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The Attributions of Male and Female Subjects to Disposition-Focused Vs. Situation-Focused Suicide Attempts

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LOYOLA UNIVERSITY CHICAGO

THE ATTRIBUTIONS OF MALE AND FEMALE SUBJECTS TO
DISPOSITION-FOCUSED VS. SITUATION-FOCUSED SUICIDE ATTEMPTS

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS
DEPARTMENT OF PSYCHOLOGY

BY

KIRSTEN A. ELLING

CHICAGO, ILLINOIS

MAY 1994

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CHAPTER I

INTRODUCTION

Overview

Since the late 1960s, suicide rates among adolescents and young adults (ages 15-24 years) have increased. In fact, suicide now accounts for 12.9% of the deaths in this age group, as compared to the 1.4% of deaths caused by suicide in all age groups combined (Pfeffer, 1988). Furthermore, it has been found that adolescents hold negative attitudes toward peers exhibiting suicidal behavior (Norton, Durlak & Richards, 1989). As these investigators point out, the negative attitudes of peers toward a suicidal adolescent may increase the adolescent's feelings of isolation from friends. This may well exacerbate the feelings of hopelessness and depression that the individual is feeling and thus increase the likelihood of a suicide attempt.

Because of the probable impact of negative peer attitudes on a suicidal individual, it is important to explore the source of these attitudes further. One way of doing this is to look at the attributions people make about the cause of suicidal behavior. This is important because, as Kelly and Michela (1980) state, "people interpret behavior in terms of its causes, and these interpretations

play an important role in determining reactions to the behavior" (p.458). Because the observers of a suicide attempter's behavior are likely to be the people with whom he/she will interact after the attempt, the attributions they make about his/her behavior and the reactions that follow from these attributions will affect the suicide attempter.

Attributions for Behavior

In explaining causes of behavior, social psychologists have observed a prevailing tendency for people to attribute causes of behavior to dispositional (stable, internal factors such as personality traits) and situational (circumstances that are external to an individual) influences. Researchers such as Jones and Nisbett (1972) have identified what is known as the fundamental attribution error. This error is the pervasive tendency of observers to attribute the actions of others to stable personal dispositions, but to attribute their own actions to situational factors. Jones and Nisbett offer three explanations for this attribution error. One explanation is that actors (i.e., people explaining their own behavior) have more information about their own behavior and how their behavior varies depending on the situation. In other words, people are aware of their own behavioral inconsistencies, but when it comes to evaluating other people they do not have this situational information. As a result, people

over-ascribe causality to the trait characteristics of others.

Another explanation offered by Jones and Nisbett is that actors and observers use the information available to them differently. Because actors' own self is perceived as constant, the varying environment stands out as the more salient feature when comparing dispositional versus situational causes of a given behavior. Also, the actor must attend to the environment in order to behave effectively, thus making the environment more salient. The reverse is true when an observer tries to make a causal attribution for another person's behavior. For the observer, the environment appears to be the more constant background in contrast to the varied and more salient actions of the other person. Because it is important for the observer to understand the varied actions of others, he/she is motivated to identify stable dispositional traits of others in order to explain and predict their behavior.

Jones and Nisbett's third explanation of the fundamental attribution error is that actors and observers have different visual perspectives. Since actors cannot observe themselves behave in ordinary circumstances, their visual focus is on the environment (situation), whereas the other person is the center of the visual focus for the observer. The assumption here is that the component of the behavior (dispositional versus situational) is in the center of

the visual focus receives the most attributional emphasis.

Based on the fundamental attribution error, it is likely that observers will attribute suicidal behavior to stable, internal traits of a suicide attempter. Suicide is certainly an extreme variation of normal behavior. From an observer's point of view, suicidal behavior would stand out against the relatively static background of everyday life and more "normal" behaviors. Because suicidal behavior is so extreme, observers may be especially motivated to explain it, and because of the fundamental attribution error, they are likely to explain it by attributing the behavior to stable, internal traits of the suicide attempter.

The present study was designed to test the influence of dispositional and situational information on individuals' attributions for suicidal behavior. If the kind of information (dispositional or situational) available to the observer is manipulated, we may be able to shift the focus from the person to the situation (i.e., in a situational information manipulation). If providing information about a person's situation does indeed shift the focus from the person to the situation, we may be able to decrease the detrimental, internal (blaming) attributions that observers may make, and improve people's attitudes toward the suicidal individual. As a result, the attempter may receive the support he/she needs. At a minimum, we can assess the strength of the fundamental attribution error in the face of

contradicting evidence.

Attitudes Toward Suicide

Research on people's attitudes towards suicide and attempted suicide suggests that this is a complex issue. A multitude of factors may impact a person's attitude toward a suicidal individual. For example, Domino and Swain (1985) observed that individuals with more accurate knowledge of suicide had more positive attitudes toward suicidal individuals, while people who were less knowledgeable about suicide held more negative attitudes. In addition to knowledge, such factors as age of subject, age of attempter, sex of subject, sex of attempter, degree of religiosity, and motive of suicide attempt have been examined in the literature (Overholser, Hemstreet, Spirito, & Vyse, 1989; Stillion, White, Edwards, & McDowell, 1989; White & Stillion, 1988). For example, Stillion et al. (1989) found that older suicidal females received the least sympathy from subjects, while young suicidal females received the most. Research on subject variables indicates that males tend to be less sympathetic towards all attempters than females (White & Stillion, 1988).

Many of these studies used the vignette format to manipulate these factors, and assess subject attitudes by asking them questions about the character in the vignette. For example, "attempting suicide was a dishonorable thing for this person to do," "this person acted in a cowardly

manner," and "I would try to avoid contact with this person."

In addition to studies that have used the vignette format to manipulate attempter characteristics, some research has explored the impact of psychiatric staff attitudes on treatment of suicidal/suicide attempter patients (Lonngvist & Suokas, 1986; Sermet, 1984). These studies suggest that negative staff attitudes adversely affect their care of suicidal patients.

Effects of Attitudes on Behavior

When explaining a particular behavior, social psychologists consider the relationship between a person's attitudes and the behavior that is exhibited. Indeed, measures of the similarity between attitude and behavior have been a topic of extensive study. LaPiere (1934) and Wicker (1969) found a lack of correspondence between verbally expressed attitudes and observable behaviors. To explore this apparent contradiction between attitudes and behavior, Ajzen and Fishbein (1977) analyzed over one hundred studies and found that observed behavior correlates with attitudes only when attitude measures closely match the specific behavior in question. Furthermore, Ajzen and Fishbein pursued the study of the relation between attitudes and actions in a broader context, to include situational determinants of behavior as well as attitudes. Their theory of reasoned action (Ajzen & Fishbein, 1980) postulates that

attitudes do influence actions through a deliberate, reasoned decision-making process. However, the impact of attitudes on behavior is limited in three ways.

First, a person's behavior is not influenced solely by general attitudes, but rather by attitudes toward a specific behavior. For example, a person may have a benevolent attitude toward the homeless, but when confronted by a particularly gruff, dirty homeless person asking for money, the person may refuse in this specific situation. Second, people's behavior is influenced by their beliefs about what others think should be done, in addition to their own attitudes. For example, the same person in the previous example may act differently in the presence of a friend who the person believes is expecting that he/she will give the homeless person some money. Third, a person's attitude toward a behavior, in addition to subjective norms, may lead to an intention to behave in a certain way, but for various reasons the person does not follow through on his/her intentions (Ajzen & Madden, 1986). For example, the person in the previous example may have the intention of giving money to the homeless person, but then discovers he/she has no money, was in too much of a hurry to stop, decides not to let the presence of a friend pressure him/her into giving money, etc.

Attitudes toward a suicide attempter can be conceptualized within this model. Research has shown that

specific characteristics of a suicide attempter may influence people's reactions to this attempter. For example, while someone may have a fairly nonstigmatizing attitude towards suicide attempters in general, the same person may react in a stigmatizing manner toward a specific attempter who happens to be male, young, and African-American. Suicide is a specific behavior, and there are certainly subjective societal norms surrounding the issue of suicide, many of them negative (Calhoun, Selby, & Faulstich, 1980; Ginn, Range & Hailey, 1988; Norton, Durlak & Richards, 1989; Range & Goggin, 1990). These societal norms may influence an individual's reaction to a suicide attempter. For example, someone who may hold the attitude that one should react more positively and supportively to a suicide attempter may be influenced by society's negative attitude to behave in a stigmatizing, negative manner.

According to Ajzen and Fishbein's (1980) theory, specific attitudes and social factors may vary in the influence they have on behavior. This variance depends largely on the strength of the attitude, which is affected by three factors. First, people tend to behave in a way that is consistent with their attitude when the attitude in question is well-informed. Second, the strength of a person's attitude is affected by how the information on which it is based was obtained, and not necessarily how much information the person has. Research has shown that

attitudes based on direct, personal experience are more stable than those formed through indirect, secondhand information, even if the direct experience is minimal (Brehm & Kassin, 1990). Third, strongly-held attitudes are readily brought into awareness.

According to this model of attitudes and behavior, it appears that attitudes toward suicide attempters, while largely negative, may be somewhat flexible. For instance, research has shown that people are not particularly well-informed about suicide (Norton, Durlak & Richards, 1989). According to Ajzen and Fishbein, an attitude that is not well-informed may not be very strong. Interestingly, research on suicide prevention/awareness programs has found that an increase in knowledge about suicide often accompanies a decrease in negative attitudes around suicide (Spirito et al., 1988). Furthermore, a study by Adler, Wright and Ulicny (1991) found that subjects' attitudes toward people with disabilities differed depending on whether they were provided with information about whether people succumb or cope with their disability. In their study, subjects who received information about people with disabilities who coped expressed more positive attitudes toward people with disabilities than subjects who learned of people who succumbed to their disabilities. In other words, the kind of information presented about disabled people influenced their attitudes toward this population. Perhaps

this information manipulation strategy will influence the attitudes toward another stigmatized population, suicide attempters. By manipulating the information provided about a hypothetical suicide attempter, the present study will explore the effect of the information provided on subjects' attitudes and attributions toward the suicide attempter.

Gender Differences in Attitudes Toward Suicide

Another factor that may affect observers' reactions to a suicidal person is the gender of that person. Previous research has shown that young female suicide attempters receive the most sympathy from both male and female subjects (McDowell, 1989). It is also interesting to note that males have the highest suicide rates among America's youth (Hendin, 1986). In fact, three to four times as many men commit suicide as women (Statistical Abstracts, 1986, as cited by White & Stillion, 1988). The ratio is reversed for attempted suicide, with women attempting suicide more often than men (White & Stillion, 1988). One explanation for this difference is that some females may attempt suicide to elicit sympathy (perhaps successfully), while males believe (perhaps correctly) they will not receive sympathy, and attempt suicide with intent to die. If suicidal males receive less sympathy than suicidal females, this may put them at higher risk for completing a suicide attempt. The lack of sympathy they receive may exacerbate their feelings of isolation and depression. Interestingly, researchers

have found that males tend to be less sympathetic towards all attempters (male and female) than females (White and Stillion, 1988). These researchers also found that male subjects had the least sympathy for males who attempted suicide, suggesting that males stigmatize other males who attempt suicide. While the reasons for this stigmatization bias are not clear, it may indicate a special need for a suicide awareness intervention for males, as well as special support groups for males who have attempted suicide. In order to explore further potential gender differences in attitudes toward suicide, this study will manipulate gender information about the attempter and examine attitudes of male and female subjects. In addition, a "neutral gender" condition, in which the gender of the attempter is not revealed to the subject, will be evaluated. Subjects will be asked to indicate whether they perceived the attempter to be male or female to determine if subjects believe females, more than males, are prone to suicidal behavior (as is suggested by base rates).

Empathy

Empathy can be defined as "the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another" (Webster's Ninth New Collegiate Dictionary, 1986). In the suicide literature, one way it is measured is by asking subjects such questions as "I would try to understand

why this person would have felt suicidal," and "It makes me sad to read about what this person is going through." As previously mentioned, studies have found that attempter characteristics such as age and gender result in different amounts of empathy from subjects, and that subject characteristics (e.g., gender) may be related to the level of empathy toward a suicide attempter. Furthermore, numerous studies have shown a relationship between empathy and attitudes (Astrom, Nilsson, Norberg, Sandman, et al., 1991; Royse & Birge, 1987), with empathy being inversely associated with negative attitudes. The present study may help to determine which aspects of attempter and vignette information (e.g., situational vs. dispositional) elicit empathic responses from subjects, as well as which subject characteristics (gender, knowledge, etc.) are associated with empathic responses toward suicide attempters.

Design

The present study was designed to explore college students' amount of empathy, type of attribution (dispositional/situation), degree of liking, and attitudes (degree of positivity/negativity) toward a hypothetical suicide attempter (also a college student). The results of this study may help to pinpoint the source of people's negative reactions to suicidal individuals, as well as to highlight gender differences in attitudes toward, and vulnerability to, suicidal behavior.

Given the complex array of observer and actor (suicide attempter) characteristics that influence the observer's attitudes toward the actor, and the impact these attitudes have on how the observer interacts with the actor, it is important to continue clarifying the subtleties of this phenomenon. Identifying which factors tend to contribute to more negative attitudes toward suicide attempters is an important step in enhancing suicide awareness/intervention programs and treatment of suicidal individuals/suicide attempters in mental health settings.

In order to test the roles of attempter characteristics, dispositional and situational information, and subject characteristics on attitudes, empathy and attributions for suicidal behavior, a 3 x 3 x 2 factorial design was used. Attempter characteristics were manipulated by varying gender. Male and female subjects were randomly assigned to read vignettes about male or female attempters, or to read a vignette in which gender of the attempter was not identified (no gender). Dispositional and situational information about the attempter were also manipulated using three levels. In the dispositional information condition, subjects received information about the attempter that focuses on dispositional or internal characteristics of the individual. In the situational information condition, subjects received information that focuses on situational factors and circumstances in the attempter's life. Finally,

a third condition had both dispositional and situational information (mixed information). Subjects were randomly assigned to information conditions.

