of control and meaning. Monforte-Royo et al. (2018) demonstrated that desire for a quick death among cancer patients was influenced by depression and loss of dignity. Similarly, Perito (2018) found that loss of autonomy and identity, linked to dignity, were factors in suicidal ideation among prisoners, with dignity therapy proving effective in restoring dignity and reducing self-harm.

Participants with higher levels of dignity often exhibit better quality of life and self-worth, as evidenced by Robinson et al.'s (2017) study on palliative care patients. Their findings highlight the connection between low self-worth and a desire for hastened death, emphasizing the importance of addressing dignity in mental health interventions.

Overall, the findings support the hypotheses that dignity predicts both depression and suicidality, underscoring the multifaceted role of dignity in mental health outcomes. These results contribute to a deeper understanding of the complex interplay between dignity, social factors, and psychological well-being, with implications for therapeutic interventions and public health strategies.

Limitations of study

Some respondents were not willing to participate and some questionnaires were misplaced before collection due to carelessness of some respondents. Some respondents did not finish answering the questionnaires which made them invalid.

Suggestions for Further Study

The findings of this study suggest several avenues for further research. Firstly, there is a need for more comprehensive studies on dignity as a psychological determinant, aiming to delve deeper into its nuances and complexities. Furthermore, conducting similar studies in different locations across Nigeria would provide a broader perspective and enhance the understanding of dignity's role in mental health outcomes.

Contribution to Knowledge

Despite its limitations, this study contributes significantly to the mental health profession by introducing a new dimension in understanding dignity as a potential factor in determining depression and suicidality in non-clinical settings in Africa. It adds to the existing knowledge base about dignity, particularly human dignity and social dignity, and their implications on human emotions. Furthermore, this study addresses a gap in the limited literature on this topic in Africa and Nigeria specifically.

Recommendations

Based on the findings and limitations of this study, several recommendations can be made. Firstly, there is a need for further research on dignity to fully grasp its concept and understand its influence on psychological health, particularly in African contexts such as Nigeria. Additionally, clinicians and educators should receive training and enlightenment regarding the impact of dignity on psychological well-

being, enabling them to engage with individuals in a more empathetic and effective manner.

These insights and recommendations are crucial for advancing knowledge in the field of mental health, particularly in non-clinical settings, and for guiding future research and interventions related to dignity and its implications on human emotions and mental health outcomes.

Conclusion

Mental health in Nigeria is becoming an important part of the health sector, with the rise in mental health problems across the country new psycho-therapeutic techniques need to be innovated or introduced. Depression and suicidality have been on the rise over the years and understanding psychological or social factors that may lead to their occurrence helps professionals understand how to treat and maintain a good mental health. Dignity is a relatively new concept which is being studied in psychology, though it may stand as an umbrella to some other psychological variables but seeing it in the context of self-worth and respect by the individual or others can help in understanding the concept and create or introduce innovative psycho-therapeutic techniques to further help in treating psychological distress.

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