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Masters in Clinical Psychology

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by

Kandi Shearer

May 2005

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Dr. Jon Ellis, Chair

Dr. Chris Dula

Dr. Peggy Cantrell

ABSTRACT

A Survey Examining The Attitudes In A College Population Toward Suicide Attempters

by

Kandi D. Shearer

Suicidal behaviors are common and problematic among young populations, and attitudes held towards such behavior likely impact the frequency of its occurrence. The present study was conducted to gain insight into the attitudes held towards suicide attempt victims amongst a traditional college population. Undergraduate students (n = 360) were administered a survey to assess demographics, suicide ideation levels, and perceptions formed after reading a short suicide attempt report. Results indicated that ideation levels had the most impact on perceptions, with ideators being significantly more likely than non-ideators to view suicide attempters as more intelligent, more justified in their actions, more likable, more trusting, and more likely to be a personal friend. These findings signify that acceptance of suicidal behavior is positively correlated with one's own level of suicidal ideation. The understanding of these attitudes is an essential aspect to address when developing prevention programs for suicidal behaviors in the future.

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An endless amount of love and appreciation goes to my parents, Betsy and Bill Shearer, who have undoubtedly had the most impact on my life. They have consistently provided me with the unconditional love, financial and emotional support, guidance, and the encouragement needed to dream big and then to conquer the dreams.

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CHAPTER 1

INTRODUCTION

Suicide can be defined as the termination of one's own existence by an intentional and deliberate act that works against survival. This type of behavior has become an increasingly important health concern over the past few decades due the drastic increase in its occurrence among young populations. Individuals have been shown to be three times more likely to commit suicide than to be killed by someone else (Battin, 1982). The American Association of Suicidology (2001) estimated that 30,622 people living within the United States commit suicide each year. This high incidence rate makes suicide the 11th ranking cause of death in the United States among all ages, and it is the third leading cause among young people. Research shows that for every death by suicide, between 8 and 20 unsuccessful attempts are made (Davidson & Rokay, 1986; Shneidman & Farberow, 1961). McIntire, Angle, Wikoff, and Schlicht (1977) asserted that there may even be as many as 50 to 60 suicidal attempts made for every recorded death. The ratio of attempts to completed suicides varies greatly, a range from 5:1 to 100:1, and this is likely due to the difficulty of tracking and officially recording suicidal attempts.

For instance, the number of suicidal attempts and suicidal deaths reported is heavily impacted by cultural views which tend to look upon such behavior as shameful, and this has likely resulted in an underestimation of both of these values. Survivors in the family of a suicide victim are often viewed as being psychologically disturbed (Gordon, Range, & Edwards, 1987; Range & Goggin, 1990), tend to be held somewhat responsible by the community for the situation (Calhoun, Selby, & Faulstich, 1980; Range, Bright, & Ginn, 1985; Rudestam & Imbroll, 1983), and are less likely to receive positive support from members of society than if the victim had died by some other means (Cain & Fast, 1972; Calhoun et al.; Calhoun, Selby, & King, 1976; Gordon et al.; Range & Goggin). These responses, complicated by the stigma associated with suicide, encourage family members to keep suicidal behavior from becoming public knowledge. Additionally, inaccuracies in reporting by medical examiners, where they

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attribute the cause of death to accident or homicide rather than to suicide, also contribute to the underestimation of suicidal behaviors.

<div align="center">Historical Overview</div>

Every culture throughout history has adopted its own view of suicidal behavior. Whereas some cultures have supported and encouraged such behavior, others have strongly opposed and condemned it. These extreme differences support the notion that suicide is embedded within a cultural context.

The effort to keep suicidal behavior from public awareness due to fear of ensuing negative responses is clearly a culturally influenced reaction. In viewing historical attitudes regarding suicide, some cultures have existed that have encouraged suicide for religious purposes and would consequently not hesitate to publicize the occurrence (Siegel, 1988). As noted by Siegel, in the Fiji Islands, women would rush to kill themselves after the death of a chief, believing the first to die would become the chief's favorite wife in the spirit world. Some in India engaged in *suttee*, where a wife would commit suicide immediately after the death of her husband so as to atone for his sins (Klagsburn, 1976).

Other cultures have also encouraged suicide as an honorable way to die. Chinese and Japanese cultures have at times regarded suicide as honorable, especially within a military context. For the Chinese, defeated generals or overthrown rulers were expected to commit suicide, and the Japanese condoned suicide in the form of *hari-kari*, in which warriors would die admirably through a long process of self-inflicted disembowelment. During World War II, more than a thousand Japanese soldiers died as kamikaze pilots, and a number of officers committed *hari-kari* rather than admit defeat. Different attitudes and perceptions about suicide within a society have been shown to have a direct effect on that region's rate of suicidal deaths (Douglas, 1967; Koller & Slaghuis, 1978), and that finding is consistent with the fact that the Japanese have a high incidence rate for suicide, despite their outlawing of *hari-kari* as a glorified form of suicide in 1868 (Klagsburn, 1976). Such situations as these show how understanding a culture's

<div align="center">9</div>

unique values is instrumental to the complete understanding of suicide and the associated influences and attitudes.

<u>Current Attitudes Toward Suicide Within the United States</u>

In the United States, reactions to suicide reflect confused and contradictory stances, with extreme values ranging from total acceptance to total rejection of the right of an individual to commit suicide (Kluge, 1975). Those who support suicide view it as an alternative that is a fundamental and personal right of every individual. Suicide rights advocates differentiate between victims who are healthy and those who are terminally ill, and they argue that artificially preserving life beyond a certain point is meaningless (Klagsburn, 1981). These advocates also assert that some people's lives reach a point where conditions are so traumatic that death may be a preferable and reasonably justifiable option. Among the most vocal advocates for the individual's right to commit suicide is Szasz (1976), who raised the dilemma of how people can consider it reasonable to throw away useless things while considering it a symptom of a mental illness to throw away a useless life. The opposition to this autonomous stance towards suicide declares that public approval of such actions increases the occurrence of self-destructive behaviors, and it overlooks the need to reach out and love the unloved in society (Maris, 1986). Anti-suicide advocates argue that attitudes influence the rate of suicide in a region and that if the public adopts a stance of approval toward such behavior, then the overall rate of suicide in such a region will inevitably increase. Those who adamantly disagree with the right-to-die advocates hold tight to this stance, despite the specifics of the situation of the suicide victim. They feel life should be preserved regardless of circumstance, and they also believe that supporting any one kind of suicide is akin to supporting them all (Klagsburn, 1981).

Organizations have been established with the intent of promoting the acceptance of an individual's right to die. As described by Humphry (1987), the Hemlock Society differentiates between two types of suicide. One is "emotional suicide," also viewed as irrational self-murder, and the society attempts to prevent this type of death whenever possible. The second type is "justifiable suicide," and this behavior is viewed as rational and planned self-deliverance. In

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supporting this rationale for suicide, the society advocates what they call autoeuthanasia. The word "euthanasia" is derived from the Greek words "eu" meaning "good" and "thantos" meaning "death." For a suicidal death to be ethically justified, the society asserts that the individual must be suffering unbearably from an advanced terminal illness or be restricted by a grave physical handicap. The individual must also be a mature adult who has thoroughly considered the decision rather than acting on impulses at first knowledge of his or her condition, has openly listened to the physician's response to the idea of suicide, has made plans that do not involve others or criminal liability, and leaves a note stating the reasons for committing suicide. It is only under these specific conditions that the society supports the right of an individual to take his or her own life.

Concern for the Dying, another group supporting suicide under certain conditions, has furnished thousands of copies of the Living Will (Sachs, 1990). The Living Will expresses an individual's desire under specific circumstances to terminate medical intervention. The Society attempts to protect people's right to refuse extraordinary life-preserving measures (Sachs). The ultimate goal of this society and others advocating for the right to commit suicide under certain conditions is for the most part humane, preserving one's "right to die with dignity" (Quinnett, 1987).