In order to assess whether the different types of information provided in the different conditions affected subjects' attitudes and attributions differentially, a pre-post component was incorporated into the study. Before reading the vignette about the hypothetical student ("Pat"), subjects responded to three questionnaires about J. Doe, a hypothetical student about whom little information was provided (i.e., no situational or dispositional information). The first questionnaire was a knowledge questionnaire to assess subjects' knowledge of suicide. Research has shown that an individual's knowledge of suicide may influence their attitudes toward suicidal individuals (Domino & Swain, 1985). For this reason, it was important to determine if groups differed in their level of knowledge about suicide. A second questionnaire assessed subjects' attitudes, attributions and empathy toward J. Doe. This same questionnaire was then used to assess subjects' attitudes, attributions, and empathy toward Pat later on in the questionnaire packet. Finally, subjects completed a semantic differential scale, which assesses attitudes for J. Doe (subjects also completed one for Pat later in the questionnaire packet). Thus, subjects' attitudes, attributions, and empathy for a suicide attempter were

assessed both before (J. Doe) and after (Pat) receiving vignette information. This method was used to determine whether vignette information (e.g., dispositional, situational, gender) influences subjects' responses to suicide attempters.

Hypotheses

Causal Attributions

For causal attributions, a main effect is expected for the dispositional-information vs. situational-information vs. mixed-information conditions. Specifically, subjects in the situational-information condition are predicted to make greater external/situational attributions than subjects in the dispositional-information and mixed-informational conditions. Conversely, subjects in the dispositional-information condition should attribute the suicidal person's problems to stable, internal factors to a greater extent than subjects in the situational-information condition. Subjects in the dispositional-information condition may not necessarily attribute the protagonist's suicidality to internal factors to a greater degree than subjects in the mixed-information condition. This is hypothesized because of the previously mentioned pervasiveness of the fundamental attribution error. Subjects in the mixed-information condition are expected to bring their attribution biases to the vignette and make the fundamental attribution error (i.e., greater dispositional attributions). If the

independent variable (i.e., situational-information vs. dispositional-information vs. mixed-information) manipulation is not strong or has no effect, we would expect, based on the fundamental attribution error, that there would be no difference between the three conditions, and that subjects (i.e., observers) would attribute the suicide attempt to internal factors across conditions, and have corresponding negative attitudes towards the attempter across conditions.

Attitudes

It is also expected that an analysis of variance (ANOVA) will reveal a main effect of information condition for attitudes, as measured by the Attitudes subscale of the Attitudes/Attribution/Empathy Questionnaire (AAEQ), Semantic Differentials, and the Extent of Interaction Questionnaire (EIQ), toward the attempter (see below). Follow-up analyses will be performed to discern where these differences lie. It is hypothesized that attitudes will be more negative in the dispositional-information and mixed-information condition than in the situational-information condition. This prediction is based on research that has found a relationship between attributions and attitudes, with dispositional attributions for negative behavior (i.e., suicide) leading to more negative attitudes toward the actor (Adler, Wright & Ulicny, 1991; Loonqvist & Suokas, 1986).

Empathy Variables

In light of White and Stillion's (1988) research, it is expected that there would be a significant main effect for gender of subject for empathy variables, with females being more empathic than males across situations. It was also expected, based on McDowell's (1989) study, that there will be a significant effect for gender of attempter, with the female attempter eliciting significantly more empathy from both male and female subjects. A subject gender X attempter gender interaction is expected, with male subjects having significantly higher levels of empathy for the female attempter than for the male attempter, with less difference in empathy for male and female attempters by female subjects. It is expected that the subject gender x attempter gender interaction predicted above will hold for the no gender condition as well, based on what gender subjects believed Pat to be. For this condition, subjects will be classified into groups based on their perception of Pat's gender (e.g., perceive Pat to be male or perceive Pat to be female). It is further hypothesized that subjects in the dispositional information condition will respond less empathically to Pat than those in the situational information condition. This prediction is based on findings that dispositional attributions lead to more negative attitudes toward the actor (Adler, Wright & Ulicny, 1991; Loonqvist & Suokas, 1986) and presumably less positive attitudes and empathy.

CHAPTER II

METHOD

Subjects

Subjects for this experiment were obtained from the Loyola Introductory Psychology Subject Pool, and consisted of college students in the 18-22 age range. For the entire sample (suicide and alternative groups) the mean age was 19.01 years ($SD=2.11$) and the majority of subjects (61.3%) were freshman. The majority (69%) of subjects were Caucasian, 15.1% were Asian-Pacific islanders, 7.5% were Hispanic, 4.0% were African-American, 0.3% were American Indian, and 4.0% classified themselves as "other." The majority of the subjects were Catholic (61.5%), 7.6% were Protestant, 3.8% were Jewish, 3.3% were Moslem, and 23.8% classified themselves as "other." The majority (74.4%) of subjects knew at least one person who had attempted suicide, and 9.9% of subjects reported to have attempted suicide themselves. The modal (44.5%) degree of religiosity was "somewhat religious," and the mean degree of religiosity was 2.89 on the 1 (non-religious) to 4 (religious) likert-type scale ($SD=.958$). The modal (46.4%) major was "other," with the most common listed major being psychology, at 14.8% of subjects.

Subjects filled out a consent form in which their anonymity and the confidentiality of their responses was assured. No great risk for subjects was anticipated in this study. However, subjects who were suicidal, had been suicidal at some time, or knew someone close to them to be suicidal may have experienced discomfort due to the topic of study. As a safeguard against these risks, subjects were told that they could discontinue participation at any time. Additionally, all subjects were screened prior to filling out the questionnaire packet. This screening process consisted of two steps.

The first step was embedded within the consent form, which informed subjects of the content of the study and allowed them to select the alternative, benign packet if the topic of suicide made them uncomfortable (see Appendix A). This alternative packet consisted of measures that involved rating a number of events for familiarity and negative/positive impact of the event, and was part of a study conducted by a different researcher for a different study, and had Departmental Review Board approval. Subjects who selected this packet also filled out a demographics questionnaire, which did not include any questions about suicide. A comparison of these subjects and the main study sample on demographic variables was conducted.

The second step in the screening process employed the Beck Depression Inventory, which was attached to the consent

form (see Appendix B). Those subjects who indicated suicidal intent in response to question nine ("I would kill myself if I had the chance") were given the alternative packet (even if they had selected to complete the "attitudes toward attempted suicide" packet on the consent form). Subjects turned in their consent form and BDI, and, based on the responses, were given the appropriate packet. The consent form was then detached from the BDI to preserve subject anonymity. The one exception to this was if a subject were to indicate suicidal intent (i.e., circled 3 on BDI question #9). In these cases, I had an ethical obligation to breach confidentiality. However, none of the subjects in this study indicated this level of suicidal intent.

The researchers also provided all subjects with information about where to go for psychological help as well as a handout about the warning signs of suicide. Because most subjects would not find this study distressing, and the benefits they received (such as satisfaction of contribution to research and valuable information about suicide warning signs and prevention) substantial, it did not appear that the risks were greater than the benefits. Furthermore, the benefit to society as a whole in answering some fundamental questions about people's reactions to suicidal individuals is significant.

Design

The design of this experiment was a complete factorial design with three variables. One of the variables was a subject variable (males vs. females) and the remaining two variables involved between-subject manipulations in the stimulus story regarding the suicide attempter. The stimulus story manipulated the gender of the suicide attempter (male/female/no-gender) and the focus of the information provided for the suicide attempt (situational/dispositional/mixed). Thus, nine versions of the stimulus story were used: female attempter and situational focus, female attempter and dispositional focus, female attempter and mixed (half situational, half dispositional) focus, male attempter and situational focus, male attempter and dispositional focus, male attempter and mixed focus, no-gender attempter and situation focus, no-gender attempter and dispositional focus, and no-gender attempter and mixed focus. Also, the design included a within-subject manipulation, with subjects responding to questionnaires (Attributions/Attitudes/Empathy and Semantic Differential, see below) about J. Doe, a hypothetical suicide attempter about whom little information was provided, prior to the vignette about Pat. After reading the vignette, subjects responded to these same questionnaires, this time regarding Pat. The study involved 373 subjects, 16-21 subjects for each of the eighteen

conditions and 48 subjects who selected the alternative packet. The suicide study packets were randomized to insure random assignment to between-subject conditions.

Materials

Beck Depression Inventory (BDI)

In order to screen out sensitive subjects, the BDI was attached to the consent form and administered immediately. The BDI (Beck, Steer, & Garbin, 1988) is a 21-item measure of depressive symptomatology that asks subjects to choose one or more statement(s) from a group of four statements for each item to describe how they have been feeling the past week. Each group of statements pertains to a particular symptom, and provides a choice of varying intensities of the symptom. As current depressive symptomatology is likely to affect subjects' responses to attempters, we checked to see if groups differed with respect to their responses on the BDI, and found that groups were equivalent on this measure. The internal consistency of this measure has been reported as ranging from .73 to .92 (Beck, Steer, & Garbin, 1988). The Cronbach alpha for this sample was .85.

Suicide Knowledge Questionnaire

To assess subjects' knowledge of suicide, a knowledge questionnaire developed by Norton, Durlak & Richards (1989) was administered (see Appendix C). These authors reported a Cronbach alpha of .88. Because previous research (Domino & Swain, 1985) has found that subjects' level of knowledge

about suicide may be related to their attitudes about suicide, scores on this questionnaire would be used as a covariate if groups were found to differ on this measure.

Attitudes/Attributions/Empathy Questionnaire (AAEQ)

This questionnaire was developed for this study and consists of 3 scales: Negative Reactions (attitudes), External Attributions (attributions), and Empathy. Subjects rated the extent to which they agreed or disagreed with each of 30 statements regarding J. Doe on a 5-point Likert-type scale. Subjects filled out this same questionnaire regarding Pat after they had read the stimulus vignette. Questions 2, 3, 5, 9, 14, and 15 were adapted from a Knowledge and Attitudes questionnaire developed by Norton, Durlak and Richards (1989), while the remaining eighteen questions were created by the current researcher (see Appendix D).

A varimax rotated factor analysis was performed on the 30-item AAEQ using the pre-manipulation version of the AAEQ. This analysis yielded nine factors with eigen values greater than 1.00. Of these nine factors, a scree plot revealed that three of these factors had eigenvalues that stood out from the others (factor 1: eigenvalue=4.01, factor 2: eigenvalue=3.36, factor 3: eigenvalue=2.12). A rotated factor matrix delineated these three factors as follows. The first factor included items 15, 5, 9, and 17, all of which could be described as negative reactions and

judgments. This factor was labeled "negative reactions," and is one of the dependent measures for hypotheses regarding subjects' attitudes toward suicide attempters. The negative reactions factor accounted for 13.4% of the variance, and had a Cronbach alpha of .74. The second factor included items 30, 28, 12, 29, and 24, all of which could be described as internal factors leading to the suicide attempt. This factor was labeled "internal attributions," and is the dependent measure for hypotheses regarding subjects' attributions about a suicide attempt. The internal attributions factor accounted for 11.2% of the variance, and had a Cronbach alpha of .64. The third factor included items 4, 7, 10, 11, 18, 19, and 22, all of which could be described as level of empathy (empathic statements are positively loaded, nonempathic statements are negatively loaded). This factor was labeled "empathy," and is the dependent measure for hypotheses regarding subjects' level of empathy toward a suicide attempter. This factor accounted for 7.1% of the variance, and had a Cronbach alpha of .74 (see Table 1). For each factor, a factor score was computed by calculating the mean for the items that made up the individual factor.

TABLE 1
FACTOR ANALYSIS OF THE AAEQ

Factor	Loading
Negative Reaction Factor	
(15) This (attempting suicide) was a dishonorable thing to do.	.706
(5) This person acted in a cowardly manner.	.682
(9) This (attempting suicide) was an immoral thing to do.	.663
(17) Ultimately, the blame for this suicide attempt rests with this person.	.613
Internal Attributions Factor	
(30) If this person had done a better job at work, this suicide attempt would not have occurred.	.573
(28) If this person had tried to do better at school, he or she wouldn't have ended up attempting suicide.	.568
(12) This person's suicide attempt was caused by the pressures of school.	.566
(29) This person's suicide attempt occurred after a partner ended a relationship with him or her.	.546
(24) This person attempted suicide because of the family conflicts he/she caused.	.535
Empathy Factor	
(7) I would be supportive if this person approached me and wanted to talk about his/her problems.	.677
(22) I would try to avoid contact with this person.	-.650
(10) It makes me sad to read about what this person is going through.	.642
(4) I would have sympathetic and concerned feelings for this person.	.629
(11) I would not want to try helping this person with their problems.	-.605
(18) I would be uncomfortable if this person approached me and wanted to talk about his/her problems.	-.557
(19) I feel sorry for this person.	.513

For reasons discussed in the introduction, subjects' attitudes and attributions toward a suicide attempter are important to assess, as they may be an indicator of how the subject might act toward a suicide attempter. Additionally, empathy with the attempter may also be related to how the attempter would be treated, and may also be related to attempter characteristics (i.e., gender, situational/dispositional) as discussed in the introduction.

Semantic Differential Form

Subjects were asked to rate J. Doe (pre-vignette) or Pat, the hypothetical student, (post-vignette) on Osgood's (1975) semantic differential scales, which are made up of a series of bipolar items, and are divided into three subscales (evaluation, potency, and activity). The evaluation subscale is the purest of the scales, in that it taps evaluation and not other overlapping constructs, and consists of items such as good-bad and valuable-worthless, which assess an individual's evaluation (positive or negative) of something or someone. The potency subscale is largely a measure of physical strength, and consists of items such as large-small and strong-weak. The activity subscale assesses how physically and mentally active someone is perceived to be (e.g., active-passive). Osgood and Snider (1955) note that greater activity and greater potency tend to be associated with positive evaluation. The items included in these scales are listed in Appendix E. Cronbach

alphas for these scales ranged from .41 (activity) to .58 (potency) to .75 (evaluation) in the current sample. Osgood and Snider (1955) report scale-consistencies ranging from .75 (potency), .79 (evaluation), and .82 (activity).

