

Learned Helplessness, Self-Concept Clarity and Fatigue as Predictors of Suicidality Among Adolescents and Adults in Oyo State, Nigeria

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Abstract:

Suicide is widely recognised as a global phenomenon requiring evidence-based preventive measures. Quite a number of variables have been documented to predict the existence of this menace globally. While some are theoretical postulations others have been empirically proven. There is, however, paucity of information on the combined impact of variables on suicidality in the literature. Consequently, this study examined the combined and separate predictive impact of learned helplessness, self-concept clarity and fatigue on suicidality among adults and adolescents in Ibadan metropolis, Oyo State. A cross-sectional survey design was adopted, and data was collected from 2493 participants using a cluster sampling technique. Multiple regression analysis (Stepwise) was employed to test the two stated hypotheses. Results indicate that learned helplessness, self-concept clarity and fatigue jointly accounted for 99.6% of the variance in suicidality and separately predicted suicidality at different degrees in this order fatigue, self-concept clarity and learned helplessness. These findings have implications for SDG 8. Economic development programmes targeted at achieving SDG 8 should be designed in a way to curtail the predictive value of these variables among adolescents and adults for them to be alive and make productive economic impacts in their various countries.

Keywords: Learned Helplessness, Self-Concept Clarity, Fatigue, Suicidality, Sustainable Development, Nigeria.

Introduction

Suicide is a major public health issue around the world. It is without a doubt one of the most significant health concerns that humans encounter throughout their lives [1]. The World Health Organization defines suicide as the purposeful act of causing one's own death [2]. According to the American Psychological Association, suicide and its associated risk factors are the most dangerous and prevalent societal vices in the world [3]. The World Health Organization estimates that approximately a million people die by suicide each year. Furthermore, it is anticipated that the death rate would increase by 2020.

Furthermore, in the United States, statistics from 2016 showed that the highest rates of suicide were among people aged 45 to 54 and 85 and older [4]. Unlike the United States, the demographic group that commits suicide in Nigeria is not limited to a specific age bracket. The newspapers occasionally report on an older man who hanged himself because he was refused his pension benefits, or a young teenager who commits suicide because he or she is unable to cope with social pressures [5][6]. This occurrence is ironic because Nigeria is considered among the happiest people in the world. For the happiest people in the world to report an increased number of suicide cases begs for attention [7].

Some of the incidents of completed suicide included one Dr. Orji, a medical doctor who leaped from the third mainland bridge on March 24, 2017, and an undergraduate student committed suicide in his accommodation at Abubakar Tafawa Balewa University in Bauchi state [8]. A fifth-year urban and regional planning student at the Ladoke Akintola University of Technology in Ogbomoso committed himself by hanging himself in the hostel. Also reported is the instance of a 19-year-old Babcock University student in Ogun state who committed suicide at his parents' house. The case of a commercial bank manager in Lagos state who committed suicide after being forced by his bank to repay his loan has been dismissed once again. All these and other recordings of suicide occurred in Nigeria. [9]. WHO made available global data on suicide. The data shows that about 800,000 people globally commit suicide on yearly basis which is equivalent of a person every 40 seconds [10]. Suicide is recognised as the second foremost cause of death among 15-29 year olds worldwide and 79% of cases of suicides occurred in low and middle-income countries of the world.

Suicidal acts seldom occur spontaneously. Suicidal acts are characteristically prearranged and premeditated. Suicide ideation or suicidal ideation which is also referred to as suicidal thoughts which are a precursor to suicide attempts. Biswas, Scott, Munir, Renzaho, Rawal, Baxter et al. assert that suicidal ideation and anxiety are widespread among adolescents with a significant worldwide variation [11]. In a study aimed at investigating the epidemiology of suicidal ideation, attempts and self-injurious behaviour among 10638 adolescents Donath, Bergermann, Kliem, Hillemacher and Baier found that only 36.6% 'rarely' when they were asked to rate the lifetime prevalence of suicidal ideation [12]. Another study which drew 275057 adolescents between age 12 and 17 from six World Health Organization regions, covering 82 countries, by Biswas, Scott, Munir, Renzaho, Rawal, Baxter et al. reveal that 14.0% of the participants reported suicidal ideation which highest pool prevalence from Africa region 21.0%; 20.0-21.0% [11].