<center>Rational and Irrational Suicide</center>

The opinion of the general public concerning suicide victims is heavily influenced by the specifics of the victims' situation. This view was supported by Ellis and Hirsch (1995) who found that opinions about suicide varied depending on the situation, with the most approval evident when precipitating factors were beyond the victim's control. Suicide has been classified into two types: rational and irrational. Suicide is deemed irrational self-murder when it is an emotional response to conditions that are actually within the victim's control to prevent or repair. This may include situations such as bankruptcy, dishonor, depression, or as a desperate attempt to capture the attention of others. Rational suicide, on the other hand, refers to situations in which the victim realistically assesses the situation prior to committing the deadly act. These

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individuals are not thought to engage in the self-damaging behavior as a result of psychological impairment as their motivations are understandable by others, and they have considered the potential impact on others and made some preparations to assist the survivors with transition. The presence of a terminal illness that causes great suffering or the existence of an immobilizing physical handicap are two situations in which suicide is often considered a rational alternative. Although Wellman and Wellman (1986) found in one survey that over 50% of both men and women thought that no one should be able to commit suicide regardless of the situation and 70% of both sexes thought likewise in a second study, other studies have shown that the nature of the situation, be it rational or irrational, has a marked impact on the corresponding views of others.

Victims of irrational suicide are customarily viewed negatively and rejected by others (Ingram & Ellis, 1992; Ginn, Range, & Hailey, 1988). Singh, Williams, and Ryther (1986) found that suicide committed as a result of socially unjustifiable reasons was met with little public approval or support. Suicide victims are commonly viewed as being psychologically disturbed, and Range et al. (1985) found that suicidal adolescents were viewed as more psychologically disturbed individuals than were suicidal children. The idea that mental illness is often attributed to suicide victims was supported by Kalish, Reynolds, and Farberow (1974), where one third of their sample in a survey of Los Angeles residents reported these attitudes. It has also been found that little concern or sympathy is expressed toward suicidal victims when responsibility for the situation leading to the suicide can be directly placed on the victim (Ellis & Hirsch, 1995).

Other situations do exist, however, in which suicidal behavior is regarded as acceptable and understandable. Thirty-nine percent to 50% of the subjects in studies by Singh (1979) and Siegel (1988) supported suicide in situations where the victim had been diagnosed with a terminal illness, and these figures support the notion that public acceptance for this specific motivator of suicide is growing. A comparison made by Singh, Williams, and Ryther (1986) of four national surveys conducted in 1977, 1978, 1982, and 1983 examined public opinion of suicide in four situations: incurable disease, bankruptcy, dishonor of family, and being tired of living. They found that the incurable disease situation received the highest approval rate for

justified suicide, with percentages increasing from 39.2% in 1977 to 49.7% in 1983. In analyzing approval rates, the authors found that college-educated white males under the age of 35 who were infrequent church attenders possessed the highest degree of support for the incurable disease situation. Other attitudes of seeming acceptance toward suicide were shown by Ramsey and Bagley (1985), where 90% of the respondents understood the association between loneliness and depression with suicidal behavior.

The right to refuse life-sustaining treatments that will artificially prolong life is also a form of suicide that is generally met with greater acceptance than the situations of irrational suicide. Right-to-die movements for terminally ill patients have been accompanied by the issue of living will laws, in which people are allowed to specify in advance a limit on what treatments they would like to receive in their final days. Forty states and the District of Columbia have such laws, and the Supreme Court ruled in 1990 that family members could not end the lives of long-term comatose relatives unless the coma victims had previously made their wishes known. The states were thus given further power to keep patients on life-saving systems regardless of the patient's condition and family's desires if there was not conclusive evidence that the patient did not wish to exist by virtue of artificial life-preservers.

However, the court does grant competent persons the right to refuse medical treatment, and public attitudes are supportive of suicide in the case of terminally ill patients with living wills. As cited in Ingram and Ellis (1992), a *Time Magazine*/CNN television network poll in 1990 found that 80% of those surveyed reported that they believed that the patient's family and physician should have the right to end the life of a terminally ill person without the interference of lawmakers. The poll also showed that 81% of the respondents reported that they felt a physician with an unconscious patient who had left a living will should be allowed to withdraw life-support, and 57% reported that they believed the physician should even be allowed to administer lethal injection or provide a lethal amount of pills (Ingram & Ellis, 1992).

Factors Contributing to Suicidal Behavior

It has been shown of both attempted and completed suicide that depression is the most common clinical syndrome preceding the suicidal behavior (Barraclough, Bunch, Nelson, & Sainsbury, 1974; Silver, Bohnert, Beck, & Marcus, 1971). Depressed individuals tend to express significantly more suicidal wishes (Beck, 1967), and 60% of suicide attempters are depressed at the time of the suicidal act (Quinnett, 1987). Also, 5% to 15% of severely depressed people do ultimately succeed in committing suicide. Research shows that depressed individuals are 50 times more likely than non-depressed individuals to commit suicide (Hyde & Forsyth, 1986). The link between depression and suicide has been attributed to the increased cognitive rigidity of depressed individuals which hinders their ability to envision other alternatives (Bonner & Rich, 1987).

The most predictive factor in suicide attempts and completions is the presence of feelings of hopelessness (Beck, Steer, Kovacs, & Garrison, 1985). The degree of suicidal intent increases as hopelessness increases (Minkoff, Bergman, & Beck, 1973). Depression has been shown to be a better predictor of suicidal behavior when levels of suicidal ideation are low, and under high levels of ideation, hopelessness is the better predictor (Schotte & Clum, 1982).

Suicidal ideation is closely related to suicidal behavior. Suicidal feelings precede suicidal acts, and both are influenced by factors such as cultural inhibition, personality, impulse control, and social support (Paykel, Myers, Lindenthal, & Tanner, 1974). Suicide ideators report experiencing significantly more negative life events than non-ideators (Adams, Lohrenz, & Harper, 1973; Hagnell & Rorsman, 1980; Paykel et al., 1974; Schotte & Clum, 1982, 1987). Also, suicide attempters report four times as many negative life events in the six months preceding the attempt than did respondents who did not engage in suicidal behavior (Paykel, Prusoff, & Meyers, 1975). Additionally, social isolation and loneliness have been shown to be associated with suicidal ideation, attempts, and completions (Breed, 1972; Trout, 1980). Vandivort and Locke (1979) found the most frequent occurrence of suicidal ideation was

reported by younger people, students, single individuals, and people who were either separated or divorced.

Suicide has been viewed as a symptom of mental illness. It is difficult to tell if the suicidal behavior is a result of the illness or just an extraneous factor, but oftentimes the underlying illness must be attended to before the suicidal behavior will stop. Alcoholism is a contributing factor in many suicidal situations. Murphy (1985) estimated that 20% to 30% of the people who attempted suicide were suffering from alcoholism. One third of successful suicides involve alcoholic intoxication, and at least one out of every ten chronic alcoholics die of intentional suicide (Victoroff, 1983). Victoroff also asserted that mental illness is a contributing factor to suicidal behavior as more people who complete suicide are mentally ill than are not. Studies have shown that some form of psychological disturbance is present in the vast majority of individuals who attempt and complete suicide (Klerman, 1987).