These ratings are another way of assessing students' attitudes toward hypothetical suicide attempters. Students who have more negative attitudes toward suicide attempters should rate the hypothetical suicide attempter more negatively on bipolar items.

Vignette

After filling out these preliminary measures, subjects read one of the nine stimulus vignettes. The stimulus vignettes are hypothetical situations in which a college student (male, female or no-gender information) is experiencing various situational and personal problems and has attempted suicide. Subjects were asked to imagine that the character in the vignette is confiding in them. The basic story was drawn from the literature on attempted suicide; situational and dispositional information was added based on attribution theory. There were nine versions of the vignette such that a male, female and no-gender information suicide attempter was paired with both situational information, dispositional information, and mixed information (i.e., all variables were factorially crossed). Each subject was given only one version of the vignette (see Appendix F).

After reading the vignette, subjects were asked to write down what they would say to the suicidal individual in this situation. The purpose for writing down what they would say was to involve the subjects in the hypothetical situation rather than just reading about it, and in an attempt to intensify their focus on either the dispositional or the situational influences (depending on which condition they were in).

Pilot Study of Vignettes

A pilot study was conducted to aid in the development of these vignettes. The subjects for the pilot study were 18 undergraduate students (6 males, 12 females) in an introductory psychology class. There were two conditions for the pilot study, dispositional focus and situational focus. The vignettes in both conditions began by asking subjects to imagine that a friend from class talks to him/her about a recent suicide attempt. In both vignettes, the hypothetical friend, Pat, talks about having problems at home, in school, at work, and with a romantic partner. In the situational vignette, these problems were described in a way that placed the cause on external, situational factors. In the dispositional vignette, the same problems were described in a way that placed the cause on internal, dispositional factors. Pat's gender was not identified in either of the vignettes. Subjects rated the extent to which Pat's attempt was situationally or dispositionally

influenced, and also rated the extent to which each of Pat's problems was situational or dispositional.

This pilot study was run to provide guidance on several issues involved in developing the vignettes. First, we explored whether the vignette that was intended to be situational was perceived as situational (or, more situational than the dispositional vignette), and whether the vignette that was intended to be dispositional was perceived as dispositional (or, more dispositional than the situational vignette). Second, we explored if there were any differences between how strongly situational or dispositional each particular problem was (e.g., romantic problems might be viewed as more dispositional than work problems). And third, we assessed subjects' perception of gender for the no-gender Pat.

Although the number of subjects was small, the results were instructive and helpful in further development of the vignette. The situational-focus vignette was rated overall as more situational ($\bar{M}=4.75$ on a scale of 1=low situational emphasis to 5=high situational emphasis) than dispositional ($\bar{M}=3.0$ on a scale of 1=low dispositional emphasis to 5=high dispositional emphasis). However, the dispositional-focus vignette was also rated as more situational ($\bar{M}=4.5$) than dispositional ($\bar{M}=2.7$). Since the pilot study also investigated how situational or dispositional subjects found each of Pat's problems (family, school, work, romantic

relationship) to be, we were able to identify which of Pat's problems were not seen as being dispositional as we had intended. In the dispositional vignette, Pat's problems with family and Pat's romantic relationship were seen as more situational than dispositional in the dispositional condition. To address this, these problems were changed slightly for the main study to enhance their dispositional focus. For example, in the pilot study Pat says "and to make it all worse, the one person I thought I could count on, the person I've been in a relationship with since I came to school here, isn't being supportive at all, so I ended the relationship." This statement was changed to: "and to make it all worse, I ended the relationship with the one person I could count on, the person I've been in a relationship with since I came to school here. I never return phone calls, I've been so bad. I just don't care anymore" for the main study.

In order to decide which of Pat's problems should be dispositional and which should be situational in the mixed-focus vignette, it was important to know how strong the dispositional/situational manipulation was for each problem in both the situational and dispositional conditions. In the pilot study, for the dispositional condition, Pat's problem at work was seen as the most dispositional, academics was seen as second most dispositional, romantic relationship was seen as third most dispositional, and

family problems as least dispositional. For the situational condition, Pat's problem at work was seen as the most situational, family problems were seen as second most situational, academic problems were seen as third most situational, and Pat's romantic relationship problem was seen as the least situational. While the dispositional versions of Pat's family and romantic relationship problems were reworded to enhance their dispositionality for the final version, the pilot data were still used to help achieve a balance of situational and dispositional problems in the mixed-focus vignette. In the mixed-focus vignette, Pat's work and romantic relationship problems were dispositionally focused, and Pat's academic and family problems were situationally focused. In this way, the two known strongest dispositional and situational problems were used. Additionally, there was one relationship-oriented problem and one performance-oriented (e.g., work, academics) problem to represent each type of focus (situational or dispositional) in the mixed-focus condition.

In the pilot study, subjects' perception of Pat's gender did not differ by condition or by subject gender. Also, in both conditions, half of the subjects thought Pat was female, and half thought Pat was male. These results suggested that it was possible to develop a vignette character with no gender information (i.e., discuss a character in a way that did not bias subjects' perceptions

of the character's gender.)

Extent of Interaction Questionnaire (EIQ)

Another measure used to assess subjects' attitudes toward the hypothetical suicide attempter in the vignette was the 10-item EIQ, which asks subjects to indicate, on a 4-point Likert-type scale, how much they would like to interact with the individual (i.e., Pat) in a variety of contexts. For example, subjects rated statements such as "I would like to get to know Pat better," as "not at all true (1)" to "completely true (4)." Thus, higher scores indicated a greater willingness to interact with Pat. Cronbach alpha for this measure was found to be .93 (see Appendix G).

This questionnaire can be conceptualized as a measure of possible behaviors toward suicide attempters, and as mentioned previously, behaviors and attitudes are often related (Ajzen & Fishbein, 1980; Lonqvist & Suokas, 1986). Subjects' willingness, or lack thereof, to interact with another person (i.e., Pat) may be an indicator of their attitudes towards that person.

Demographic Questionnaire

The demographic questionnaire asked subjects to fill in their gender, Pat's gender, their age, year in school, major in school, ethnicity, religion, and degree of religiosity. In addition, it asked whether they knew anyone who has attempted or committed suicide. Subjects who answered yes

to this question were asked how many people they knew who had attempted or committed suicide, their relationship (e.g., mother, father, friend), and whether the suicide attempt changed any of these relationships (yes, no). Subjects who responded that the attempt did change their relationships were asked which relationships, and how much each relationship changed (no, little, some, or much change). Subjects were also asked if the suicide attempt(s) changed the way they live their life. Subjects who responded affirmatively to this question were asked how much the suicide attempt changed their life (no, little, some or much change) and who the attempter was (e.g., mother, father, friend). All subjects were also asked whether they had ever attempted suicide, and to provide any details that they felt comfortable writing down. Subjects also indicated the importance of receiving more information about Pat. Three pieces of information were rank-ordered by subjects in order of their preference. Subjects ranked whether it would be most important to know how Pat acts/behaves compared to other people, how Pat usually acts/behaves, and how Pat acts/behaves in other situations. This question was intended to gather information about what type of information subjects' consider important when evaluating an actor's behavior. Additionally, subjects indicated the percentage of people who, after talking to Pat, would be at greater, lesser, or have neither greater nor lesser risk for

attempting suicide. This question was intended to assess the prevalence of the belief that suicide is contagious. Finally, subjects were asked to indicate how distressed (very, somewhat, neutral, or not distressed) they felt as a result of completing the packet of questionnaires. This question was intended to assess subjects' degree of distress related to the topic of suicide, which is a concern that institutional review boards have regarding research in the area of suicide (see Appendix H).

Debriefing Form

When subjects had completed the questionnaire packet they read the debriefing form, which included information about warning signs of suicide and where to call or write for more information (see Appendix I).

Procedure

At the beginning of the experiment, the experimenter read the instructions from the written instruction sheet to the subjects. After hearing the instructions, reading and signing the consent form and the BDI, subjects turned in the consent form and BDI and were given the appropriate packet based on their responses on the consent form and BDI. The "attitudes toward suicide" packet contained a suicide knowledge questionnaire, the Attitudes/Attributions/Empathy Questionnaire (AAEQ) for J.Doe, a semantic differential form to rate J. Doe, one of the nine vignettes, the AAEQ for the hypothetical student Pat, a semantic differential form to

rate the hypothetical student Pat, the Extent of Interaction Questionnaire (EIQ), the demographic questionnaire, and the debriefing form. After completing the packet, subjects were given credit for their participation, thanked, and dismissed.

CHAPTER III

RESULTS

Subject Characteristics and Group Equivalence

Experimental groups were formed by randomly assigning male and female subjects to one of nine conditions that factorially crossed information level (disposition, situation, mixed) and Pat gender (male, female, no information). To determine whether experimental groups were equivalent prior to the manipulation, a number of subject variables were analyzed using discriminant analysis regression and analysis of variance models to determine whether these subject variables predicted experimental group membership. Also, these analyses were performed to determine whether the group of subjects who selected the alternative packet differed from those who selected the suicide packet.

Demographic Variables

Demographic variables included age, major in school, level of education, race, religion, degree of religiosity, whether the subject knew someone who had attempted suicide, and whether the subject had ever attempted suicide. Except for the two questions regarding attempted suicide, these demographic variables were also assessed for subjects who

selected the alternative packet.

The only variable that differed significantly between groups was level of education, and this effect was for subject gender. Because of the low numbers of sophomores, juniors, seniors, and beyond, we created an "upperclassman" group. A Chi-square analysis based on this division (freshman vs. upperclassman) was significant, $\chi^2 (1,372) = 11.93, p < .001$. There were more males in the upperclassman group, and more females in the freshman group than expected by chance (see Table 2). Thus, the level of education was used as a covariate in later analyses.

TABLE 2

FREQUENCY OF MALE AND FEMALE SUBJECTS WHO WERE FRESHMEN AND UPPERCLASSMEN

	Freshmen	Upperclassmen
Males	79 (95)	76 (60)
Females	149 (133)	68 (84)

Note: Expected values are in parentheses.

Analyses designed to ascertain whether the alternative packet and suicide packet groups differed on subject gender, age, education, major in school, race, religion, or degree of religiosity revealed that the two samples were equivalent on all of these variables.

Suicide Knowledge Questionnaire

The knowledge questionnaire contained fourteen items that described behavior or feelings likely to be associated with suicide, and five reverse-worded items which described behavior or feelings unlikely to be associated with suicide. Based on Norton, Durlak and Richards' (1989) scoring procedure, the five-point response scale was collapsed to three categories (unlikely, I don't know, and likely) for scoring purposes. For the fourteen items that were likely to be associated with suicide, a response of a 4 (moderately likely) or 5 (highly likely) was accepted as correct, whereas a response of 1 (highly unlikely) 2 (moderately unlikely) or 3 (I don't know) was incorrect. The reverse was true for the five reverse-worded items. A total score was obtained by adding the number of correct responses.

In order to determine whether experimental groups were equivalent with respect to knowledge of suicide, a 2x3x3 Analysis of Covariance (Subject Gender x Information Level x Assigned Pat Gender) was run using subjects' suicide knowledge scores as the dependent variable and level of education entered as a covariate. Results indicated no significant differences between groups for their knowledge of suicide. The mean suicide knowledge score across groups was 7.79 (SD=3.67) out of a possible perfect score of 19. Although previous investigators did not provide guidelines for the interpretation of scores on this measure, this mean

suggest that, on average, subjects were aware of a little less than half of the behaviors and feelings likely to be associated with suicide that were presented in the suicide knowledge questionnaire.

Beck Depression Inventory (BDI)

In order to determine whether experimental groups were equivalent with respect to BDI scores, a 2x3x3 (Subject Gender x Information Level x Assigned Pat Gender) ANOVA was run with level of education as a covariate. The results of this ANOVA indicated a 3-way interaction (Subject Gender x Information Level x Assigned Pat Gender) $F(4,301) = 2.90, p < .05$. However, Scheffe post hoc comparison of means indicated that no two groups were significantly different at the .05 level. The mean BDI score across groups was $M=6.45$ ($SD=5.82$), placing subjects in the non-depressed range for severity of depressive symptoms (Beck, Steer, & Garbin, 1988).

Perception of Pat's Gender

Subjects were randomly assigned to receive a male Pat, female Pat, or a Pat for which no gender information was provided. Following the manipulation, subjects were asked to identify whether Pat was a male or female. All subjects who received gender information for Pat correctly identified Pat's gender. We were also interested in knowing whether subjects would identify an ambiguous (i.e., no gender information) suicide attempter as male or female.

Examination of the no gender information condition revealed a significant main effect for subject gender, $\chi^2 (1,101) = 8.37, p < .01$, with males more likely to perceive Pat as male and females more likely to perceive Pat as female than expected by chance (see Table 3).

TABLE 3

MALES' AND FEMALES' PERCEPTION OF A NO GENDER INFORMATION PAT

	Male Pat	Female Pat
Males	36 (29.2)	8 (14.8)
Females	31 (37.8)	26 (19.2)

Note: Expected values are in parentheses.

Because some subjects in the no gender information group perceived Pat to be male and some subjects perceived Pat to be female, subjects' attitudes and attributions for Pat's suicide attempt (described below) were analyzed using perceived Pat gender (male or female) rather than the three levels of assigned Pat gender (male, female, no gender information). We also examined whether there were any a priori group differences based on the two levels of perceived Pat gender for the demographic variables, suicide knowledge, and depressive symptomatology.