Several variables are thought to trigger suicide in society. Economic insecurity, among other issues, is a major concern in Nigeria and many other emerging countries. As a result, many people have chosen to take their own lives. For example, in Nigeria, thousands of young people graduate from universities each year. However, there are no viable jobs to support them. This circumstance has pushed prospective individuals, who could have contributed to the nation's growth and progress, to commit suicide. Other variables that have contributed to suicide include familial instability, an unstable relationship, the death of a loved one, economic difficulties, work stress, and personal traits. Suicide is a dangerous act that affects the government, family, people, and society as a whole. Some of the negative consequences include bereavement, perception as motivation for bystanders to give up, a decrease in a country's population, motivation for individuals who are vulnerable to suicide to commit suicide, and many other risks. Suicide has significant economic and health consequences for any society. For example, if the majority of a country's youth commit suicide due to perceived

financial difficulty, that country will experience a huge drop in manpower in the long run, as every country's strength is its youth population. In terms of health implications, family of suicide victims are more likely to develop certain psychopathologies such as depression, sleeplessness, substance abuse problem, schizophrenia, and anxiety disorders, among others. These health consequences are the result of family bereavement following a successful suicide. Also, in the past, churches like as the Catholic Church did not provide a proper Christian burial to people who committed suicide, but this practice has changed [13].

Most previous studies on suicidality have concentrated on the consequences while paying little attention to the causes of suicide. These studies were concerned with the impact of suicide on the family or greater society [14]. It was thus observed that studying the outcomes of suicide alone was insufficient in militating against the increasing rate of suicide. Contemporary studies, e.g., Littlewood, Kyle, Pratt, Peers & Gooding; McManimen et al.; Scala et al. indicated research problems in the area of suicidality to be lack of focus on the antecedents and too much attention on the outcomes of suicide among vulnerable population [15][16][17]. *Psychodynamic Approach to Suicidality*.

The psychodynamic theory was developed by Sigmund Freud (1856 – 1939). Freud posited that unconscious and unresolved infantile conflicts determine human beings' behaviour. According to Freud, everyone passes through 5 stages of psycho-sexual development, and its conflict accompanies each stage. If these conflicts remain unresolved in a person, such a person grows up and manifest symptoms of psychopathology associated with the unresolved conflicts. The cause of the manifested symptoms of psychopathology is most times unconscious to persons exhibiting the symptoms. In essence, the core focus of this theory is on the role of unconscious factors predicting behavioural abnormality in adolescents and adults.

Furthermore, Freud identified three structures of personality. He stated them as id, ego and superego. The id consists of aspects of our personality that are pleasure-seeking and seek immediate gratification; in essence, the id structure of personality operates or is governed by the pleasure principle. As for the ego, it consists of aspects of our personality that seek reality and seek to carry out actions in real-life activities, the ego structure of personality operates or is governed by the reality principle. Last structure of personality is the superego structure and is characterised by moral values and conscience. The superego structure of personality reflects the moral values taught from religious institutions, family and school, some psychologists refer to it as the conscience of a person, and it operates or is governed by the moral principle or principle of morality.

With application to this study, the psychodynamic theory explains why people commit suicide in adulthood resulting from experienced infantile conflicts. It also explains why people may show signs of suicidal thoughts, plan and attempts from as early as childhood and eventually commit suicide during adulthood. Furthermore, the three structures of personality are also implicated in suicidality. For example, a person with a strongly formed superego over other structures of personality is likely to disregard suicidal thoughts, plan and attempt when faced with helpless or severely fatigue situations. This is because the superego which consists of moral values and human conscience frowns at things that have been taught to be evil or sinful in the sight of man, society and God.