Suicide Attempts

A suicidal attempt is a deliberate self-harming act carried out with the awareness that the outcome could be fatal, but the victim survives. Parasuicide refers to suicidal gestures where the victim does not actually intend to die, but the victim does intend to gain the attention of, and possibly cause distress for, others. Parasuicidal situations are often interpersonally manipulative, and this behavior has frequently been interpreted as a "cry for help" (Canetto, 1997). Instances where this may be the intent include but are not limited to the ingesting of a nonlethal dose of medication, minor self-injuries such as superficial wrist slashing, or waving a gun around in the presence of friends. Studies show that 10% to 20% of all attempters go on to complete suicide, and 77% to 88% of adolescent attempters do not seek any medical treatment following their attempts (Ellis & Smith, 2000). Only 1% to 2% of those who survive a first attempt at suicide will attempt again within the next year (Siegel, 1988). This finding supports the notion that individuals are only suicidal for a short period of time and that the crisis causing the person to desire death will often pass if intervention can be initiated .

Research on suicide attempters has focused partly on the maladaptive characteristics of the victim. It has been shown that people engaging in suicidal behavior tend to be those who are socially and emotionally alienated from others, possess cognitive distortions, have deficits in adaptive interpersonal skills and resources, and are experiencing a great amount of generalized life stress (Bonner & Rich, 1987). These characteristics also predispose the victim to receive judgment in the form of a negative attitude from others, and those negative attitudes may be further heightened once peers find out that these people are engaging in suicidal behaviors. Watson and Kucala (1978) suggested that suicidal persons, as is oftentimes assumed, are not dull and unemotional individuals with no reason left for living. Rather, they emphasized the situational stress and emotionality of the suicidal victim as causes for the suicidal behavior, posing that these factors led to an inability to find fulfillment in what should be rewarding activities.

Other research on suicide attempters has focused on the gender differences in the suicidal behavior and resulting attitudes from others. Gender has been shown to be the most reliable predictor of suicidal behavior, with females being more likely than men to engage in and admit to suicidal thoughts and behaviors (King, 1997). In explaining this behavior in females, Neuringer and Lettieri (1982) suggested that suicidal gestures were expected and socially sanctioned behaviors in unhappy women, and that these behaviors also have a tendency to be met with less public disapproval than similar behaviors would be in men. The acceptance of suicidal behavior in women is accompanied by a feministic view of nonfatal suicidal behavior. In a study by Linehan (1973), nonfatal suicidal behavior was viewed as feminine and less potent than fatal suicidal behavior. Feminine persons were expected to attempt suicide more than masculine persons. Likewise, Canetto (1997) found that adolescents and young adults were shown to view suicidal attempts as a feminine act and suicide ending in death as a masculine characteristic. Canetto also asserted that adolescents and young adults have a tendency to be more critical of persons who survive suicidal attempts than those whose successful completion results in death. This acceptance of suicidal behavior in women and associated feminine stereotype is likely a

major contributing factor to the high rate of suicidal attempts in females and the high suicidal death rate among males.

Young people tend to discuss their suicidal thoughts with peers prior to taking any form of suicidal action (Mishara, 1982; Murray, 1973). Mishara reported that over 90% of the respondents in his sample had interacted with a peer who was either experiencing suicidal feelings or had at some point attempted suicide. In the same study, 55% of the respondents who had experienced suicidal thoughts themselves reported talking about these feelings with a peer. With a majority of young people engaging in conversations with peers about suicidal behavior, researching possible responses and resulting attitudes becomes especially important.

The majority of male and female college students in one study recognized that people could be suicidal, did not judge them harshly, and were receptive to and supportive of the suicidal person (Wellman & Wellman, 1986). Although males in this study were more likely than the females to hold negative attitudes toward suicidal persons, the majority of the males did not possess these feelings. Bell (1977) yielded contradictory findings as he reported that college students viewed suicidal peers as cowardly, sick, unpleasant, disreputable, and held more negative attitudes towards suicide attempters than completers. The majority of suicide research has focused on attitudes and reactions towards suicide victims who have died as a result of their suicidal engagements; research on the attitudes people hold towards victims who survive suicidal attempts are contradictory and somewhat limited.

Current Study

While it has been shown that the population at large does hold negative attitudes towards suicidal people, the purpose of the present study was to isolate the college population to see whether their attitudes were primarily negative or understanding in nature. Although 70% of students in one survey claimed that they felt no one should be allowed to commit suicide (Wellman & Wellman, 1986), Mishara (1982) found that 66% of the respondents in a student population had themselves considered suicide at some point during their college experience. This shows that although the incidence rate of suicidal ideation is high, acceptance of such behavior is

low. With such a high incidence rate specifically among the college population, one might expect more understanding to be expressed, sympathy, and fewer or less extreme censorious attitudes to be formed by college students towards their suicidal peers.

This study was focused on irrationally-based suicidal attempts, as compared to cases of terminal illness or physical handicap, and it specifically targeted attitudes formed towards people who survived. It evaluated the opinions college students held towards peers after they knew of their association with suicidal behavior, how this knowledge affected peer acceptance, and if there were gender differences present in the amount of understanding provided to the victim as a result of the specific situation. This study also sought to identify whether differing degrees of suicidal ideation impacted the extent of negativity present in perceptions that were formed.

<u>Hypotheses</u>

1. Participants of traditional college age (18-24 years) will view the victims of irrational suicidal attempts as less mentally healthy than the victims of rational attempts.

2. Participants of traditional college age will view the victims of irrational suicidal attempts as less intelligent than the victims of rational attempts.

3. More traditional college-aged women will describe themselves as suicide ideators than will traditional college-aged men, as evidenced by more category one and category two responses on the Suicide Ideation Questionnaire.

4. Suicide ideators of traditional college student age will be more likely than non-ideators of traditional college age to evaluate the victim in the scenario as likely to be a personal friend.

5. Of the participants of traditional college age, the suicide ideators will be more likely to evaluate the victim in the scenario as justified in their actions than will non-ideators.

6. Of the participants of traditional college age, suicide ideators will view the victims of rational and irrational attempts as more likable than will non-ideators.

7. Traditional college-aged women will see the attempters as more justified in their actions than will traditional college-aged men.

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CHAPTER 2

METHOD

<u>Subjects</u>

Participants involved in this study consisted of 360 students recruited from undergraduate courses in psychology at East Tennessee State University. There were 111 males and 249 females included in the study. The mean age of the participants was 21.09 with a range of 18 to 55 years (sd = 4.61). Three hundred twenty (89%) of the participants were of traditional college age (18-24 years). All participants were volunteers and received extra credit in their course for their participation in the study. Minors were unable to participate in the study due to ethical considerations, but they had the opportunity, as specified by their professor, to receive an equal amount of extra credit through an alternate assignment. Also, consistent with departmental policy, students who wished to receive extra credit but did not wish to participate in the study were allowed to complete an alternate assignment for an equal amount of extra credit in the course.

<u>Measures</u>

Participants completed a short self-report demographic questionnaire (Appendix A), a suicide ideation questionnaire (Appendix B), and a perception rating form (Appendix H). Participants read an instruction page (Appendix C) and one of four possible scenarios (Appendices D-G). The instruction page stated that the researcher was interested in the participant's perception of a person who had attempted suicide (Appendix C).

The Demographic Questionnaire (Appendix A) required participants to respond to seven questions. The first five items involved basic demographic information: age, gender, marital status, race, and religion. The last two items related to the extent of the participant's past involvement with suicidal situations. Participants responded yes or no to whether a family member or close friend had ever attempted suicide and to whether a family member or close friend had ever completed suicide.

The Suicide Ideation Questionnaire (Appendix B) was a modified version of the one used by Sutherland (1989). It was shorter, less detailed, and required participants to select one of four categories regarding suicide ideation. This questionnaire has been used in multiple studies and has been shown to differentiate between ideators and non-ideators (Ellis & Jones, 1996; Hirsch & Ellis, 1995; Hirsch & Ellis, 1996; Ingram & Ellis, 1995; Mize & Ellis, 2004). Category one stated, "I have attempted suicide in the past," and category two stated, "I have seriously considered committing suicide in the past." Participants checking either of these options were classified as suicide ideators. Category three stated, "The thought of committing suicide has crossed my mind, but I never seriously considered it," and category four stated, "I have never thought about committing suicide." Participants selecting options three or four were classified as non-ideators.