Discriminant analyses were conducted to discern whether Perceived Pat Gender, subject gender, and/or level of information condition group membership was predicted by any of the various demographic variables (e.g., level of education, race, major, religion, etc.). These analyses revealed that none of these variables predicted Perceived Pat Gender group membership. Thus, the only difference between Perceived Pat Gender groups and Assigned Pat Gender groups was that Assigned Pat Gender group membership was predicted by level of education.

Subjects' suicide knowledge was also examined using the two levels of Perceived Pat Gender. No differences were observed across groups with respect to suicide knowledge, as was observed using the three levels of Assigned Pat Gender. Finally, depressive symptoms were analyzed using two levels of Pat Gender. Again, no group differences in BDI scores were observed.

Analyses of dependent measures following the manipulation (described below) were analyzed using subjects' perception of Pat's gender (male or female) instead of the three levels of Pat's assigned gender (male, female, or no gender information). This is because subjects' reactions were likely based on their perception of Pat's gender (male or female), and the no gender level of Pat becomes meaningless under these circumstances. Therefore, analyses using assigned Pat gender were used only for the pre-

manipulation checks for group equivalence. Additionally, pre-manipulation measures were analyzed using perceived Pat gender so as to facilitate comparison with post-manipulation measures, which were also analyzed using perceived Pat gender.

Attitudes and Attributions Toward a Suicide Attempter
Pre-manipulation (baseline) Attitudes/Attributions/Empathy
Toward a Suicide Attempter

To determine whether or not experimental groups were equivalent with respect to attitudes, attributions, and empathy prior to the manipulation, a repeated measures analysis of variance (MANOVA) was performed. This MANOVA (AAEQ factor x Subject Gender x Information Level x Pat Gender) revealed some within-subjects differences. There was a significant main effect for AAEQ Factor, $F(2,604) = 395.41$, $p < .001$, with the mean for the empathy factor ($M=4.28$, $SD=.59$) significantly higher than the mean for the negative reactions factor ($M=3.01$, $SD=.99$), which was higher than the mean for the internal factor ($M=2.77$, $SD=.50$). This indicates that, prior to manipulation, subjects tended to respond more empathically to a hypothetical suicide attempter as compared to their level of negative reactions and their level of attribution to internal factors.

In terms of between-subject differences, an AAEQ Factor x Subject Gender interaction was found, $F(2,604) = 28.97$, $p < .001$., and follow-up t -tests were run to determine which

groups were significantly different. The results of these follow-up t -tests indicated that females and males differed significantly on their scores on the empathy factor, $t(320) = -6.36$, $p < .001$, with female subjects scoring higher ($M=4.45$, $SD=.47$) than male subjects ($M=4.03$, $SD=.66$). Also, females and males differed significantly on their negative reactions scores, $t(323) = 4.05$, $p < .001$, with males scoring higher ($M=3.27$, $SD=.95$) than females ($M=2.84$, $SD=.97$). These results indicate that, prior to the manipulation, female subjects responded more empathically and less negatively than males to a hypothetical suicide attempter. Also, a MANOVA conducted using Perceived Pat Gender instead of Assigned Pat Gender (three levels) yielded the same main effect for AAEQ Factor, $F(2,596) = 368.50$, $p < .001$, and the same interaction effect for AAEQ Factor and Subject Gender, $F(2,596) = 24.69$, $p < .001$. Follow-up t -tests revealed the same significant differences in means as the analyses detailed above. This makes sense in that the significant effects in both analyses were collapsed over either perceived Pat gender or assigned Pat gender.

Change in Attitudes/Attributions/Empathy toward a Suicide Attempter

To determine the effect of the experimental manipulation on the AAEQ factors, a $3 \times 2 \times 2 \times 3 \times 2$ (AAEQ factor \times Time \times Subject Gender \times Information Level \times Perceived Pat Gender) MANOVA was conducted. This analysis revealed a

within-subject main effect for AAEQ Factor, $F(2,592) = 481.92$, $p < .001$, with subjects scoring highest on the empathy factor ($M=4.34$, $SD=.59$), next highest on the negative reaction factor ($M=2.96$, $SD=.99$), and lowest on the internal factor ($M=2.79$, $SD=.51$). This indicates that, overall, subjects responded more empathically than negatively to hypothetical suicide attempters, and more negatively as compared to focusing on internal factors.

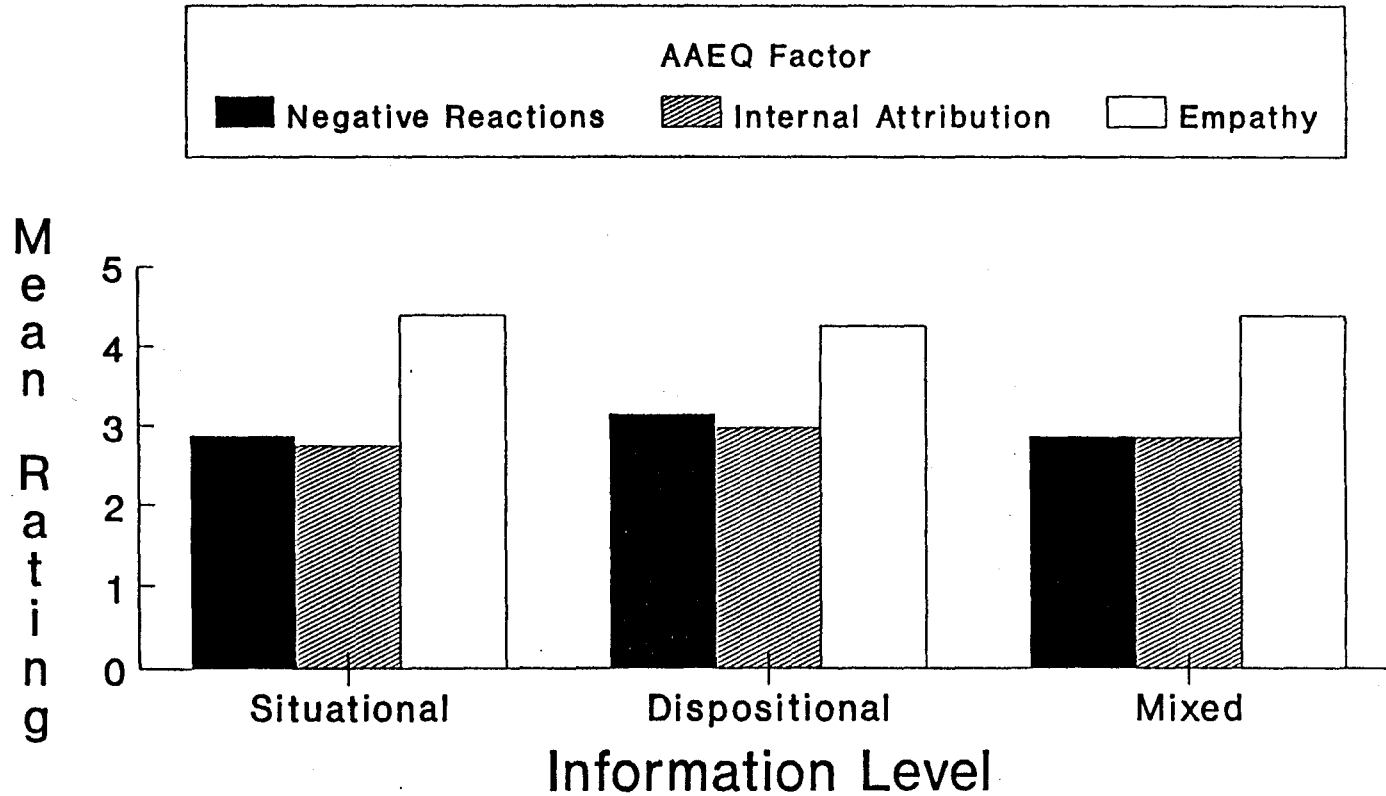
As with the pre-manipulation analyses, an interaction for AAEQ Factor x Subject Gender (collapsed over time) was found to be significant, $F(2,592) = 28.25$, $p < .001$, and follow-up t -tests were conducted to examine group differences. It was found that, on the empathy factor, males' and females' scores differed significantly, $t(319) = 6.81$, $p < .001$, with female subjects scoring higher ($M=4.50$, $SD=.42$) than male subjects ($M=4.10$, $SD=.59$) on this measure. Also, male and female subjects differed significantly on their negative reaction factors scores, $t(323) = 4.00$, $p < .001$, with male subjects scoring higher ($M=3.18$, $SD=.86$) than female subjects ($M=2.78$, $SD=.91$). These results indicate that females responded more empathically and less negatively to hypothetical suicide attempters than did males.

Additionally, an interaction was found for information level x AAEQ factor (collapsed over time), $F(4,592) = 3.43$, $p < .01$, and follow-up t -tests were performed to ascertain

the nature of group differences. On the empathy factor, it was found that subjects in the situational condition responded more empathically to hypothetical suicide attempters' problems ($M=4.39$, $SD=.61$) than subjects in the dispositional information condition ($M=4.25$, $SD=.58$), $t(215) = -3.51$, $p < .01$. Also, subjects in the mixed information and dispositional information conditions differed significantly with respect to their ratings of Pat on the empathy factor, $t(207) = 4.79$, $p < .001$, with subjects in the mixed information condition responding more empathically to Pat's problems ($M=4.38$, $SD=.64$) than subjects in the dispositional information condition ($M=4.25$, $SD=.58$). Subjects in the situational and mixed information conditions did not differ significantly on their scores on the empathy factor, and there were no significant differences between information groups on the negative reactions and internal factors of the AAEQ (see Figure 1).

Figure 1

Information Level X AAEQ Factor

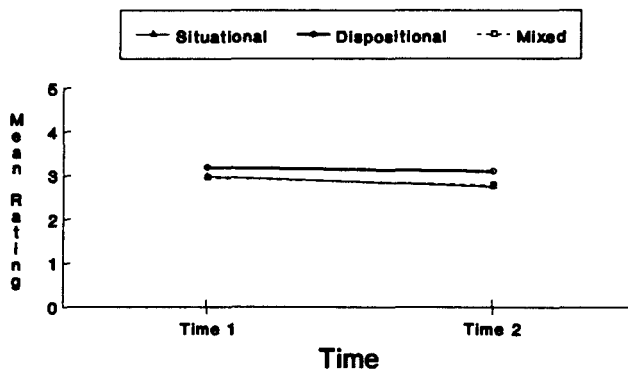


Note: Higher scores indicate greater negative reaction, internal attributions and empathy.

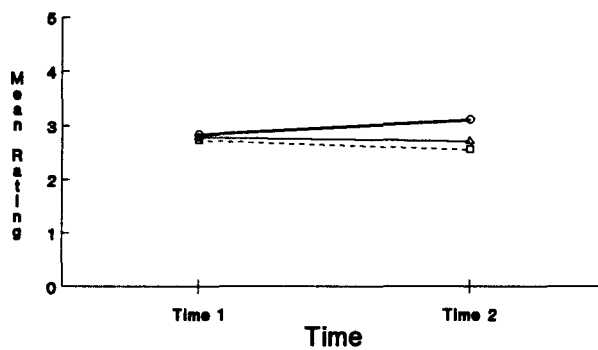
Finally, an Information x Time x AAEQ factor 3-way interaction was observed, $F(4,592) = 3.36$, $p < .05$, and follow-up t -tests were performed to determine the nature of group differences. On the negative reaction factor, subjects in the situational information condition differed in their ratings from time 1 to time 2, paired $t(108) = 3.27$, $p < .001$, with subjects in this condition rating a hypothetical student (time 1) more negatively ($M=2.97$, $SD=1.06$) than Pat (time 2) ($M=2.76$, $SD=.97$). Subjects in the dispositional and mixed conditions did not differ significantly with respect to their ratings on the negative reactions factor over time, and there were no between-subjects differences at time 1 or at time 2 (see Figure 2).

For the internal factor, subjects in the dispositional condition differed in their ratings from time 1 to time 2, $t(107) = -5.40$, paired $p < .001$, with subjects in this condition rating internal factors as more likely to have contributed to Pat's (time 2) problems ($M=3.10$, $SD=.62$) than to a hypothetical student's (time 1) problems ($M=2.82$, $SD=.44$). Subjects in the situational and mixed conditions did not differ with respect to their ratings on the internal attribution factor over time. However, subjects did differ on their ratings of Pat (time 2) across informational conditions. Subjects in the situational condition differed from subjects in the dispositional condition on their ratings of internal factors, $t(216) = -4.75$, $p < .001$, with

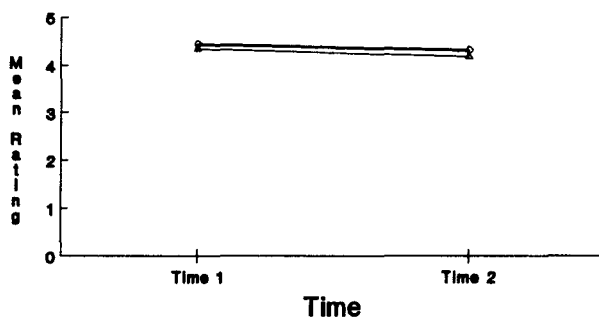
Figure 2
Information Lvl. X Time X AAEQ Factor
Negative Reactions



Internal Attributions



Empathy



Note: Higher scores indicate greater negative reaction, internal attributions and empathy.

subjects in the dispositional information condition rating internal factors as more likely to have contributed to Pat's problems ($\underline{M}=3.10$, $SD=.62$) than subjects in the situational information condition ($\underline{M}=2.71$, $SD=.59$). Subjects in the dispositional information condition also differed from subjects in the mixed information condition on their ratings of internal factors, $t(211) = 6.14$, $p < .001$, with subjects in the dispositional information condition rating internal factors as more likely to have contributed to Pat's problems ($\underline{M}=3.10$, $SD=.62$) than subjects in the mixed information condition ($\underline{M}=2.56$, $SD=.67$). Subjects in the situational information and mixed information conditions did not differ with respect to their ratings of internal factors.