On the other hand, a person with a weakly formed superego and strongly formed id are most likely to consider suicidal thoughts, plan and attempt when faced with helpless or severely fatigue events. This is because when the superego is weakly formed, there will be little or no consideration for morality. In contrast, a strongly developed id will only be after immediate gratification and always seek out ways to alleviate present suffering. Psychodynamically, it has been illustrated from this explanation how suicidality can be an implication of early childhood experiences and unresolved infantile conflicts. Furthermore, it has also been explained how the three structures of personality - id, ego and superego interact together to influence human behaviour such as suicidal thoughts, plan and attempts. Hence, this model implies that clinical psychologists and other therapists are required to note the childhood history of patients when treating them for suicidality.

The cognitive-behavioural model posits that human and animal behaviour occurs as a result of the meaning given to environmental stimuli. Thus, whatever behaviour we display is a reflection

of the interpretation we give to the environmental stimuli around us. The cognitive-behavioural theory is the basis upon which the cognitive behavioural therapy rests. Cognitive behavioural therapy is a therapy popularly used in the practice of clinical psychology today. The therapy assumes that it is only when the thinking pattern of a person is corrected that the behaviour of the person will also be corrected because behaviour is a product of thought patterns that take place in our minds. The cognitive behavioural theory is widely used to explain abnormal behaviours such as suicide, from how suicide is conceived in mind and executed in reality. As a result, most clinical psychologists use cognitive behavioural therapy to intervene in people that are vulnerable to suicide.

Suicidality from the cognitive behavioural theory perspective is seen as a product of the meaning given to events by people who commit suicide. A person with an unpleasant event who thinks that his condition is the worst of all, and life is no longer worth living is likely to commit suicide. On the other hand, a person who thinks that his condition is only temporal and that things will get better soonest if he or she perseveres. Thus, suicidality as an act, a product of the pattern of thoughts conceived in minds. Suicidality reflects the thoughts of persons that resort to committing suicide after exposure to an adverse life event. This theory suggests that interventions to mitigate against suicidality may target the thoughts pattern of people vulnerable to suicide such as persons who have just been in contact with traumatising happenings since suicide is a product or reflection of thoughts pattern according to the cognitive-behavioural theory.

Works of literature have suggested that learned helplessness may be a state before suicidality. As a result, additional research is needed to clarify the relationship between learned helplessness and suicidality [18]. Learned helplessness is a condition in which a person or animal develops and suffers from a sense of hopelessness following exposure to a very risky or traumatic experience. This situation typically occurs after a human or animal perceives themselves to be at the mercy of a potentially fatal or traumatic incident. Learned helplessness may be a predictor of suicide. This shows that when people suffer a sense of powerlessness as a result of a traumatic occurrence, they may resort to suicide behavior. Thus, emotions of powerlessness or hopelessness may be the main reason people commit suicide.

There is literature-based evidence suggesting that self-concept clarity may be linked to suicidality [19]. Self-concept clarity may be both a risk and a protective factor against suicidality. This shows that high self-concept clarity does not always protect against suicidality. High self-concept clarity may also be a risk factor for suicidality. As a result, more research is needed to improve our understanding of the relationship between self-concept clarity and suicidality [19]. Fatigue severity is defined as a state of prolonged or extreme demoralisation, frustration, or exhaustion following exposure to a traumatic incident. Severe weariness is typically developed after being subjected to a traumatic incident, such as a life-threatening sickness. People with fatigue severity may believe that all hope is lost; hence, fatigue severity sets in. Fatigue severity is most common in depressed people. McManimen, Devendorf, Brown, Moore, Moore, and Jason observed that fatigue intensity is common in people with terminal conditions such as cancer. People's suicidal thoughts may be influenced by the severity of their fatigue [16]. People who experience prolonged weariness or dissatisfaction as a result of a traumatic event may be motivated to attempt suicide. Fatigue severity is an advanced kind of fatigue, as the name implies; this implies that mild and moderate fatigue occur prior to fatigue severity. Hence, fatigue severity being the severe form may be implicated in severe clinical issues such as suicidality, major depressive disorder, anxiety etc.