All of the scenarios presented were identical with the exception of the circumstances preceding the attempt and the comment made by the victim following the attempt. The scenarios had identifying information blacked out, and the wording was gender neutral to avoid any biased opinions due to the victim's sex. The victim in each scenario was a junior in college at East Tennessee State University (ETSU). ETSU was selected because participants in the study were also from ETSU, and it was hoped that this similarity would help the participants personally relate to the victims and simulate the victim being one of the participant's college peers. The scenarios also indicated that the victim was hospitalized following the attempt, was likely to have a full recovery from the attempt, and that the treatment plans included medical and psychological care. In Scenario 1, the victim attributed the cause of the attempt to a major financial bind and commented that abandonment by a significant other had also negatively impacted his or her life. The victim in Scenario 2 had been depressed for a long time and commented that he/she felt there was nothing left to live for. In Scenario 3, the victim was suffering physical injuries resulting from a car crash and commented that the thought of being in a wheelchair was too much to bear. The victim in Scenario 4 attempted suicide due to a diagnosis of a terminal illness and commented that the pain was too much to bear. The victims in Scenarios

1 and 2 engaged in irrational suicidal behaviors, and the victims in Scenarios 3 and 4 engaged in suicidal behaviors viewed as rational (See Appendices D – G).

The Perception Rating Questionnaire was a modified version of the Social Perception Rating Questionnaire developed by Carrico (1989). It used a 5-point Likert scale rather than a 7-point scale, and it was condensed down to only the seven questions of interest to the researcher in this study. Because it was a modified version of the Perception Rating Questionnaire, no aggregate score was calculated to measure participants' overall perceptions. This omission of an aggregate score was done to avoid inaccurately measuring the construct as intended by Carrico. Instead, the seven questions were treated as seven dependent variables. All ratings were made on a scale of one (low or negative) to five (high or positive). Participants were asked to compare the victim in the scenario they received to other people they knew of similar age regarding the following characteristics: mental health (unhealthy vs. healthy), religiosity (non-religious vs. religious), intelligence (unintelligent vs. intelligent), trustworthiness (untrustworthy vs. trustworthy), likability (unlikable vs. likable), justification (not justified vs. justified), and the likelihood of the victim being a friend of the participant (unlikely vs. likely).

Procedure

Participants were informed about the study during their regularly scheduled class meeting times, and they were allotted enough time in class to complete the study without having to stay late or arrange any additional meetings. They were given the option to participate and receive extra credit or to leave without receiving any penalties. The general purpose of the study was explained to the students who chose to participate. Participants were informed that this study regarded suicidal attitudes, that participation was totally voluntary, and that all data collected would be anonymous (Appendix I).

Each participant was administered a packet containing a demographic questionnaire, a suicide ideation questionnaire, an instruction page, one of four scenarios, and a perception rating form. The packets were sorted so that there was a balanced distribution of each of the four scenarios, and the packets were labeled one, two, three, or four depending on the scenario

contained. Participants were asked to complete the packet in the following order: demographic questionnaire, suicide ideation questionnaire, instruction page, scenario page, and then the perception rating form. Upon completion of the study, the researcher was available to answer any questions posed, and participants were offered a report of the results following data analysis.

<u>Statistical Analyses</u>

The research design for this study was a 2 (sex of subject) X 2 (ideation level) X 4 (circumstance surrounding suicide attempt) factorial design with unequal cell sizes. Seven dependent variables were included, consisting of the seven questions from the perception rating questionnaire. Results of all hypotheses were analyzed using independent t-tests to test for significant differences at the .05 level.

CHAPTER 3

RESULTS

Frequency data are displayed in Tables 1-3 for the demographic questionnaire and the suicide ideation questionnaire. Table 4 contains a description of the variables used on the Perception Rating Form. Table 5 contains a summary of all findings. The majority of the participants were single, white, Christian, and of traditional college age (18-24 years). Forty-three percent of the participants reported that they knew a family member or a close friend who had attempted suicide and survived, while 27% reported that they had a family member or a close friend who had completed suicide. Of all participants, 16.7% were classified as suicide ideators, while only 14.97% of the participants of traditional college age were classified as suicide ideators. Of all participants, 13.06% were female ideators, and 3.61% were male ideators. When observing just the traditional student population, 11.46% were female ideators, and 3.5% were male ideators.

Hypothesis 1 predicted that participants of traditional college age would view the victims of irrational suicidal attempts as less mentally healthy than the victims of rational attempts. An independent t-test compared the mean score of perceived mental status of victims of rational attempts to the mean score of perceived mental status of victims of irrational attempts. The hypothesis was not supported as the difference was not significant ($t(316) = .02$, $p = .99$), where the mean mental status score for victims of rational attempts was 2.15 ($sd = .90$), and the mean score for victims of irrational attempts was 2.14 ($sd = .90$). This indicates that participants of traditional college age did not view victims of rational or irrational suicidal attempts significantly differently in terms of their mental status.

Hypothesis 2 predicted that participants of traditional college age would view the victims of irrational suicidal attempts as less intelligent than the victims of rational attempts. An independent t-test compared the mean score of perceived intelligence of victims of rational attempts to the mean score of perceived intelligence of victims of irrational attempts. This hypothesis was also not supported as the difference was not significant ($t(316) = .07$, $p = .94$),

Table 1

Demographic Data for All Participants

Question	Category	Value	Percentage of Sample
Age	Mean	21.09	
	Range	18-55	
	Standard Deviation	4.61	
Sex	Female	249	69.2%
	Male	111	30.8%
Marital Status	Single	311	86.4%
	Married	34	9.4%
	Separated	2	0.6%
	Divorced	12	3.3%
	Widowed	0	
Race	Asian	9	2.5%
	Black	19	5.3%
	Hispanic	2	0.6%
	White	326	90.6%
	Other	4	1.1%
Religion	Christian	308	85.6%
	Athiest	14	3.9%
	Hindu	2	0.6%
	Buddhist	3	0.8%
	Jewish	1	0.3%
	Muslim	1	0.3%
	Unitarian	2	0.6%
	Other	29	8.1%
Has a family member or close friend attempted suicide?	Yes	153	42.5%
	No	207	57.5%
Has a family member or close friend completed suicide?	Yes	96	26.7%
	No	264	73.3%

Table 2

Data for Suicide Ideation Questionnaire for All Participants

Category	Number in Sample	Percentage of Sample
Ideation Level		
1. Attempted suicide in the past	34	9.4%
2. Contemplated suicide in the past	26	7.2%
3. Thoughts of suicide in the past	128	35.6%
4. Never considered suicide	166	46.1%
Ideators		
Ideation Level 1 or 2	60	16.7%
Non-ideators		
Ideation Level 3 or 4	294	81.7%
Sex		
1. Female Ideator	47	13.06%
2. Female Non-ideator	199	52.28%
3. Male Ideator	13	3.61%
4. Male Non-ideator	95	26.39%

Table 3

Data for Suicide Ideation Questionnaire for Traditional College-Aged Participants

Category	Number in Sample	Percentage of Sample
Ideation Level		
1. Attempted suicide in the past	23	7.32%
2. Contemplated suicide in the past	24	7.64%
3. Thoughts of suicide in the past	111	35.35%
4. Never considered suicide	156	49.68%
Ideators		
Ideation Level 1 or 2	47	14.97%
Non-ideators		
Ideation Level 3 or 4	267	85.03%
Sex		
1. Female Ideator	36	11.46%
2. Female Non-ideator	182	57.96%
3. Male Ideator	11	3.50%
4. Male Non-ideator	85	27.07%