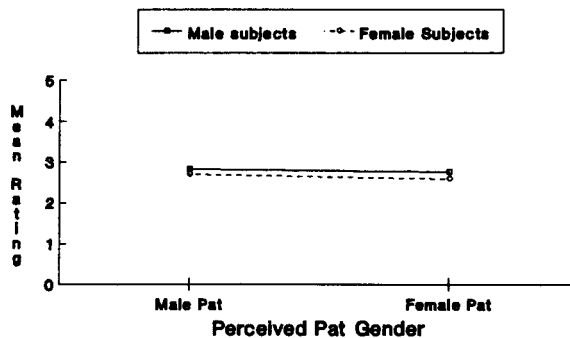
On the empathy factor, subjects in the dispositional information condition differed in their ratings from time 1 to time 2, $t(108) = -3.70$, $p < .001$, with subjects responding more empathically toward Pat (time 2) ($\underline{M}=4.33$, $SD=.59$) than toward a hypothetical suicide attempter (time 1) ($\underline{M}=4.19$, $SD=.63$).

The $3 \times 2 \times 2 \times 3 \times 2$ (AAEQ factor x Time x Subject Gender x Information level x Perceived Pat Gender) MANOVA suggested that there were some significant differences between manipulation groups at Time 2. I next performed ANOVAs on each AAEQ factor (covarying Time 1 scores) to determine whether these Time 2 effects were due to the manipulation or to pre-manipulation scores. A $2 \times 3 \times 2$ (Subject Gender x

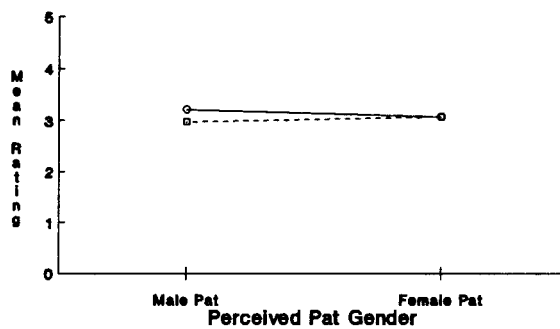
Information Level x Perceived Pat Gender) ANOVA, with Time 1 negative reactions scores as a covariate and the Time 2 negative reactions factor as the dependent measure, revealed no significant differences between groups. A 2x3x2 (Subject Gender x Information Level x Perceived Pat Gender) ANOVA, with Time 1 internal attribution factor scores as a covariate and the Time 2 internal attribution factor as the dependent measure, revealed a significant main effect for Information level, $F(2,307) = 19.51, p < .001$. Subjects in the dispositional information condition rated internal factors as more likely to have contributed to Pat's problems ($M=3.10, SD=.68$) than did subjects in the situational information condition ($M=2.71, SD=.62$) or subjects in the mixed information condition ($M=2.56, SD=.59$).

Also, a subject gender x information level x perceived Pat gender interaction was revealed for internal attribution scores, $F(2,307) = 6.01, p < .01$, and Scheffe post hoc comparisons of means were conducted to determine which groups differed. Male subjects in the dispositional information/male Pat condition rated internal factors as more likely to have contributed to Pat's problems ($M=3.24, SD=.81$) than female subjects in the mixed information/female Pat condition ($M=2.87, SD=.73$) (see Figure 3).

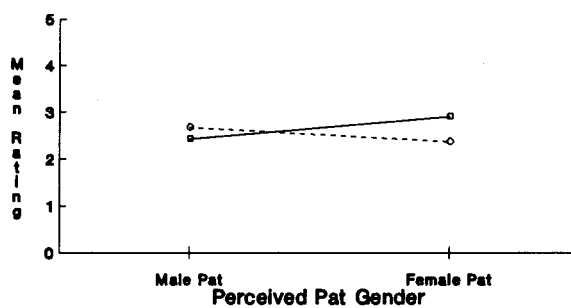
Figure 3
 Subj. Gen. X Info. Lvl. X Per. Pat Gen.
 Situational Information



Dispositional Information



Mixed Information



Note: Higher scores indicate greater negative reaction, internal attributions and empathy.

A 2x3x2 (Subject Gender x Information Level x Perceived Pat Gender) ANOVA, with subjects' Time 1 empathy scores as a covariate and subjects' Time 2 empathy factor scores as the dependent variable, revealed a main effect for subject gender, $F(1,309) = 8.748$, $p < .01$. Female subjects responded more empathically to Pat ($M=4.57$, $SD=.68$) than did male subjects ($M=4.16$, $SD=.62$).

In addition to performing separate Time 2 ANOVAs for each factor of the AAEQ, separate 2x2x3x2 (Time x Subject Gender x Information Level x Perceived Pat Gender) MANOVAs were run for each AAEQ factor. This was done because it allowed a more fine-grained analysis of attitudes, attributions, and empathy.

A 2x2x3x2 (Time x Subject Gender x Information Level x Perceived Pat Gender) MANOVA, with the negative reactions factor as the dependent variable, revealed a main effect for subject gender $F(1,301) = 13.42$, $p < .001$. Male subjects reacted more negatively to hypothetical suicide attempters (J. Doe and Pat) ($M=3.18$, $SD=.93$) than did female subjects ($M=2.79$, $SD=.87$). A main effect of time was also observed for the negative reactions, $F(1,301) = 18.38$, $p < .001$, with subjects rating a hypothetical suicide attempter (time 1) more negatively ($M=3.04$, $SD=.99$) than they rated Pat (time 2) ($M=2.87$, $SD=.97$).

Using the internal factor as a dependent measure, a 2x2x3x2 (Time x Subject Gender x Information Level x

Perceived Pat Gender) MANOVA was performed, revealing a main effect for information level, $F(2,296) = 8.84, p < .001$. This main effect was followed up with a Student Newman-Keuls comparison of means, which revealed that subjects in the dispositional information condition rated internal factors as more likely to have contributed to J. Doe's and Pat's problems ($M=3.10, SD=.62$) than did subjects in either the situational condition ($M=2.71, SD=.59$) or the mixed information condition ($M=2.56, SD=.67$). Subjects in the situational and mixed information conditions did not differ from each other with respect to how likely they rated internal factors to have contributed to J. Doe's and Pat's problems.

A $2 \times 2 \times 3 \times 2$ (Time x Subject Gender x Information Level x Perceived Pat Gender) MANOVA, with the empathy factor as the dependent measure, revealed a main effect for subject gender, $F(1,298) = 49.79, p < .001$, with female subjects responding more empathically to J. Doe and Pat ($M=4.55, SD=.45$) than did males ($M=4.17, SD=.60$). Also, a main effect for time was observed, $F(1,298) = 19.90, p < .001$, with subjects responding significantly more empathically ($M=4.40, SD=.55$) toward Pat (time 2) than toward a hypothetical suicide attempter (time 1) ($M=4.28, SD=.60$).

Semantic Differential (SD)

Pre-manipulation (baseline) Attitudes Toward a Suicide Attempter

The Semantic Differential (SD) scale was administered twice. Subjects first rated a hypothetical suicide attempter (baseline attitudes toward attempter), then rated Pat after reading about his/her suicide attempt. To determine whether experimental groups were equivalent prior to the manipulation (baseline), a repeated measures analysis of variance (MANOVA) was performed, using the three subscales of the SD scale as the within-subjects factor. The three factors of the SD scale include the evaluation scale (4 items), the potency scale (3 items), and the activity scale (7 items) (Osgood, 1975). Mean scale scores were calculated for each subject, lower scores indicate a more positive evaluation, higher potency, and greater activity. A $3 \times 2 \times 3 \times 3$ (SD Scale x Subject Gender x Information Level x Assigned Pat Gender) MANOVA revealed a main effect for subject gender, $F(1,302) = 10.36$, $p \leq .001$, with male subjects scoring higher on the SD scales (collapsed across scales, $M=4.42$, $SD=1.03$) than females (collapsed across scales, $M=4.12$, $SD=1.12$). This indicates that, overall, females rated a hypothetical suicide attempter more positively, and more potent and active than did males. A within-subject main effect was found for the SD scales, $F(2,604) = 117.57$, $p < .001$, with all subjects scoring highest on the potency scale ($M=4.86$, $SD=1.12$), next highest on the activity scale ($M=4.13$, $SD=.86$), and lowest on the evaluation scale ($M=3.75$, $SD=1.27$). This indicates

that subjects rated a hypothetical suicide attempter as less potent than active, and rated the suicide attempter most positively on the evaluation subscale.

The results of the $3 \times 2 \times 3 \times 2$ (Subject Gender x Information Level x Perceived Pat Gender) revealed a main effect for subject gender, $F(1,297) = 6.74$, $p < .05$, with male subjects scoring higher on the SD scales ($M=4.41$, $SD=1.00$) than did females ($M=4.13$, $SD=1.10$). This is similar to the finding from the MANOVA using assigned Pat gender, and indicates that, overall, females rated a hypothetical suicide attempter more positively, and as more potent and active than did males prior to the manipulation.

Similarly, within-subject effects for the above analysis using perceived Pat Gender included a main effect for SD scale, $F(2,594) = 110.89$, $p < .001$, with subjects scoring highest on the potency scale ($M=4.87$), next highest on the activity scale ($M=4.11$), and lowest on the evaluation scale ($M=3.76$). This is similar to the finding from the MANOVA using assigned Pat gender, and indicates that subjects rated a hypothetical suicide attempter as less potent than active, and rated the suicide attempter most positively on the evaluation subscale.

The only difference between the MANOVA using perceived pat gender and the MANOVA using assigned Pat gender was that, in the former, an interaction for subject gender x information level x SD scales was revealed, $F(4,594) = 2.78$,

$p < .05$. However, Scheffe post hoc comparisons of means indicated that no two groups were significantly different at the .01 level. It may be that this interaction is an artifact of the large main effect for SD scales.

In sum, significant premanipulation differences were found with respect to subject gender, with females rating a hypothetical suicide attempter more positively, potent, and active than did males. This was true for both assigned and perceived Pat gender groups. Additionally, premanipulation differences were found with respect to SD scale, with subjects rating a hypothetical suicide attempter as less potent than active, and rating the attempter most positively on the evaluation subscale. This was true for both assigned and perceived Pat gender groups.

Change in Attitudes Toward a Suicide Attempter

To ascertain whether or not subjects' responses to the SD scales changed from time 1 (pre-manipulation) to time 2 (post-manipulation), a $3 \times 2 \times 2 \times 3 \times 2$ (SD scales x Time x Subject Gender x Information Level x Perceived Pat Gender) MANOVA was conducted. In the analysis, SD scales and time were within-subjects variables, and subject gender, information level, and perceived Pat gender were between-subjects variables. The results indicated a main effect for time, $F(1,296) = 80.98$, $p < .001$, with subjects' SD scale scores at time 1 ($M=4.25$, $SD=1.08$) being higher than at time 2 ($M=3.84$, $SD=1.15$). This demonstrates that subjects' overall

ratings of a suicide attempter were more negative at time 1 than at time 2. There was also a main effect for SD scales, $F(2,592) = 217.98$, $p < .001$, with subjects again scoring highest on the potency subscale ($M=4.78$, $SD=1.17$), next highest on the activity subscale ($M=4.00$, $SD=.84$), and lowest on the evaluation subscale ($M=3.35$, $SD=1.33$). This effect is congruent with the main effects for SD scale found on the pre-manipulation MANOVAs using both perceived Pat gender and assigned Pat gender, and indicates that subjects rated both the hypothetical suicide attempter and Pat more negatively on potency than on activity, and most positively in terms of evaluatory adjectives.

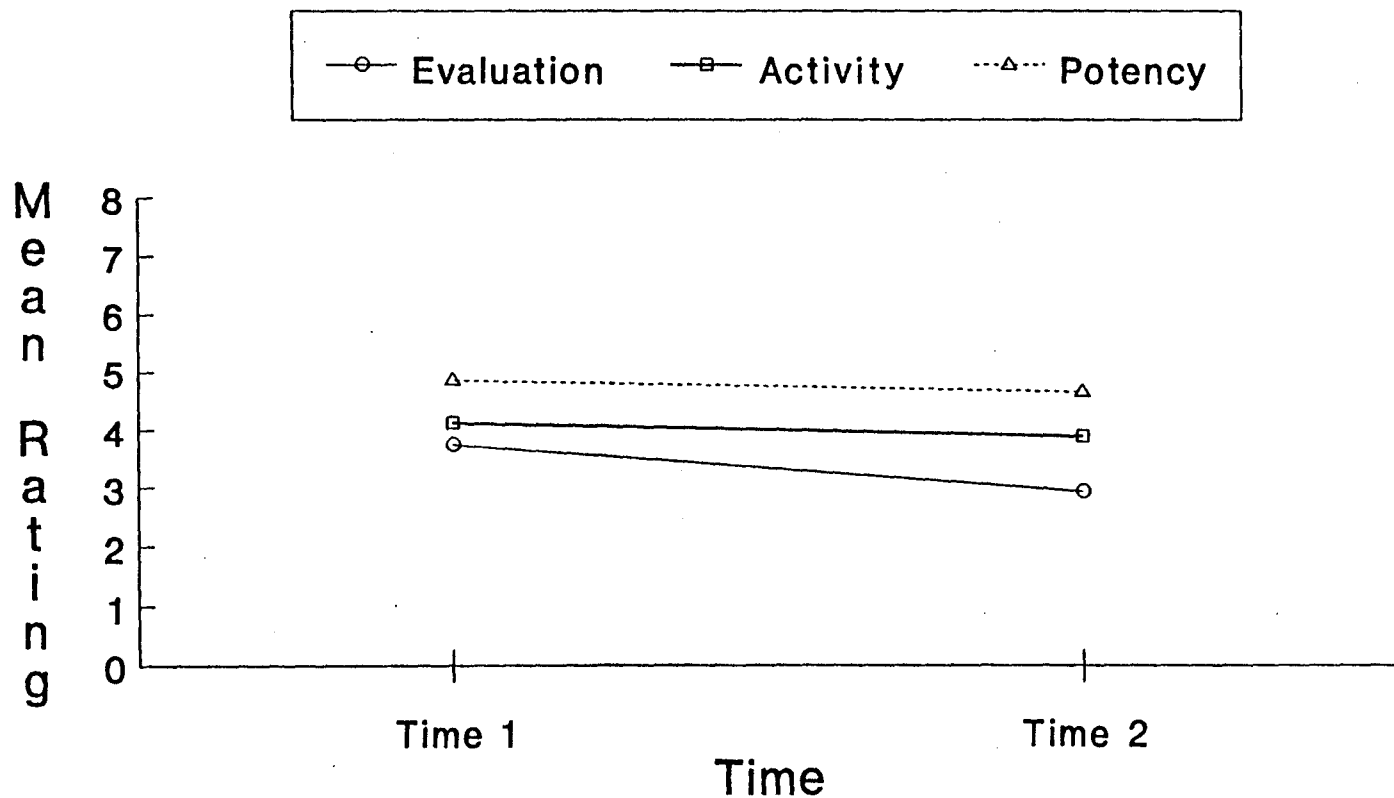
Additionally, an interaction for perceived Pat gender x SD scale was demonstrated, $F(2,592) = 3.66$, $p < .05$; however, post hoc t -tests revealed no significant differences between any two groups. It may be that this small interaction is an artifact of the large main effect for SD scale. Another interaction, this one for time x SD scales, $F(2,592) = 37.44$, $p < .001$, did yield significant differences between groups upon follow-up comparisons. A significant difference on the evaluation subscale was observed, $t(322) = 12.74$, $p < .001$, with subjects scoring higher at time 1 ($M=3.75$, $SD=1.26$) than at time 2 ($M=2.94$, $SD=1.38$). In other words, subjects evaluated the hypothetical suicide attempter (time 1) more negatively than Pat (time 2). A significant difference was also observed on