These three variables isolated above are psychological variables that have not been jointly linked with suicidality. Apart from these, scholars have also documented the link between suicide rates and economic development indexes. For instance, Yin, Xu, Shao, Li and Wan report that when GPD per capital increased by 2787 RMB, the suicide rate in China decreased by 0.498 times [20]. Analysis of data collected from 29 European countries from 2000-2011 show strong correction between suicide rates and all economic indices excluding GDP per capital in men but only a relationship with unemployment in women [21]. The impact of youth suicide in terms of life lost, present economic value of lost productivity and years of productivity life lost in dollars has been established in a study conducted by Doran and Kinchin in ten countries of the world with highest

human development index [22]. The result indicates a loss of 406, 730 years of life at a cost of \$5.53billion in lost economic income with the mean cost of suicide projected at \$802,939. The result further shows that the United States of America is the country with the most significant youth suicide problem accounting for 77% of total cost.

Sporadic efforts have been made by government and non-government organisations in the past to arrest economic lost and promote economic development. In recent time. the sustainable development goals (SDG) were approved in 2015 by the United Nations to attain a better and more sustainable future for all irrespective of age, gender, race, disabilities, economic status by the year 2030. It has 17 global goals but goal 8 specifically focuses on the development of decent work and economic development for all. Unresolved economic and mental health crises will hinder the attainment of laudable sustainable development goal of decent work and economic development for all. Oyesanmi, Lopez-Morinigo and Dutta systematically reviewed studies on suicide in economic recession and found that 31 out of 38 studies established a positive correlation between economic recession and increased suicide rate while only two reported a negative relationship. In addition to these, two of the studies were unable to establish association between recession and suicide rates while three studies were inconclusive [23]. Matsubayashi, Sekijima and Ueda asserts that government's response to economic crises can either aggravate or lessen the undesirable effect on people's mental health and suicide rates [24].

It is evident from the foregoing that factors such as weariness, self-concept clarity, and learned helplessness may have an impact on suicidality while also having an economic impact on sustainable development objectives. Researchers haven't, however, tried to ascertain how these factors affect suicidality separately and in combination. In order to determine its implications for sustainable development objectives, this study intends to examine learned helplessness, self-concept clarity, and tiredness severity prognostic value on suicidality among adolescents and adults in Ibadan city, Oyo State, Nigeria. The study hypothesised that there would be significant combined and separate effects of learned helplessness, self-concept clarity and fatigue severity on suicidality among adolescents and adults in Ibadan metropolis, Oyo State, Nigeria.

Methodology

A cross-sectional survey design was used in this investigation. The study's participants include adults and adolescents in Ibadan, Oyo State. There is no estimate given for the current population. Using the cluster sample approach, 2493 adults and adolescents participated; 1402 (56.1%) were female and 1091 (43.7%) were male. The University of Ibadan students, the rehabilitation patients at the juvenile detention facility in Sango Ibadan, and the Cheshire Rehabilitation Center in Eleyele and Oluyole Ibadan North Local Government area participated in the study. Cheshire Rehabilitation Centre and juvenile correctional home were selected to ensure that adolescents and adults who are in undergoing rehabilitation and corrective programmes are not left out of the study. In addition, there might be tendencies that some adolescents and adults in these centres have attempted suicide in the past. A total of four separate instruments were given to each participant.

First, Quinless & Nelson created the Learned Helplessness Scale (LHS) [25]. In a pilot research with 100 participants, Quinless & Nelson found that the scale's reliability was 0.85 Cronbach's Alpha, and the study's test-retest reliability was $r = .881$ [25]. Second, the Self-Concept Clarity (SCC) scale was created by Campbell, Trapnell, Heine, Katz, Lavalley, and Lehman. According to multiple studies, the scale's internal consistency reliability ranges from 0.70 to 0.79, as indicated by the Cronbach's alpha coefficient [26]. The researchers further cross-validated the scale through a pilot study and test re-test reliability using Pearson's Product Moment Correlation of $r = .601$ was obtained as and split-half reliability 0.998. Third, Fatigue Severity Scale (FSS) developed by Neuberger [27]. According to Neuberger, internal consistency was good, with a Cronbach's alpha of 0.88. A test-retest reliability of $r = .817$ and split-half reliability of 0.998 were found from a pilot study for the current investigation. Fourth, Fountoulakis, Pantoula, Siamouli, Moutou, Gonda, Rihmer, Iacovides, and Akiskal created the Risk Assessment Suicidality Scale (RASS) [28]. According to Cronbach's alpha, they reported

that the scale's dependability ranged from 0.69 to 0.85. A split-half reliability value of 0.98 and test-retest reliability $r = .553$ were found for the current investigation. The Statistical Package for the Social Sciences (SPSS) was used to analyze the data collected for this study. The assumptions were tested using multiple regression (stepwise).