Table 4

Description of the Dependent Variables on the Perception Rating Form

Dependent Variable	*Ratings were made on a 5-point Likert Scale of one (low or negative) to five (high or positive).*
Mental Status	Unhealthy ………………………………... Healthy
Religiosity	Non-religious …………………….….. Religious
Intelligence	Unintelligent …………………………... Intelligent
Trustworthiness	Untrustworthy ……………………….. Trustworthy
Likability	Unlikable …………………………..….. Likable
Justification	Not justified ……………………………... Justified
Friendship with victim	Unlikely …………………………………… Likely

Table 5

Summary of All Findings

	Male Female	Ideator Non-ideator	Rational Irrational	Traditional Non-traditional	Known attempter Not known attempter	Known completer Not known completer
Mental Status			(1)			
Religiosity						
Intelligence		***	(2)		*	***
Trustworthiness		***			**	**
Likable		(6) **				
Justification	(7)	(5) ***				
Friendship		(4) ***		***	**	**
Ideator	(3)	N/A		**	***	
Known attempter		***	N/A		N/A	N/A
Known completer			N/A		N/A	N/A

Note: Numbers in parenthesis indicate corresponding hypotheses.

* = p < .05
** = p < .01
*** = p ≤ .001

where the mean intelligence score for victims of rational attempts was 2.96 (sd = .85) and the mean intelligence score for victims of irrational attempts was 2.97 (sd = .77). This reveals that participants of traditional college age did not view the victims of rational or irrational attempts significantly differently regarding perceived intelligence levels.

Hypothesis 3 predicted that more women of traditional college age would classify themselves as suicide ideators than would men of traditional college age. An independent t-test was conducted comparing the mean suicide ideation score for women to the mean suicide ideation score for men, where non-ideators were rated as one and ideators as two. This hypothesis was not supported as the differences in these means was not significant ($t(312)$ = 1.16, p = .25). The mean ideation score for women was 1.17 (sd = .37), and the mean for men was 1.11 (sd = .32). Because inspection of the data did lead the researchers in this study to expect significance in this area, a chi square procedure was also conducted but additionally failed to indicate significance. This suggests that men and women of traditional college age do not have significantly different levels of suicidal ideation.

Data are displayed in Table 6 for Hypotheses 4, 5, and 6. Hypothesis 4 predicted that of the traditional college students, suicide ideators would be more likely than the non-ideators to evaluate the victim in the scenario as likely to be a personal friend. This hypothesis was analyzed using an independent t-test comparing the mean score of suicide ideators to the mean score of non-ideators regarding the likelihood of a perceived friendship with the victim in the suicide attempt scenario. The hypothesis was supported as a significant difference was revealed ($t(309)$ = 5.71, p = .000). The mean for ideators (m = 3.47, sd = 1.02) was significantly higher than the mean of non-ideators (m = 2.53, sd = 1.05), revealing that suicide ideators of traditional college age were more likely to view suicide attempt victims as likely to be a personal friend than were the non-ideators.

Hypothesis 5 predicted that of the traditional college students, suicide ideators would be more likely than the non-ideators to evaluate the victim in the scenario as justified in their actions. This hypothesis was analyzed by an independent t-test comparing the mean score for ideators to the mean score for non-ideators on the justification scale. A significant difference was

Table 6

Responses for Ideators (I) vs. Non-ideators (N) on the Perception Rating Form for Traditional Students

Dependent Variable	Group	Mean	Standard Deviation	Difference	
Mental Status	N	2.12	.89	.24	
	I	2.36	.94		
Religiosity	N	2.45	.83	.21	
	I	2.66	.81		
Intelligence	N	2.89	.77	.58	***
	I	3.47	.72		
Trustworthiness	N	2.81	.81	.64	***
	I	3.45	.83		
Likability	N	2.81	.84	.40	**
	I	3.21	.91		
Justification	N	2.14	1.09	.60	***
	I	2.74	1.24		
Friendship	N	2.53	1.05	.94	***
	I	3.47	1.02		

Note: Each variable was rated on a 5-point Likert scale with higher numbers indicating a more positive evaluation on each variable.

* $= p < .05$

** $= p < .01$

*** $= p \leq .001$

found (t(309) = 3.41, p = .001). The mean for ideators (m = 2.74, sd = 1.24) was significantly higher than the mean for non-ideators (m = 2.14, sd = 1.09). This indicates that suicide ideators of traditional college age were more likely than non-ideators to view victims of suicide attempts as justified in their actions.

Hypothesis 6 predicted that of the participants of traditional college age, the suicide ideators would view the victims of rational and irrational attempts as more likable than would the non-ideators. An independent t-test compared the mean score for ideators on the likable scale to the mean score for non-ideators on the same scale. This hypothesis was supported as a significant difference was found (t(308) = 2.98, p = .003). The mean score for ideators (m = 3.21, sd = .91) was significantly higher than the mean for non-ideators (m = 2.81, sd = .84). Thus, suicide ideators of traditional college age were more likely to view the suicide attempt victims as likable than were the non-ideators.

Hypothesis 7 predicted that traditional college-aged women would view the attempters as more justified in their actions than would traditional college men. An independent t-test compared the mean justification score for women to the mean justification score for men. No significant difference was found (t(315) = 1.26, p = .208). The mean for women (m = 2.28, sd = 1.11) was not significantly higher than the mean for men (m = 2.11, sd = 1.19). This indicates that women were no more likely than men of traditional college age to view suicide attempt victims as justified in their actions.

Although not hypothesized, several other interesting results were found. Suicide ideators of traditional college age were found to view suicide attempt victims as more intelligent than were the non-ideators. An independent t-test compared the mean intelligence score for ideators to the mean intelligence score for non-ideators and indicated that there was a significant difference (t(310) = 4.84, p = .000). The mean intelligence score for ideators (m = 3.47, sd = .72) was significantly higher than the mean for non-ideators (m = 2.89, sd = .77). One other difference

was found among ideators and non-ideators regarding the perceived trustworthiness of the suicide attempt victim. An independent t-test compared the mean trustworthiness score of suicide ideators of traditional college age to the mean of non-ideators of traditional age and revealed a significant difference ($t(309) = 3.41$, $p = .001$). The mean score for ideators ($m = 3.45$, $sd = .83$) was significantly higher than the mean for non-ideators ($m = 2.81$, $sd = .81$). (See Table 6).

Data analysis further revealed differences between the traditional and non-traditional college population (See Table 7). Traditional college students were found to be more likely to be suicide ideators than were non-traditional college students. An independent t-test compared the mean ideation score for ideators to the mean for non-ideators, where non-ideators were scored one and ideators two, and yielded a significant difference ($t(352) = 2.81$, $p = .005$). The mean ideation score for traditional students ($m = 1.33$, $sd = .47$) was significantly higher than the mean for non-traditional students ($m = 1.15$, $sd = .36$). As with the analysis for the traditional population, a significant gender difference among ideation levels of non-traditional students was not detected ($t(38) = 1.40$, $p = .17$). The mean for females ($m = 1.39$, $sd = .50$) was not significantly higher than the mean for males ($m = 1.17$, $sd = .39$). However, analysis showed a trend in this data towards significance. A sample inclusive of a larger number of non-traditional college students might have enabled a significant difference to emerge.