the potency subscale, $t(321) = 2.92$, $p < .01$, with subjects rating a hypothetical student (time 1) as less potent ($M=4.86$, $SD=1.12$) than Pat (time 2) ($M=4.66$, $SD=1.22$). Finally, a significant difference was observed on the activity subscale, $t(322) = 4.37$, $p < .001$, with subjects evaluating Pat (time 2) as more active ($M=3.90$, $SD=.83$) than a hypothetical student (time 1) ($M=4.13$, $SD=.86$) (see Figure 4).

A 3-way interaction for time x SD scale x information level was also observed, $F(4,592) = 2.87$, $p < .05$. Follow-up t -tests revealed significant differences between subjects' time 1 and time 2 scores on both the evaluation and activity subscales as a function of information level. In the situational information condition, subjects evaluated Pat (time 2) more favorably than the hypothetical suicide attempter (time 1) on the evaluation subscale, $t(107)=8.02$, $p<.001$ (see Figure 5). Similarly, in the dispositional information condition, subjects evaluated Pat (time 2) more positively than the hypothetical suicide attempter (time 1) on the evaluation subscale, $t(108) = 5.60$, $p < .001$. This pattern held for subjects in the mixed information condition as well, $t(104) = 8.56$, $p < .001$. However, with regard to subjects' scores on the activity subscale, only subjects in the dispositional information condition differed significantly from time 1 to time 2, $t(107) = 3.00$, $p < .01$. Subjects in this condition scored significantly higher on

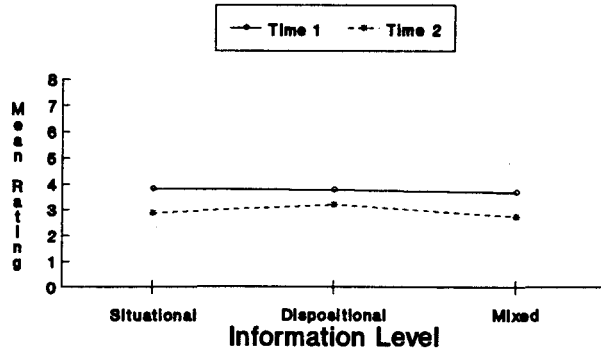
Figure 4

Time X Semantic Differential Scale

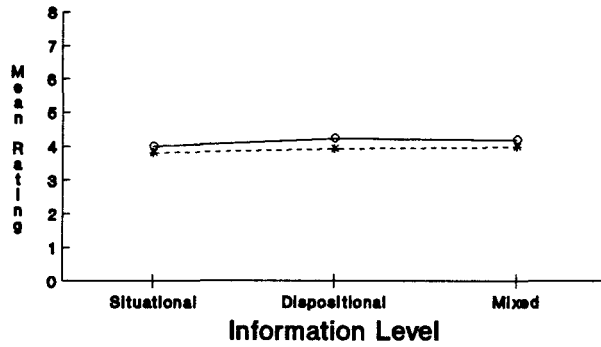


Note: Higher scores indicate more negative evaluation, less activity, and less potency.

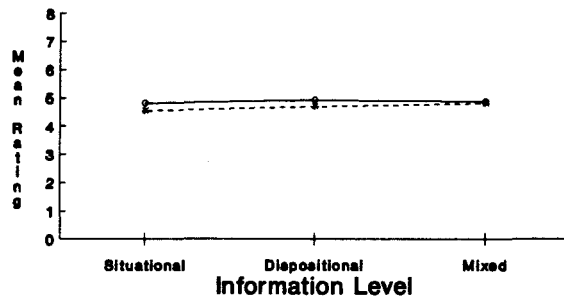
Figure 5
Time X Info. Lvl. X Sem. Diff. Scale
Evaluation



Activity



Potency



Note: Higher scores indicate greater negative evaluations, less activity, and less potency.

the activity subscale at time 1 than at time 2, indicating that subjects rated a hypothetical suicide attempter (time 1) as less active than Pat (time 2). There were no significant differences with regard to time and information level on the potency scale.

In order to further investigate significant differences suggested by the $3 \times 2 \times 2 \times 3 \times 2$ (SD factors x Time x Subject Gender x Information Level x Perceived Pat Gender) MANOVA, separate ANOVAs were conducted for each subscale of the SD scale at time 2 using time 1 scores as a covariate. This method was used to determine whether differences in SD scales at time 2 were due to scores at time 1 or to the manipulation.

Using the evaluation subscale, a $2 \times 3 \times 2$ (Subject Gender x Information Level x Perceived Pat Gender) ANOVA was performed, revealing a main effect for information level, $F(2,310) = 4.69, p < .05$. To determine which information groups differed significantly, a Student Newman-Keuls comparison of means was conducted. This test revealed that, at the $p < .05$ level, subjects in the dispositional information condition evaluated Pat more negatively ($M=3.22, SD=1.01$) than did subjects in the mixed information condition ($M=2.73, SD=1.10$). Subjects in the situational information condition did not differ significantly from either subjects in the dispositional or mixed information conditions.

A 2x3x2 (Subject Gender x Information Level x Perceived Pat Gender) ANOVA was performed, using the potency subscale as the dependent measure. This analysis revealed a main effect for perceived Pat Gender, $F(1,309) = 11.498$. $p < .001$. Subjects rated a male Pat as more potent ($M=4.50$, $SD=1.16$) than a female Pat ($M=4.89$, $SD=1.24$). A 2x3x2 (Subject Gender x Information Level x Perceived Pat Gender) ANOVA using the activity subscale revealed no significant differences between groups.

To summarize, it was found that there were significant differences in subjects' time 2 scores on the SD scales that were due to the manipulation, and not simply to time 1 scores. For the evaluation subscale, it was found that subjects in the dispositional information condition evaluated Pat more negatively than did subjects in the mixed information condition. On the potency subscale, it was found that a male Pat was judged to be more potent than a female Pat. No significant differences were found with respect to the activity subscale.

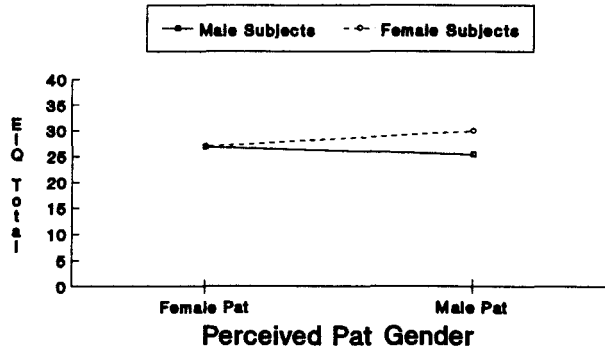
Extent of Interaction Questionnaire (EIQ)

To determine whether subjects' willingness to interact with a suicide attempter (Pat) differed as a function of the experimental group manipulations, a 2x3x2 (Subject Gender x Information Level x Perceived Pat Gender) ANOVA was run with level of education as a covariate. The results of this ANOVA revealed a main effect for subject gender, $F(1,297) =$

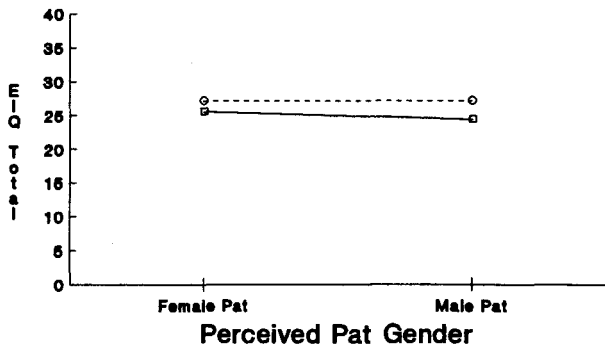
12.76, $p < .001$, with female subjects' EIQ scores being higher ($M=27.66$) than male subjects' EIQ scores ($M=25.03$). Higher scores on the EIQ indicate a greater willingness for subjects to interact with the hypothetical student Pat. Thus, females were significantly more willing to interact with Pat than males.

Additionally, a 3-way interaction of Subject Gender x Information Level x Perceived Pat Gender, $F(2,297) = 3.59$, $p < .05$, was revealed by these analyses. However, Scheffe post hoc comparisons of means indicated that no two groups were significantly different at the $p < .01$ level. As displayed in Figure 6, the interaction may be an artifact of the main effect for subject gender.

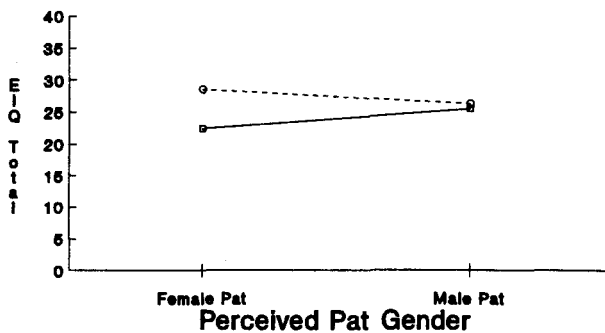
Figure 6
Subj. Gen. X Info. Lvl. X Per. Pat Gen.
Situational Information



Dispositional Information



Mixed Information



Note: Higher scores indicate greater willingness to interact with Pat.

CHAPTER IV

DISCUSSION

The purpose of this study was to ascertain whether or not different types of information (situational, dispositional, and mixed) provided about a suicide attempter (Pat) influenced subjects' attitudes and attributions toward the suicide attempter. This manipulation was based on attribution theory, which states that observers are more likely to attribute the actions of others to dispositional influences (e.g., stable, internal factors such as personality traits), but to attribute their own actions to situational factors (e.g., circumstances that are external to an individual). This is known as the fundamental attribution error. According to the fundamental attribution error, subjects should have had a tendency to attribute Pat's suicide attempt to dispositional characteristics and hold negative attitudes towards Pat. If manipulating the type of information individuals receive about a suicide attempt is effective (e.g., by giving subjects situational information), we expected that subjects would not succumb to this fundamental attribution error and would make situational attributions for Pat's suicide attempt in the situational information condition. If this shift from a

dispositional to a situational focus is effective, this method could be used as an intervention to lessen the negative attitudes towards suicide attempters.

Causal Attributions

With respect to attributions about suicide attempters, it was hypothesized that there would be a main effect for information condition. Specifically, subjects in the dispositional-information condition were predicted to make greater internal attributions than subjects in the situational-information and mixed-information conditions. Analyses revealed support for this hypothesis, as subjects in the dispositional-information condition made greater internal attributions than subjects in the situational-information condition, who in turn made greater internal attributions than subjects in the mixed-information condition. However, while these differences were statistically significant, it is important to keep in mind that subjects in the dispositional situation were not reporting strong internal attributions. These subjects mildly agreed or were neutral (on average) towards internal attribution statements, while subjects in the situational and mixed conditions mildly disagreed or were neutral (on average) toward these same statements.

Still, these findings for internal attributions are in line with what was expected based on the intended shift of focus of the situational versus the dispositional

information conditions. Subjects in the dispositional condition were expected to attribute the suicide attempt to internal factors more than those in the situational condition, and subjects in the mixed-information condition were also expected (due to the fundamental attribution error) to make more internal attributions than the situational-information condition subjects. The finding that subjects in the mixed-information condition made less internal attributions than subjects in the situational-information (or dispositional) conditions goes against this last part of the hypothesis. One explanation for this unexpected finding is that the internal factors subscale of the AAEQ may not have been a pure measure of internal attributions, and may have tapped subjects' external attributions about Pat as well. Some of the items on the internal factors subscale (e.g., "If this person had tried to do better at school, he or she wouldn't have ended up attempting suicide") were worded in such a way that, while placing the blame on Pat, the statements were about non-characterological factors that could be considered external. Another possible explanation for the findings for the mixed-information condition is that Pat's problems were divided in such a way that the ones with a situational focus (academic and family problems) were more salient than those with a dispositional focus (work and romantic relationship problems).