Results

Table 1: Model summary of stepwise multiple regression analysis and analysis of variance showing the contribution of independent variables on suicidality

Model	Regression	Source of variation	SS	Df	MS	F	Sig.
A	R = .996	Regression	723747.12	1	723747.12	324477.91	.000
	R ² = .992	Residual	5556.169	2491	2.230		
	R ² (adj) = .992	Total	729303.29	2492			
B	R = .997	Regression	725641.23	2	362820.62	246698.20	.000
	R ² = .995	Residual	3662.059	2490	1.471		
	R ² (adj) = .995	Total	729303.29	2492			
C	R = .998	Regression	726239.39	3	242079.80	196657.17	.000
	R ² = .996	Residual	3063.894	2489	1.231		
	R ² (adj) = .996	Total	729303.29	2492			

a: predictor: (constant), learned helplessness, b: predictor: (constant), learned helplessness, self-concept clarity, c: predictor: (constant), learned helplessness, self-concept clarity, fatigue, d: dependent variable: suicidality.

Table 1 shows the combined effect of the three independent variables on suicidality. Adding learned helplessness to the regression resulted in a substantial influence ($R = .996$; $R^2 = .992$; $F(1, 2491) = 324477.91$; $p < .001$). This suggests that learned helplessness can explain 99.2% of the variation in teenage and adult suicidality. Including self-concept severity increased prediction accuracy ($R = .997$; $R^2 = .995$; $F(2, 2490) = 246698.20$; $p < .001$). Self-concept clarity contributed 0.3% to the prediction, while the combination of learned helplessness and self-concept clarity explained 99.5% of the variation in teenage and adult suicidality. The inclusion of fatigue severity in the regression model demonstrated a considerable contribution ($R = .998$; $R^2 = .996$; $F(3, 2489) = 196657.17$; $p < .001$). While the three variables put together could only explain 99.6% of the total variance observed in suicidality among the study population. We, therefore, accept this hypothesis.

Table 2: Summary of testing the regression weight of independent variables on suicidality

Model	Unstandardized coefficient	Standard Error	Standard coefficient	t	Sig
	B		Beta		
A	.104	.012	.169	8.785	.000
B	-.305	.018	-.403	-16.83	.000
C	.433	.020	.427	22.04	.000
Constant	11.892	1.351		8.806	.000

a: Predictors in the Model: (Constant), Learned helplessness; b: Predictors in the Model: (Constant), learned helplessness, Self-concept clarity; c: Predictors in the Model: (Constant), learned helplessness, self-concept clarity, fatigue; d: Dependent variable: Suicidality.

Table 2 tested the regression weights of the independent variables. It was evident from the table that fatigue severity was the most potent predictor of suicidality among the study sample ($\beta = .427$; $t = 22.04$; $p < .001$). This was followed by self-concept clarity ($\beta = -.403$; $t = -16.83$; $p < .001$) though negative and finally learned helplessness ($\beta = .169$; $t = 8.785$; $p < .001$) respectively. We, therefore,

accept this hypothesis.

Discussion of Findings

Hypothesis one's findings are similar with earlier research, which revealed that learned helplessness, self-concept clarity, and weariness predicted suicidality [19][29][30][31]. Furthermore, Williams and Pollock identified helplessness as a mediator between depression and suicidal intent in the parasuicide population [32]. Previous research looked at helplessness as a predictor of depression in teenagers and adults. Furthermore, studies have identified helplessness as a risk factor for depression and suicidal ideation in adolescents and adults. Furthermore, a comparable study by Bromberg, Law, and Palermo found that the rate of suicidality was the same in youth with chronic fatigue as in those without chronic fatigue, and the content of suicidal thoughts did not differ by group [33]. Suicidality, on the other hand, was linked to higher levels of depression and worse self-esteem.