Also, a difference was found between the traditional and non-traditional students regarding the likelihood of perceiving the suicide attempt victim as likely to be a personal friend. An independent t-test compared the mean score on the perceived likelihood of being a personal friend scale of traditional students to that of the non-traditional students and yielded a significant difference ($t(354) = 3.23$, $p = .001$). The mean score of non-traditional students ($m = 3.26$, $sd = .99$) was significantly higher than the mean for traditional students ($m = 2.66$, $sd = 1.11$). Whether or not participants of traditional college age knew a suicide attempter or completer also had an impact on the findings. Of the traditional students, participants who reported knowing an attempter were more likely than participants not knowing an attempter to be suicide ideators

Table 7

Responses for Traditional (T) vs. Non-traditional (N) Students on the Perception Rating Form

Dependent Variable	Group	Mean	Standard Deviation	Difference
Mental Status	T	2.14	.90	.04
	N	2.10	.88	
Religiosity	T	2.47	.83	.03
	N	2.50	.69	
Intelligence	T	2.97	.81	.47
	N	3.13	.66	
Trustworthiness	T	2.90	.86	.15
	N	3.05	.86	
Likability	T	2.87	.87	.00
	N	2.87	.89	
Justification	T	2.23	1.13	.13
	N	2.36	1.22	
Friendship	T	2.66	1.11	.60 ***
	N	3.26	.99	

Note: Each variable was rated on a 5-point Likert scale with higher numbers indicating a more positive evaluation on each variable.

* = p < .05

** = p < .01

*** = p ≤ .001

themselves. An independent t-test was conducted to compare the mean ideation scores of the two groups and indicated that there was a significant difference ($t(312) = 4.53$, $p = .000$). The mean ideation score for participants knowing an attempter ($m = 1.26$, $sd = .44$) was significantly higher than the mean score for participants not knowing an attempter ($m = 1.08$, $sd = .27$). However, this trend was not evidenced among participants knowing a suicide completer, as there was no significant difference between the ideation scores of participants knowing or not knowing a suicide completer ($t(312) = 1.34$, $p = .18$). The mean ideation score for participants knowing a completer ($m = 1.20$, $sd = .40$) was not significantly higher than the mean for participants not knowing a completer ($m = 1.13$, $sd = .34$). Although this finding was not significant, it should be noted that the difference only slightly missed significance at the .05 level and that a larger sample size might enable detection of significance.

Differences in the perceptions formed towards the attempt victims by participants knowing or not knowing an attempter were also evident, as participants knowing an attempter were more likely than those not knowing an attempter to report a perceived friendship with the victim, higher perceived trustworthiness of the victim, and higher intelligence levels. An independent t-test comparing the mean perceived friendship score for participants knowing and not knowing an attempter yielded significance ($t(315) = 3.19$, $p = .002$). The mean for those knowing an attempter ($m = 2.90$, $sd = 1.17$) was significantly higher than the mean for participants not knowing an attempter ($m = 2.50$, $sd = 1.04$). An independent t-test evaluating the differences in perceived trustworthiness of the attempt victims between participants either knowing or not knowing an attempter indicated significance ($t(315) = 3.00$, $p = .003$), as the mean for those knowing an attempter ($m = 3.07$, $sd = .83$) was significantly higher than the mean for participants not knowing an attempter ($m = 2.78$, $sd = .85$). A significant difference also emerged among participants of these two groups regarding perceived intelligence levels ($t(316) = 2.48$, $p = .014$). The mean intelligence score for participants knowing an attempter ($m = 3.10$, $sd = .82$) was significantly higher than the mean for participants not knowing an attempter ($m = 2.87$, $sd = .79$).

Additionally, differences emerged in the attitudes reported by participants of traditional college age either knowing or not knowing a suicide completer pertaining to intelligence levels, trustworthiness, and perceived likelihood of the victim being a personal friend. An independent t-test evaluating the mean intelligence scores for participants knowing or not knowing a completer indicated that there was a significant difference (t(316) = 3.50, p = .001). The mean score for participants knowing a completer (m = 3.23, sd = .75) was significantly higher than the mean for those not knowing an completer (m = 2.87, sd = .81). Significance was indicated as a result of an independent t-test comparing the mean trustworthiness scores for participants knowing and not knowing completers (t(315) = 2.97, p = .003), where the mean score for those knowing a completer (m = 3.13, sd = .75) was significantly higher than for those not knowing a completer (m = 2.81, sd = .88). An additional area of significance in the attitudes formed by these groups existed in regards to the likelihood of a perceived friendship with the attempt victim (t(315) = 2.98, p = .003). The mean friendship score for participants knowing a completer (m = 2.96, sd = 1.15) was significantly higher than the mean for those not knowing a completer (m = 2.55, sd = 1.07).

CHAPTER 4

DISCUSSION

Summary of Major Findings

Where it was predicted in the first two hypotheses that traditional college age participants would find irrational attempters to be less mentally healthy and less intelligent, these predictions were not supported. This indicates that traditional college students do not have differing views towards the perceived mental status or intelligence levels of suicide attempt victims based on the circumstances surrounding the attempt. This is an interesting finding and may be an attitude more dominantly held by traditional college students. Previous findings have indicated that suicide victims are commonly viewed as psychologically disturbed and often have mental illness attributed to them (Kalish et al., 1974; Range et al., 1985). It has also been shown that cases of irrational suicide were viewed more negatively than cases of rational suicide, were met with more rejection, and resulted in less approval and support (Ingram & Ellis, 1992; Ginn et al., 1988). However, these studies were not limited to a college population. Singh (1979) and Siegel (1988) both found additional supporting evidence for more positive and supporting attitudes held towards victims of rationally based suicide as opposed to irrational suicide, and Singh et al. (1986) found that college-educated white males exhibited significantly more acceptance towards victims of rational suicide than victims of irrational suicide in their sample. The differences in the attitudes reported in these studies and the current study could be due to this study focusing on cases of rational and irrational suicide *attempts* as opposed to *completed* rational and irrational suicide. Another explanation might be that traditional age college students generally hold uniform attitudes towards suicide attempt victims, regardless of the rational or irrational circumstances associated with the attempt. Were this to be the case, traditional age college students may differ from the population at large.

Contrary to the third hypothesis, the data indicated that women of traditional college age do not have significantly higher levels of suicidal ideation compared to the men. In the past, gender has been shown to reliably predict suicidal behavior, with females having significantly

higher levels of suicidal ideation (e.g., King, 1997; Neuringer & Lettieri, 1982). There are significantly more suicide attempts made than suicide completions, with the ratios of attempts to completions varying greatly. Women have a much higher incidence rate for attempts than do men, and men have a much higher incidence rate for completions than do women. This suggests that women may have higher levels of suicide ideation than men, or the men may just be more violent and complete suicide with fewer previous ideations. However, the data in this study are consistent with other studies limited to a college population where college men and women tend to report similar levels of suicidal ideation (e.g., Ingram, 1991; Rudd, 1989).

This trend of men and women reporting similar levels of ideation may be attributed to several different factors. First, the lack of significance detected could be attributed to the lack of sensitivity in the Suicide Ideation Questionnaire used in this study. It may be that the traditional college men and women in this sample did have significantly different levels of ideation, but that the four item questionnaire used was unable to detect such a distinction. However, it could be that men have just been denying suicidal ideation in the past to avoid negative stereotyping from their peers. With men having such high levels of suicide completions, it would make sense, although not supported with research until more recently, that men also have high levels of suicidal ideation. With more awareness and possible acceptance of such behavior, men are potentially becoming more inclined to report their accurate feelings. This may be most evidenced in the college population where education is encouraged, and the exposure to and acceptance of different cultures and beliefs is increasingly more common. So, it may be that this finding supports a change in the willingness of men to report suicidal feelings.