However, a note of caution is warranted, since the AAEQ is a measure that was developed for this study and has not had its psychometric properties fully elucidated, results should be interpreted conservatively. Further research might involve improving the internal attributions factor of the AAEQ, since the current version of this factor includes statements which are clearly internal attributions as well as statements which are more ambiguous. A clearer, less ambiguous version of this scale may help us learn even more about the kinds of attributions people make about suicide attempters.

Attitudes Toward Suicide

In terms of attitudes people hold toward suicide attempters, it was hypothesized that there would be a main effect of information condition on dependent measures of attitudes. Specifically, it was hypothesized that subjects in the dispositional-information and mixed-information conditions would have more negative attitudes (as evidenced by higher scores on the negative reactions subscale of the AAEQ, lower scores on the EIQ, and higher scores on the evaluation, potency, and activity SD subscales) toward Pat than subjects in the situational-information condition.

Analyses revealed that this hypothesis was partially supported. On the evaluation subscale of the SD (with pre-manipulation scores as a covariate), subjects in the dispositional-information condition evaluated Pat more

negatively (e.g., more worthless, more unpleasant) than subjects in the situational-information condition. Subjects in the mixed-information condition evaluated Pat the least negatively of the three information conditions. While the subjects in the situational- and dispositional-information conditions responded as predicted with respect to the evaluation subscale of the SD, subjects in the mixed-information condition responded more positively than predicted. While it is difficult to say why subjects in this condition evaluated Pat the least negatively, it may be that the subjects were more influenced by the information about Pat's academic and family problems (which were situationally focused) than by the information regarding Pat's work and romantic relationship problems (which were dispositionally focused).

Another interesting finding related to attitudes (but not related to the different information conditions) was that subjects responded less negatively to Pat (time 2) than they did to a hypothetical student. Again, it is important to clarify that this statistical difference is not an extreme clinical difference. Subjects time 1 responses indicated that, on average, they mildly agreed or were neutral toward negative statements, while they mildly disagreed or were neutral toward negative statements at time 2. It may be that subjects respond less negatively to a suicide attempter the more they know about the attempter and

the circumstances surrounding the suicide attempt. Perhaps any information about the problems a suicide attempter is undergoing, whether the information is situationally or dispositionally focused, is better than no information at all. Also, the fact that Pat was portrayed as a college student, with problems typical of college students, may have elicited feelings of empathy and identification from subjects (who were all college students themselves).

Effects of Attributions on Attitudes

The battery of questionnaires that subjects filled out did not contain a measure that specifically assessed the effects of attributions on attitudes, indeed, this effect may be difficult to observe because subjects may not fully articulate the attributions that influence their attitudes. Thus, it is possible that subjects who report more positive attitudes toward a suicide attempter after reading a vignette may not be able to express exactly why. In the current study, subjects in the situational condition responded less negatively to Pat (as measured by the evaluation subscale of the SD) than subjects in the dispositional condition. Subjects' evaluations in the situational information became more favorable after reading the stimulus vignette, and they reported less internal attributions. While these results are in line with the original hypotheses, they do not indicate a causal pathway. However, it would be important to elucidate what

specifically was responsible for this positive change in attitude. If it is a change in attributions, as theorized, perhaps an open-ended question asking subjects to jot down what they think contributed to Pat's suicide attempt would help detect any change in subjects' attributions. This method might provide more evidence as to the cause of the changes in attitude. Also, an open-ended response such as this may reveal an important factor in this attitude change that was not previously considered.

Gender Differences in Empathy and Attitudes Toward Suicide

It was hypothesized that there would be a number of differences between males and females related to attitudes toward a suicide attempter, and the level of empathy with which male and female subjects would respond to a suicide attempter. In terms of empathy, it was predicted that females would respond more empathically to a hypothetical suicide attempter than would male subjects. Analyses of the empathy subscale of the AAEQ yielded results that supported this hypothesis. On the empathy subscale (with pre-manipulation empathy scores covaried), female subjects responded more empathically to the suicide attempter (Pat) than did male subjects. It is important to note here that males were not non-empathic, they did respond empathically toward Pat (on average, they mildly agreed with empathic statements), but not as empathically as female subjects.

In terms of gender differences in attitudes, it was

hypothesized that males would react more negatively to a suicide attempter (especially to a male suicide attempter) than would female subjects. Also, it was expected that the female suicide attempter would receive less negative reactions than the male suicide attempter. Analyses of attitudes toward suicide attempters, as measured by the negative reactions subscale of the AAEQ, revealed that male subjects responded more negatively to a suicide attempter (Pat) than did female subjects. Also, on the EIQ, males indicated that they were less willing to interact with Pat than were females. These results are consistent with previous findings that males react more negatively to suicide attempters than do females (Overholser, Hemstreet, Spirito, & Vyse, 1989; White & Stillion, 1988). However, the hypothesized interaction between subject gender and Pat gender, that males would react more negatively to a male attempter, was not supported.

Another hypothesis was that the female suicide attempter would receive less negative reactions than the male suicide attempter. While subject gender was consistently related to attitudes toward a suicide attempter, gender of the attempter had less effect on subjects' attitudes. The only significant difference related to this variable was on the potency subscale of the Semantic Differential scale (post-manipulation, with pre-manipulation scores as a covariate). Subjects rated a

female Pat as less potent (i.e., small and weak) than a male Pat.

Limitations

While discussing the results of this study, it is important to keep in mind the limitations, as well as how future research might address these limitations. As mentioned earlier, although the hypotheses about attitudes and attributions were supported, it is not possible to infer a causal link from these findings. However, this is a topic in need of further investigation, and future research might address this problem through more open-ended questions or other means.

Another limitation of this study, one that characterizes much of the research in the area of suicide, is that the stimulus vignette may not be the strongest manipulation. That is, a character in a vignette cannot be expected to elicit the full range of emotions, attitudes, and attributions that a real suicide attempter would. However, it is not possible to randomly assign subjects to groups and then manipulate whether a real life suicide attempter tells them situational or dispositional information about themselves. However, future research could attempt to approach a real life situation by using actors on videotape, or live, or perhaps by conducting focus/support groups with people who are survivors of a suicide attempt or a complete suicide.

Conclusions

The results of this study corroborate previous findings that male and female subjects differ with regard to their levels of empathy and negative reactions to suicide attempters, with females more empathic and less negative than males. Additionally, there was some evidence that the type of information provided to subjects about a suicide attempter influenced their evaluations of the attempter. Subjects who received information that was dispositionally-focused evaluated a suicide attempter more negatively than did subjects who received situationally-focused information.

While the effect of the informational manipulation was not overwhelmingly strong, there was some evidence that it did have an effect on subjects' evaluations of a suicide attempter. If an informational manipulation can indeed reduce negative evaluations of suicide attempters, it is worthy of further exploration. The vignettes used in this study were relatively short, with the portion that contained the informational manipulation consisting of approximately 150 words. It may be that a more lengthy, in-depth focus on situational factors of a suicide attempt would have a larger effect on subjects' attitudes than the present manipulation did. Also, it may be worthwhile to investigate what kinds of questions people have about suicide attempters and what factors people consider to be most important in contributing to a suicide attempt. For example, if people consider the

failure of a relationship to be a more important contributing factor to a suicide attempt than academic failure, a situational focus on the relationship problem may have a larger impact on people's attitudes toward the attempter than would a situational focus on the academic problems.

The finding (in this study and others) that males react more negatively to a suicide attempter than females is something that deserves further attention. What is it specifically about suicide attempters (or males' perception of suicide attempters) that evokes this more negative reaction? Perhaps an open-ended question asking subjects to describe the typical suicide attempter would help to pinpoint what attempter characteristics contribute to this negative evaluation on the part of males.

It is clear that the stimulus vignette did have an effect on subjects' attitudes and level of empathy toward Pat. While not all of these effects were in the hypothesized directions, some of these unexpected findings may prove useful in fine-tuning measures for further research in this area or raising new questions for investigation. Many of the effects, especially those related to gender, were in the hypothesized direction, and these findings highlight the need to explore further the more negative reactions of males to suicide attempters. The finding that the information in the vignette had an effect

on subjects' attitudes, as well as the finding that subjects may have responded more favorably to a suicide attempter simply as a result of having more knowledge about the individual, suggests possibilities for interventions around attempted suicide. For example, a direct, information-providing approach about a recent suicide attempter may result in more positive attitudes toward the suicide attempter than a keep-it-quiet approach. Furthermore, the fact that most subjects (75.9%) indicated that they were either neutral or not distressed as a result of completing the questionnaire suggests that most college students would not be averse to further discussion of this important topic.

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APPENDICES

APPENDIX A

CONSENT FORM
(please read carefully)

Dear Participant,

Thank you for volunteering to participate in this research project. This study is about attitudes toward attempted suicide. If this is a particularly sensitive topic for you and you feel that answering questions about this topic would upset you, you may elect to complete an alternative set of materials. Please place an "X" next to one of the two topics below to indicate your choice.

- Attitudes toward attempted suicide
- Alternative packet

Also, we'll be administering a depression inventory (attached to this form) and based on your responses to this measure you may receive the alternative packet.

We would like you to know that all of the information that we collect today will remain confidential. This means that it will be seen only by myself and other qualified researchers and will be used only for research purposes.

In addition, the information will be anonymous. You need not use your own name on the experimental sheets, as we will be coding all of the data by number, not name.

Finally, should you decide at any point to discontinue your participation in this project (for either packet), for whatever reason, please feel free to do so. Though we do not expect that this will happen, we want you to know that you are free to leave the study at any point without incurring any kind of penalty.

This study is being conducted under the auspices of Dr. Jeanne Albright of the Psychology Department of Loyola University of Chicago. Please feel free to ask any questions. Once again, thank you for participating in this research.

Sincerely,

Kirsten Elling

I have read the above and understand it completely.

Signature

Today's Date

APPENDIX B

BECK DEPRESSION INVENTORY (BDI)

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.
2. 0 I am not particularly discourage about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.

- 10.0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.

- 11.0 I am no more irritated now than I ever am.
 - 1 I get annoyed or irritated more easily than I used to.
 - 2 I feel irritated all the time now.
 - 3 I don't get irritated at all by the things that used to irritate me.

- 12.0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.

- 13.0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decisions than before.
 - 3 I can't make decisions at all anymore.

- 14.0 I don't feel I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 - 3 I believe that I look ugly.

- 15.0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
- 16.0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17.0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
- 18.0 My appetite is not worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have not appetite at all anymore.
- 19.0 I haven't lost much weight, if any, lately.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds.
(I am purposely trying to lose weight by eating less.
Yes _____ No _____).
- 20.0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.
- 21.0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

APPENDIX C

KNOWLEDGE QUESTIONNAIRE

Please read the short paragraph below and answer the questions following it.

J. Doe, a 17-year-old student at American Public High School, was found unconscious yesterday afternoon. Police report the youth took an overdose of barbiturates. People who knew J. Doe were shocked by news of the attempted suicide. M. Jones, a close friend, said, "I just can't believe that J. would do something like this." J. received emergency medical treatment and is now in stable condition at Doctor's Hospital.

Based on the limited information you have been given, please indicate the extent to which you think the following statements are likely. Place the number that matches your response on the dotted line that precedes each question.

1	2	3	4	5
highly unlikely	moderately unlikely	I don't know	moderately likely	highly likely

- ___ 1. This person expressed a desire to die before attempting suicide.
- ___ 2. This person made suicide threats before attempting suicide.
- ___ 3. This person has attempted suicide before.
- ___ 4. This person felt depressed before attempting suicide.
- ___ 5. This person was troubled by attacks of nausea and vomiting before attempting suicide.
- ___ 6. This person felt hopeless before attempting suicide.
- ___ 7. This person experienced a change in eating patterns before attempting suicide.
- ___ 8. This person experienced a change in sleeping patterns before attempting suicide.

- ___ 9. This person experienced dizzy spells before attempting suicide.
- ___ 10. This person seemed worried before attempting suicide.
- ___ 11. This person felt their ears ringing before attempting suicide.
- ___ 12. This person gave away possessions before attempting suicide.
- ___ 13. This person was cut off or isolated from family members before attempting suicide.
- ___ 14. This person was cut off or isolated from friends before attempting suicide.
- ___ 15. This person felt easily embarrassed before attempting suicide.
- ___ 16. This person experienced problems in school before attempting suicide.
- ___ 17. This person experienced a failure in school before attempting suicide.
- ___ 18. This person experienced a break up in a relationship before attempting suicide.
- ___ 19. This person's thoughts raced before attempting suicide.

APPENDIX D

ATTRIBUTIONS/ATTITUDES/EMPATHY QUESTIONNAIRE

Imagine you were told that a student, J. Doe, had attempted suicide, and no additional information was given to you. Based on this limited information, and what you believe about suicide attempts, please indicate the extent to which you agree or disagree with the following statements. Place the number that matches your response on the line that precedes each question.

1	2	3	4	5
highly disagree	moderately disagree	neutral	moderately agree	highly agree

- ___ 1. I would try to understand why this person would have felt suicidal.
- ___ 2. This person was psychologically disturbed.
- ___ 3. This person seriously intended to harm him/herself.
- ___ 4. I would have sympathetic and concerned feelings for this person.
- ___ 5. This person acted in a cowardly manner.
- ___ 6. Ultimately, the blame for this suicide attempt rests with this person's situation.
- ___ 7. I would be supportive if this person approached me and wanted to talk about his/her problems.
- ___ 8. This person's suicide attempt was due to his/her impulsive personality.
- ___ 9. This (attempting suicide) was an immoral thing to do.
- ___ 10. It makes me sad to read about what this person is going through.