The analysis of hypothesis two revealed that fatigue severity was the most powerful predictor of suicidality in the research sample. This lends validity to some prior investigations. For instance, in a study by Kleiman, Turner, Chapman & Nock fatigue moderates the relationship between perceived stress and suicidal ideation among young adult [34]. The findings demonstrated that high perceived stress and exhaustion (which may impair stress tolerance) interact to predict the short-term occurrence of suicidal thoughts and non-suicidal self-injury (NSSI). In a similar study, Yoon, Jung, Roh, Seok, and Won demonstrated that lengthy hours of intellectually challenging labor were connected with suicide ideation [35]. Suicidal thoughts were more common in those who worked 60 or more hours per week than in those who worked fewer than 52 hours per week. Furthermore, those who worked 60 or more hours per week reported more suicidal thoughts than those who worked fewer than 52 hours per week. These correlations remained significant after controlling for variables such as household income, marital status, and the previous two weeks' experience with injury, type of employment, chronic disease, or intoxication. At an applied level, these findings provide insight into how psychologists might structure the situation in order to protect vulnerable persons from suicidal ideation and attempt. One of such ways is to ensure constant and close availability of counselling psychological services to the masses.

The results of this study also have implications on sustainable development goals. Goal 8 of the sustainable development programme aimed at promoting full and productive employment and decent work for. In order to achieve this, a number of targets was set. It is, however, worthy of note that both the aim and the targets are for the living not the dead. When people who are to enjoy the benefits of sustainable development programme are committing suicide on daily basis, then drastic efforts will be needed to put a stop to this. This study has identified three variables that are capable of predicting suicide behaviour among adolescents and adults, it is therefore, expedient that economic development programmes targeted at achieving SDG 8 should be designed in a way to curtail the predictive value of these variables among adolescents and adults for them to be alive and make productive economic impacts in their various countries.

This study has some limitations. For instance, the instruments used for data collection were based on self-report method. There is, therefore, every possibility that some respondents may conform to social desirability while responding to items on the scales used to collect data [36].

Conclusion and Recommendations

Suicide is, without a question, a major issue among teenagers and adults worldwide, particularly in Nigeria. Although there have been several research on suicide, none have concurrently investigated learned helplessness, self-concept, and weariness as predictors of suicidality among adolescents and adults, highlighting a gap in the literature. This study aims to fill a vacuum by looking at the impacts of learned helplessness, self-concept clarity, and weariness as predictors of suicidality in adolescents and adults in Ibadan, Nigeria. The current study's findings validate the planned hypotheses by demonstrating that the three independent factors jointly and independently predicted suicidality among adolescents and adults in Ibadan, Nigeria. There is a need for mental health professionals to launch an aggressive effort to combat the spread of suicide and suicidal behavior. To overcome life

issues, adolescents and adults must learn to seek assistance from appropriate specialists.