The significant findings for Hypotheses 4, 5, and 6 indicate that suicide ideators of traditional college age are more likely than non-ideators to view suicide attempt victims as likely to be a personal friend, as justified in their actions, and as likable in general. These findings may be attributed to the connection suicide ideators feel to the attempt victims. Because suicide ideators have themselves considered suicide at some point, they may be more capable than non-ideators of relating to and befriending the victim, understanding the victim's situation, and

consequently judging them less harshly. True non-ideators have never been in the position of an attempt victim, and this may result in more difficulty for the non-ideators to understand and express sympathy. A study by Wellman and Wellman (1986) indicated that male and female college students did not judge suicidal persons harshly, but this study further differentiates college students to show that college-aged suicide ideators are even less likely than the non-ideators within the college population as a whole to negatively judge suicide attempters, especially in terms of perceived friendship, justification for the attempter's actions, and likability.

The lack of significance detected for Hypothesis 7 indicates that women of traditional college age do not have differing views relative to the perceived justification for the attempter's actions than was expressed by the men. Because women have been shown to be more likely to engage in and admit to suicidal behaviors (King, 1997; Neuringer & Lettieri, 1982), it was hypothesized that the women would also be more likely to understand the victim's situation and find justification for their actions. However, this was not the case in the traditional college population. Traditional college men and women exhibited similar amounts of perceived justification for the victim's action. This unexpected finding might be associated with the finding in Hypothesis 3, which also failed to detect a gender difference. It may be that males in the college population truly are experiencing a change in their willingness to admit suicidal behavior and consequently to further admit that they can find justification for the victim's actions.

Other findings that were not hypothesized but nonetheless were found to be significant include some additional differences in the attitudes expressed by suicide ideators and non-ideators. Not only did this study show that suicide ideators were more likely than the non-ideators of traditional college age to view attempt victims as likable, justified in their actions, and likely to be a personal friend, but on a similar note, the findings indicated that the accepting attitudes of suicide ideators further extended to the perceived intelligence and trustworthiness levels of attempt victims. Ideators were significantly more likely to view attempters as more intelligent and more trustworthy. Explanations for these varying attitudes may be similar to those

offered above for Hypotheses 4, 5, and 6, which attributed the diverse attitudes reported to the varying amounts of relatability, understanding, and sympathy a suicide ideator would be able to express due to past experiences compared to those of the non-ideators.

Whereas this study focused mainly on attitudes held within the traditional college population, a large enough portion of the sample consisted of non-traditional students to allow for additional comparisons to be made. Traditional students reported significantly higher levels of suicidal ideation than did the non-traditional students. This finding was consistent with the data provided by the American Association of Suicidology (2001), which stated that suicide was the 11th leading cause of death for all ages but the third leading cause among young people. Interestingly, there was no significant gender difference detected among the non-traditional students, which may support the notion that the Suicide Ideation Questionnaire used in this study lacked an adequate amount of sensitivity. However, the validity of the questionnaire should not be discounted too quickly as it was adequate to reveal differences between the varying age groups in the sample. Another explanation for the failure to find significant differences between males and females of the non-traditional age group may be due to the low ratio of males (number/percentage) to females (number/percentage) in this group. Future research pertaining to gender differences in the suicide ideation levels of traditional and non-traditional students would be helpful to clarify this finding.

An additional difference between traditional and non-traditional students emerged regarding the likelihood of perceived friendships with suicide attempt victims, with non-traditional students being more likely than the traditional students to report the possibility of a perceived friendship. This finding may be impacted by the additional life experiences encountered by non-traditional students. With more personal and second hand exposure to crisis and difficulty, the non-traditional population may be more capable of expressing sympathy and compassion towards suicide attempters. This might facilitate their reporting more perceived friendships than the traditional student population.

Differences were also evident among participants of traditional college age with varying degrees of personal exposure to suicide. Participants who knew a close friend or family member that had attempted or completed suicide reported a higher likelihood of a perceived friendship with the attempt victim, higher perceived trustworthiness, and higher intelligence levels than did the participants not knowing anyone who had acted on suicidal thoughts. This indicates that merely knowing an attempter or completer makes it more likely that a person will hold more positive views toward other attempt victims, specifically in regards to friendship, intelligence, and trustworthiness. Also indicated by the data was that participants knowing an attempter were more likely than the participants not knowing an attempter to report personal suicidal thoughts and behaviors. While a similar trend was seen in participants either knowing or not knowing a completer, the difference slightly missed being statistically significant. These associations may be due to suicide ideators influencing the actions of peers around them, or they may indicate that suicide ideators tend to befriend and more commonly associate with other ideators. Another explanation for this relationship between knowing an attempter and actually being an ideator incorporates aspects of modeling. If a young individual has a person in his or her life whom they view as respectable, intelligent, admirable, etc. and that person at some point in life attempts suicide as a way to cope or to manage stress, then the young individual may later experience hard times and likewise respond in a manor similar to that of the person they had admired. People with limited coping mechanisms may model the coping behaviors of others they know, despite the fact that these behaviors may not be the most adaptive. This explanation logically makes sense with the data. Traditional college participants knowing an attempter were more likely to be ideators, but this was not the case among the non-traditional participants. Whereas the young students may be more likely to respond to learning from others and modeling their behaviors, the older non-traditional participants may have learned with time more adaptive and more psychologically mature ways of dealing with the same problems.

These findings may be important in the future when seeking to design effective intervention programs for suicidal behavior. In the process of minimizing such behavior, it may

be especially helpful to focus on individuals who report knowing a suicide attempter or completer. If knowing someone who has acted on suicidal thoughts increases one's likelihood of acting on suicidal thoughts as well, an intervention targeted to prevent this trend in behavior would be advantageous. Additionally, these findings can help clinicians and mental health professionals more easily target at risk groups and to further understand the attitudes held by these populations.

Overall, attitude differences were more commonly evidenced in this study between suicide ideators and non-ideators than among other comparison groups, such as among gender groups, cases of rational or irrational suicide attempts, and among traditional versus non-traditional students. Knowing an attempter or completer also heavily influenced attitude formation in this sample. Because no gender differences or differences relative to the attempt circumstances emerged, it may be that among traditional college students ideation levels and personally knowing an attempter or completer serve as the most reliable predictors of attitudes held towards suicide attempters .

Limitations

As is common in research, several procedural limitations exist within this study. All the data collected in this study were based on self-reports, which allowed room for participants to respond inaccurately due to lack of concern or lack of understanding. Participants' responses on self-report questionnaires were further influenced by a social desirability bias, where participants tend to modify their opinions, either consciously or unconsciously, to some extent in the direction of what they feel to be more socially desirable. Also, the data from the Perception Rating Form were based on a hypothetical suicide situation. Participants may have been unable to relate the victim in the scenario to a victim in a similar situation in real life, or they may have inaccurately speculated what their resulting perceptions of a suicide attempter may have been. It is possible that participants reported the feelings that created the least amount of cognitive dissonance, but again these might not accurately reflect the attitudes the participants would have exhibited in an actual suicide attempt situation.

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Additionally, this study was based on convenience sampling, so it may not accurately reflect the attitudes held within the traditional college population. All questionnaire packets were distributed to students in undergraduate psychology courses, so it is possible that these attitudes are uniquely held among students interested in psychology classes. However, the majority of the sample came from General Psychology classes which tend to contain a large number of students from varying disciplines. It is nonetheless important not to assume that these findings do reflect the attitudes held by all traditional college students, as they may be limited primarily to populations of similar composition. However, the researchers in this study do not feel that any of these limitations invalidated the findings of the study.

Practical Implications

As past research has shown that a culture's attitude toward suicide influences the culture's suicide rates, it is also likely that a culture's attitude toward suicidal attempts will affect the culture's attempt rates. Therefore, an understanding of the attitudes held towards attempters within this culture could prove a useful tool for mental health professionals when seeking to design and implement interventions aimed at alleviating the occurrence of suicidal behavior. This study was especially helpful in this area as it was aimed at examining college students, and past studies have shown that younger populations exhibit a frequent amount of suicidal thoughts and behaviors. This study was also useful for the population in general as it helped to identify the stance current college students hold towards suicidal attempts. Suicidal behavior is common among young people. Understanding the attitudes held towards such behavior may influence the approach and enhance the understanding law enforcement personnel, medical professionals, parents, and friends can exhibit when faced with a suicide attempt.

Future Research

Several areas emerged in this study where additional research to clarify or support findings would be of value. Namely, a more exhaustive evaluation of suicide ideation levels would be useful to help detect whether or not gender differences in suicide ideation levels exist within both the traditional and non-traditional college populations. The questionnaire used in this

study may have been too brief, or gender differences may actually not exist. It should be noted, however, that the scores from the Suicide Ideation Questionnaire appeared to efficiently detect significance when used as an independent variable rather than as the dependent variable. It may also be beneficial to replicate this study using a sample with a larger number of non-traditional students to allow enough power to exist for additional comparisons to be made. More prominent differences may emerge in a larger population that would more distinctly classify traditional college students into a unique population. It would also be beneficial for future research to focus on the effects that knowing a suicide attempter or completer have on both perceptions and personal ideation levels. If future research were to find similar trends as were exhibited in this study, this relationship could become a more prominent identifying tool for clinicians and health professionals when seeking a person's current or lifetime suicide risk.

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APPENDICES

APPENDIX A

Demographic Questionnaire

Please fill in the blank or circle the correct answer. Do not put your name on any of the pages.

1. Age: _____

2. Gender:　　　1. Female　　2. Male

3. Marital Status:　　　1. Single　　　　4. Divorced

　　　　　　　　　　　2. Married　　　　5. Widowed

　　　　　　　　　　　3. Separated

4. Race:　1. Asian　　　　4. White

　　　　　2. Black　　　　5. Other _____

　　　　　3. Hispanic

5. Check the religious affiliation that most applies to you.

　_____ Christian (including all Apostolics, Baptists, Catholics, Episcopalians,

　　　　　Jehovah's Witness, Lutherans, Methodists, Mormons, Protestants,

　　　　　and all subtypes thereof)

　_____ Atheist

　_____ Hindu

　_____ Buddhist

　_____ Jewish

　_____ Muslim

　_____ Unitarian

　_____ Other

6. Has anyone in your family or a close friend ever attempted suicide (and survived the

　attempt)?　　1. Yes　　　　　　2. No

7. Has anyone in your family or a close friend ever completed suicide (and died)?

　　　　　　　1. Yes　　　　　　2. No

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Suicide Ideation Questionnaire

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS AS IT APPLIES TO YOU:

(Your answers are confidential and anonymous. Please answer honestly.)

_____ 1. I have attempted suicide (to kill myself) in the past.

   If so, how did you try to commit suicide? _____

   How long has it been since you attempted suicide? _____

   What kept you from succeeding? _____

   Is suicide still an option for you now? _____

   How many times have you attempted suicide? _____

_____ 2. I have seriously considered committing suicide in the past to the extent I have made a

   plan on how I would do it but never followed through with the plan, or I have

   thoughts about harming myself that do not seem to go away.

_____ 3. The thought of committing suicide has crossed my mind, but I have never seriously

   considered it or made a plan in the past.

_____ 4. I have never thought about committing suicide.

APPENDIX C

Instruction Page

Instructions:

The purpose of this study is to investigate perceptions of people who attempt suicide. Please take a few minutes to read the following copy of a newspaper article and then complete the attached questionnaire. Your answers are confidential and anonymous, so please do not put your name anywhere on this form. Simply circle the answer that best fits your perception.

APPENDIX D

Scenario 1

STUDENT ATTEMPTS SUICIDE

_____, a junior in college at East Tennessee State University, was hospitalized yesterday afternoon following a suicide attempt. Fortunately, medical reports do indicate that a full physical recovery from the suicide attempt is likely. _____ claimed that suicide was "the only option" due to a major financial bind that was continually getting worse. _____ also commented that recently being abandoned by a significant other had had a very negative impact on their life. Treatment plans include medical care for the physical harm done and psychological care to demonstrate proper stress management and coping behaviors.

Scenario 2

STUDENT ATTEMPTS SUICIDE

_____, a junior in college at East Tennessee State University, was hospitalized yesterday afternoon following a suicide attempt. Fortunately, medical reports do indicate that a full physical recovery from the suicide attempt is likely. _____ claimed that suicide was "the only option" because they had been so depressed for so long. _____ also commented that they always felt so sad and lonely that they had "nothing left to live for." Treatment plans include medical care for the physical harm done and psychological care to demonstrate proper stress management and coping behaviors.

Scenario 3

STUDENT ATTEMPTS SUICIDE

_____, a junior in college at East Tennessee State University, was hospitalized yesterday afternoon following a suicide attempt. Fortunately, medical reports do indicate that a full physical recovery from the suicide attempt is likely. _____ claimed that suicide was "the only option" due to the physical injuries resulting from a very serious and recent car crash. _____ also commented that the thought of being handicapped or having to temporarily resort to a wheelchair was "more than I could bear." Treatment plans include medical care for the physical harm done and psychological care to demonstrate proper stress management and coping behaviors.

Scenario 4

STUDENT ATTEMPTS SUICIDE

_____, a junior in college at East Tennessee State University, was hospitalized yesterday afternoon following a suicide attempt. Fortunately, medical reports do indicate that a full physical recovery from the suicide attempt is likely. _____ claimed that suicide was "the only option" due to a recent diagnosis of a terminal illness. _____ also commented that the pain they were experiencing was "more than I could bear." Treatment plans include medical care for the physical harm done and psychological care to demonstrate proper stress management and coping behaviors.

APPENDIX H

Perception Rating Form

1. Compared to other persons you know in this age group, how mentally healthy did this person appear to you?

This person was very unhealthy ……………………………………This person was very healthy

| 1 | 2 | 3 | 4 | 5 |

2. Compared to other persons you know in this age group, how religious do you perceive this person to be?

This person was very non-religious………………………..……..This person was very religious

| 1 | 2 | 3 | 4 | 5 |

3. Compared to other persons you know in this age group, how intelligent do you perceive this person to be?

This person was very unintelligent ………………………………This person was very intelligent

| 1 | 2 | 3 | 4 | 5 |

4. Compared to other persons you know in this age group, how trustworthy do you think this person would have been?

This person was very untrustworthy …………………………This person was very trustworthy

| 1 | 2 | 3 | 4 | 5 |

5. Compared to other persons you know in this age group, how likable did this person appear?

This person was very unlikable………………………..…………This person was very likable

| 1 | 2 | 3 | 4 | 5 |

6. From your point of view, how justified do you think the person was in attempting suicide?

This person was very unjustified …………………………………This person was very justified

| 1 | 2 | 3 | 4 | 5 |

7. To what extent do you think this person might have been a close personal friend of yours?

Not likely at all ……..………………………………………………………………….. Very likely

| 1 | 2 | 3 | 4 | 5 |

APPENDIX I

Explanation Prior to Material Distribution

This survey is part of a study being conducted for a Master's thesis. The purpose is to examine the attitudes students hold towards peers who attempt suicide. The surveys will be anonymous and confidential, and participation is totally voluntary. Anyone choosing not to participate can do so with no penalty. Students who do wish to participate will receive extra credit in the course as specified by the professor. Consistent with department policy, anyone that does not wish to participate but still desires the extra credit can work out an alternate assignment with the professor for an equal amount of credit. Also, all participants must be 18 years of age or older. Anyone below the age of 18 can do an alternate assignment for an equal amount of extra credit.

For those who do wish to participate, you can discontinue the study at any time if feeling any distress or for any other reason without penalty. Any questions during or after the survey can be addressed to the researcher (Kandi Shearer), and anyone interested in having a report of the results sent to them upon completion of data analysis can do so upon request.

KANDI D. SHEARER

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