References

- [1] A. M. Gesinde, “Challenges in meeting the HIV/AIDS counselling needs in Nigeria,” *International Journal for the Advancement of Counselling*, vol. 34, no. 4, pp. 297–306, 2012.
- [2] World Health Organization (WHO), *Preventing Suicide: A Global Imperative*. Geneva, Switzerland: WHO, 2014. [Online]. Available: http://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf. Accessed: Feb. 23, 2026.
- [3] American Psychological Association, *Gun Violence: Prediction, Prevention, and Policy*. Washington, DC, USA: APA, 2013. [Online]. Available: <http://www.apa.org/pubs/info/reports/gun-violence-prevention.aspx>. Accessed: Feb. 23, 2026.
- [4] American Foundation for Suicide Prevention, “Suicide statistics,” 2018. [Online]. Available: <https://afsp.org/about-suicide/suicide-statistics/>. Accessed: Feb. 23, 2026.
- [5] O. Omigbodun, N. Dogra, O. Esan, and B. Adedokun, “Prevalence and correlates of suicidal behaviour among adolescents in Southwest Nigeria,” *International Journal of Social Psychiatry*, vol. 54, no. 1, pp. 34–46, 2008.
- [6] F. Makinde, “Aregbesola, pensioners trade blames as headmaster commits suicide over unpaid gratuity,” *Punch Newspaper*, Nov. 22, 2017. [Online]. Available: <https://punchng.com/aregbesola-pensioners-trade-blames-as-headmaster-commit-suicide-over-unpaid-gratuity/>. Accessed: Feb. 23, 2026.
- [7] R. Akinremi, “International day of happiness: Nigerians are happier in 2018 than 2019. Suicide and suicidal behaviour in Nigeria: A review,” 2020. [Online]. Available: <https://icirnigeria.org/intl-day-of-happiness-nigerians-are-happier-in-2019-than-2018-report>. Accessed: Feb. 23, 2026.
- [8] *Punch Newspaper*, “Doctor jumps off third mainland bridge, commits suicide,” Mar. 19, 2017. [Online]. Available: <http://punchng.com/breaking-doctor-commits-suicide-jumps-off-third-mainland-bridge/>. Accessed: Feb. 23, 2026.
- [9] *Punch Newspaper*, “Undergraduate commits suicide in Bauchi,” Nov. 25, 2017. [Online]. Available: <http://punchng.com/undergraduate-commits-suicide-in-bauchi/>. Accessed: Feb. 23, 2026.
- [10] World Health Organization (WHO), “Mental health: Suicide data,” 2020. [Online]. Available: https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/. Accessed: Feb. 23, 2026.
- [11] R. Biswas *et al.*, “Global variation in the prevalence of suicidal ideation, anxiety, and their correlates among adolescents: A population-based study of 82 countries,” *EClinicalMedicine*, vol. 24, Art. no. 100395, 2020, doi: 10.1016/j.eclinm.2020.100395.
- [12] C. Donath *et al.*, “Epidemiology of suicidal ideation, suicide attempts, and direct self-injurious behaviour in adolescents with a migration background: A representative study,” *BMC Paediatrics*, vol. 19, Art. no. 45, 2019, doi: 10.1186/s12887-019-1404-Z.
- [13] B. William, “Do people who commit suicide go to hell?” 2013. [Online]. Available: <https://www.catholicdigest.co/articles/knowledge/2007/04-01/do-people-who-commit-suicide-go-to-hell>. Accessed: Feb. 23, 2026.
- [14] A. Spillane, C. Larkin, P. Corcoran, K. Matvienko-Sikar, and E. Arensman, “What are the physical and psychological health effects of suicide bereavement on family members? Protocol for an observational and interview mixed-methods study in Ireland,” *BMJ Open*, 2017, doi: 10.1136/bmjopen-2016-014707.
- [15] D. Littlewood, S. D. Kyle, D. Pratt, S. Peers, and P. Gooding, “Examining psychological factors in the role between sleep problems and suicide,” *Clinical Psychology Review*, vol. 54, pp. 1–16, 2016.
- [16] S. L. McManimen *et al.*, “Mortality in patients with myalgic encephalomyelitis and chronic fatigue syndrome,” *Fatigue*, vol. 4, no. 4, pp. 195–207, 2016.

- [17] J. W. Scala *et al.*, “The role of negative affect and self-concept clarity in predicting self-injurious urges in borderline personality disorder using ecological momentary assessment,” *Journal of Personality Disorders*, vol. 32, Special Issue, pp. 36–57, 2018.
- [18] A. I. Jones and J. S. Philips, “Psychosocial factors influencing suicidal intention among newly diagnosed HIV patients in University of Michigan teaching hospital,” *Journal of Clinical Psychology*, vol. 12, pp. 112–125, 2017.
- [19] A. E. Talley, S. L. Brown, K. Cukrowicz, and C. L. Bagge, “Sexual self-concept ambiguity and the interpersonal theory of suicide risk,” *Suicide and Life-Threatening Behavior*, vol. 46, no. 2, pp. 127–140, 2016.
- [20] H. Yin, L. Xu, Y. Shao, L. Li, and C. Wan, “Relationship between suicide rate and economic growth and stock market in the People’s Republic of China: 2004–2013,” *Neuropsychiatric Disease and Treatment*, vol. 12, pp. 3119–3128, 2016.
- [21] K. N. Fountoulakis *et al.*, “Relationship of suicide rates to economic variables in Europe: 2000–2011,” *The British Journal of Psychiatry*, vol. 5, no. 6, 2014, doi: 10.1192/bjp.bp.114.147454.
- [22] C. M. Doran and I. Kinchin, “Economic and epidemiological impact of youth suicide in countries with highest human development index,” *PLoS ONE*, vol. 15, no. 5, Art. no. e0232940, 2020, doi: 10.1371/journal.pone.0232940.
- [23] M. Oyesanmi, J. Lopez-Morinigo, and R. Dutta, “Systematic review of suicide in economic recession,” *World Journal of Psychiatry*, vol. 5, no. 2, pp. 243–254, 2015.
- [24] T. Matsubayashi, K. Sekijima, and M. Ueda, “Government spending, recession and suicide: Evidence from Japan,” *BMC Public Health*, vol. 20, Art. no. 243, 2020, doi: 10.1186/s12889-020-8264-1.
- [25] F. W. Quinless and M. M. Nelson, “Development of a measure of learned helplessness,” *Nursing Research*, 1988.
- [26] J. D. Campbell *et al.*, “Self-concept clarity: Measurement, personality correlates, and cultural boundaries,” *Journal of Personality and Social Psychology*, vol. 70, pp. 141–156, 1996.
- [27] G. B. Neuberger, “Measures of fatigue: The fatigue questionnaire, severity scale, multidimensional assessment of fatigue scale and short form-36 vitality subscale,” *Arthritis Care & Research*, vol. 49, Suppl. 5, 2003.
- [28] K. N. Fountoulakis *et al.*, “Development of the Risk Assessment Suicidality Scale (RASS): A population-based study,” *Psychiatriki*, vol. 22, no. 2, pp. 132–147, 2011.
- [29] T. Johnson and M. Martha, “The role of self-concept clarity in reducing the susceptibility to suicide among children that lost their parent or caregiver early in life,” *Clinical Psychology Review*, vol. 42, pp. 132–155, 2017.
- [30] D. M. Stone *et al.*, “Sexual orientation and suicide ideation, plans, attempts, and medically serious attempts: Evidence from local Youth Risk Behavior Surveys, 2001–2009,” *American Journal of Public Health*, vol. 104, pp. 262–271, 2014.
- [31] J. O. Ogunkola and A. I. Oyesoji, “Impact of suicide on the psychological wellbeing of family of the deceased,” *Clinical Psychology Review*, vol. 38, pp. 25–35, 2017.
- [32] J. M. G. Williams and L. R. Pollock, “Factors mediating suicidal behaviour: Their utility in primary and secondary prevention,” *Journal of Mental Health*, vol. 2, no. 1, pp. 3–26, 1993.
- [33] E. Bromberg, E. Law, and T. Palermo, “Suicidal ideation in adolescents with and without chronic pain,” *Clinical Journal of Pain*, vol. 33, no. 1, pp. 21–27, 2016.
- [34] E. M. Kleiman, B. J. Turner, A. L. Chapman, and M. K. Nock, “Fatigue moderates the relationship between perceived stress and suicidal ideation: Evidence from two high-resolution studies,” *Journal of Clinical Child & Adolescent Psychology*, vol. 47, no. 1, pp. 116–130, 2018.
- [35] J. H. Yoon *et al.*, “Relationship between long working hours and suicidal thoughts: Nationwide data from the 4th and 5th Korean National Health and Nutrition Examination Survey,” *PLoS ONE*, vol. 10, no. 6, Art. no. e0129142, 2015.
- [36] A. M. Gesinde and O. J. Sanu, “Psycho-demographic correlates of behaviour towards seeking counselling intervention among workers in Lagos, Nigeria,” *British Journal of Guidance & Counselling*, vol. 43, no. 5, pp. 570–583, 2015, doi: 10.1080/03069885.2014.999025.