- ___ 11. I would not want to try helping this person with their problems.
- ___ 12. This person's suicide attempt was caused by the pressures of school.
- ___ 13. This person's suicide attempt is the end result of family conflicts that were out of his/her control.
- ___ 14. When I was reading about this person I could imagine how I would feel if I were him/her.
- ___ 15. This (attempting suicide) was a dishonorable thing to do.
- ___ 16. This person attempted suicide because of some event at work (e.g., company reorganization, new boss).
- ___ 17. Ultimately, the blame for this suicide attempt rests with this person.
- ___ 18. I would be uncomfortable if this person approached me and wanted to talk about his/her problems.
- ___ 19. I feel sorry for this person.
- ___ 20. This person caused a lot of problems in his/her relationships that contributed to the suicide attempt.
- ___ 21. This person would not be suicidal under different circumstances.
- ___ 22. I would try to avoid contact with this person.
- ___ 23. This (attempting suicide) was an admirable thing to do.
- ___ 24. This person attempted suicide because of the family conflicts he/she caused.
- ___ 25. When I was reading about this person I could imagine being in this person's situation myself.
- ___ 26. This person attempted suicide because he/she wanted attention.
- ___ 27. This person's suicide attempt was due to the fact that he/she spends a lot of time thinking about how he/she is feeling.
- ___ 28. If this person had tried to do better at school, he or she wouldn't have ended up attempting suicide.
- ___ 29. This person's suicide attempt occurred after a partner ended a relationship with him or her.
- ___ 30. If this person had done a better job at work, this suicide attempt would not have occurred.

Based on the information available to you in the previous story about Pat, please indicate the extent to which you agree or disagree with the following statements. Place the number that matches your response on the line that precedes each question.

- | | | | | |
|--------------------|------------------------|---------|---------------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |
| highly
disagree | moderately
disagree | neutral | moderately
agree | highly
agree |
-
- ___ 1. I tried to understand why Pat would have felt suicidal.
- ___ 2. Pat was psychologically disturbed.
- ___ 3. Pat seriously intended to harm him/herself.
- ___ 4. I would have sympathetic and concerned feelings for Pat.
- ___ 5. Pat acted in a cowardly manner.
-
- ___ 6. Ultimately, the blame for this suicide attempt rests with Pat's situation.
- ___ 7. I would be supportive if Pat approached me and wanted to talk about his/her problems.
- ___ 8. Pat's suicide attempt was due to his/her impulsive personality.
- ___ 9. This (attempting suicide) was an immoral thing to do.
- ___ 10. It makes me sad to read about what Pat is going through.
- ___ 11. I would not want to try helping Pat with his/her problems.
- ___ 12. Pat's suicide attempt was caused by the pressures of school.
- ___ 13. Pat's suicide attempt is the end result of family conflicts that were out of his/her control.
- ___ 14. When I was reading about Pat I could imagine how I would feel if I were him/her.
- ___ 15. This (attempting suicide) was a dishonorable thing to do.

- ___ 16. Pat attempted suicide because of some event at work (e.g., company reorganization, new boss).
- ___ 17. Ultimately, the blame for this suicide attempt rests with Pat.
- ___ 18. I would be uncomfortable if Pat approached me and wanted to talk about his/her problems.
- ___ 19. I feel sorry for Pat.
- ___ 20. Pat caused a lot of problems in his/her relationships that contributed to the suicide attempt.
- ___ 21. Pat would not be suicidal under different circumstances.
- ___ 22. I would try to avoid contact with Pat.
- ___ 23. This (attempting suicide) was an admirable thing to do.
- ___ 24. Pat attempted suicide because of the family conflicts he/she caused.
- ___ 25. When I was reading about Pat I could imagine being in Pat's situation myself.
- ___ 26. Pat attempted suicide because he/she wanted attention.
- ___ 27. Pat's suicide attempt was due to the fact that he/she spends a lot of time thinking about how he/she is feeling.
- ___ 28. If Pat had tried to do better at school, he/she wouldn't have ended up attempting suicide.
- ___ 29. Pat's suicide attempt occurred after a partner ended a relationship with him/her.
- ___ 30. If Pat had done a better job at work, this suicide attempt would not have occurred.

APPENDIX E

SEMANTIC DIFFERENTIAL QUESTIONNAIRE

Please rate the student, J. Doe on the following categories. Place an "x" anywhere on the line between the end point of each category. For example, if you were to be asked what adjective best describes J. Doe, Green vs. Blue, and you felt Green better described J. Doe, you would place an "x" closer to Green (e.g. Green __X_____ Blue). The closer you place the "x" to one or the other adjective, the better you think it describes J. Doe. Please complete all items.

To what degree do the following adjectives best describe J. Doe?:

Good	_____	Bad
Valuable	_____	Worthless
Pleasant	_____	Unpleasant
Clean	_____	Dirty
Large	_____	Small
Strong	_____	Weak
Heavy	_____	Light
Active	_____	Passive
Hot	_____	Cold
Fast	_____	Slow
Sharp	_____	Dull
Complex	_____	Simple
Intellectual	_____	Emotional
Controlled	_____	Spontaneous

Please rate Pat, the character in the story, on the following categories. Place an "x" anywhere on the line between the end point of each category. For example, if you were to be asked what adjective best describes Pat, Green vs. Blue, and you felt Green better described Pat, you would place an "x" closer to Green (e.g. Green X Blue). The closer you place the "x" to one or the other adjective, the better you think it describes Pat. Please complete all items.

To what degree do the following adjectives best describe Pat?:

Good	_____	Bad
Valuable	_____	Worthless
Pleasant	_____	Unpleasant
Clean	_____	Dirty
Large	_____	Small
Strong	_____	Weak
Heavy	_____	Light
Active	_____	Passive
Hot	_____	Cold
Fast	_____	Slow
Sharp	_____	Dull
Complex	_____	Simple
Intellectual	_____	Emotional
Controlled	_____	Spontaneous

APPENDIX F

VIGNETTES

(Situational, No Gender Pat)

PLEASE READ THE FOLLOWING SCENARIO

(Please feel free to underline or make other marks on this page)

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that Pat is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen Pat so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. Everything seems so out of control, everything's out of my control. One problem is that my parents, who I always thought of as so together and so in love, are getting a divorce. My father has already moved out of the house . . . when I go home for break he won't be there. My parents were one thing in life I thought I could count on. Now I can't even count on that . . . Oh, and since the economy slowed down they've been laying people off at work, including me . . . so money is really tight. And I have all this pressure on me to do well academically, to keep my scholarship -- but ever since my parents told me they're splitting up I can't seem to concentrate on studying. I try but I just can't focus like

I usually can. And to make it all worse, the one person I thought I could count on, the person I've been in a relationship with since I came to school here, isn't being supportive at all and has ended the relationship. My phone calls aren't ever returned, they just don't seem to care anymore. Everything seems to be going wrong at once, I'm usually able to handle everything in my life, but lately I've been dealt some rough blows . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT. (Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Dispositional, No Gender Pat)
PLEASE READ THE FOLLOWING SCENARIO

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that Pat is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen Pat so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. I seem to be so out of control, I've made such a mess of my life I've lost control of it. One problem is my parents, who I've always gotten along with, we've been getting into terrible

fights whenever I'm home. They don't really do anything wrong, I just don't know what I want from them, so I end up yelling at them for anything -- I take my problems out on them. Now I've really alienated them. Oh, and I've been goofing off at work and messing things up, so I was fired . . . and now money is really tight. And I just can't get into school. I never do my homework, I skip classes. I just don't seem to care, and I just ignore my homework. And to make it all worse, I ended the relationship with the one person I could count on, the person I've been in a relationship with since I came to school here. I never return phone calls, I've been so bad. I just don't care anymore. I'm doing everything wrong, I used to be able to handle everything in my life, but lately I just seem to be screwing it all up . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Mixed, No Gender Pat)

PLEASE READ THE FOLLOWING SCENARIO

(Please feel free to underline or make other marks on this page)

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that Pat is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen Pat so upset, so you are curious about

what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. Everything seems so out of control, everything's out of my control. One problem is that my parents, who I always thought of as so together and so in love, are getting a divorce. My father has already moved out of the house . . . when I go home for break he won't be there. My parents were one thing in life I thought I could count on. Now I can't even count on that. Oh, and I've been goofing off at work and messing things up, so I was fired . . . and now money is really tight. And I have all this pressure on me to do well academically, to keep my scholarship -- but ever since my parents told me they're splitting up I can't seem to concentrate on studying. I try but I just can't focus like I usually can. And to make it all worse, I ended the relationship with the one person I could count on, the person I've been in a relationship with since I came to school here. I never return phone calls, I've been so bad. I just don't care anymore. I'm usually able to handle everything in my life, but lately I just seem to be screwing up all the rough blows I've been dealt . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Situational, Female Pat)
PLEASE READ THE FOLLOWING SCENARIO

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that she is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and she begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen her so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. Everything seems so out of control, everything's out of my control. One problem is that my parents, who I always thought of as so together and so in love, are getting a divorce. My father has already moved out of the house . . . when I go home for break he won't be there. My parents were one thing in life I thought I could count on. Now I can't even count on that . . . Oh, and since the economy slowed down they've been laying people off at work, including me . . . so money is really tight. And I have all this pressure on me to do well academically, to keep my scholarship -- but ever since my parents told me they're splitting up I can't seem to concentrate on studying. I try but I just can't focus like I usually can. And to make it all worse, the one person I thought I could count on, my boyfriend who I've been in a relationship with since I came to school here, isn't being supportive at all and has ended the relationship. My phone calls aren't ever returned, they just don't seem to care anymore. Everything seems to be going wrong at once, I'm usually able to handle everything in my life, but lately I've been dealt some rough blows . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Situational, Male Pat)

PLEASE READ THE FOLLOWING SCENARIO

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that he is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and he begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen him so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. Everything seems so out of control, everything's out of my control. One problem is that my parents, who I always thought of as so together and so in love, are getting a divorce. My father has already moved out of the house . . . when I go home for break he won't be there. My parents were one thing in life I thought I could count on. Now I can't even count on that . . . Oh, and since the economy slowed down they've been laying people off at work, including me . . . so money is really tight. And I have all this pressure on me to do well academically, to keep my scholarship -- but ever since my parents told me they're splitting up I can't seem to concentrate on studying. I try but I just can't focus like I usually can. And to make it all worse, the one person I thought I could count on, my girlfriend who I've been in a relationship with since I came to school here, isn't being supportive at all and has ended the relationship. My phone calls aren't ever returned, they just don't seem to care anymore. Everything seems to be going wrong at once, I'm usually able to handle everything in my life, but lately I've been dealt some rough blows . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Dispositional, Female Pat)
PLEASE READ THE FOLLOWING SCENARIO

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that she is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and she begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen her so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. I seem to be so out of control, I've made such a mess of my life I've lost control of it. One problem is my parents, who I've always gotten along with, we've been getting into terrible fights whenever I'm home. They don't really do anything wrong, I just don't know what I want from them, so I end up yelling at them for anything -- I take my problems out on them. Now I've really alienated them. Oh, and I've been goofing off at work and messing things up, so I was fired . . . and now money is really tight. And I just can't get into school. I never do my homework, I skip classes. I just don't seem to care, and I just ignore my homework. And to make it all worse, I ended the relationship with the one person I could count on, my boyfriend who I've been in a relationship with since I came to school here. I never return phone calls, I've been so bad. I just don't care anymore. I'm doing everything wrong, I used to be able to handle everything in my life, but lately I just seem to be screwing it all up . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Dispositional, Male Pat)
PLEASE READ THE FOLLOWING SCENARIO

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that he is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and he begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen him so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. I seem to be so out of control, I've made such a mess of my life I've

lost control of it. One problem is my parents, who I've always gotten along with, we've been getting into terrible fights whenever I'm home. They don't really do anything wrong, I just don't know what I want from them, so I end up yelling at them for anything -- I take my problems out on them. Now I've really alienated them. Oh, and I've been goofing off at work and messing things up, so I was fired . . . and now money is really tight. And I just can't get into school. I never do my homework, I skip classes. I just don't seem to care, and I just ignore my homework. And to make it all worse, I ended the relationship with the one person I could count on, my girlfriend who I've been in a relationship with since I came to school here. I never return phone calls, I've been so bad. I just don't care anymore. I'm doing everything wrong, I used to be able to handle everything in my life, but lately I just seem to be screwing it all up . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Mixed, Female Pat)

PLEASE READ THE FOLLOWING SCENARIO

(Please feel free to underline or make other marks on this page)

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that she is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and she begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen her so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. Everything seems so out of control, everything's out of my control. One problem is that my parents, who I always thought of as

so together and so in love, are getting a divorce. My father has already moved out of the house . . . when I go home for break he won't be there. My parents were one thing in life I thought I could count on. Now I can't even count on that. Oh, and I've been goofing off at work and messing things up, so I was fired . . . and now money is really tight. And I have all this pressure on me to do well academically, to keep my scholarship -- but ever since my parents told me they're splitting up I can't seem to concentrate on studying. I try but I just can't focus like I usually can. And to make it all worse, I ended the relationship with the one person I could count on, my boyfriend who I've been in a relationship with since I came to school here. I never return phone calls, I've been so bad. I just don't care anymore. I'm usually able to handle everything in my life, but lately I just seem to be screwing up all the rough blows I've been dealt . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

(Mixed, Male Pat)

PLEASE READ THE FOLLOWING SCENARIO

(Please feel free to underline or make other marks on this page)

Imagine that one evening while you are studying in the library, a friend from class, Pat, comes to you and asks if you have a minute to talk. You can tell that he is upset, so you put your book down and ask what the matter is. Pat looks relieved that you are willing to talk, and he begins to tell you what the problem is.

"I'm not even sure where to begin, there are so many things wrong with my life right now that I don't feel like dealing with it anymore," says Pat with an intensity that could only be genuine.

"I didn't know you were so upset, can you tell me why?" you ask. You had thought Pat to be a stable person and rarely have you seen him so upset, so you are curious about what the problem is.

"Well, last week I took a bunch of pills and washed them down with alcohol . . . but it didn't work. Everything seems so out of control, everything's out of my control. One problem is that my parents, who I always thought of as

so together and so in love, are getting a divorce. My father has already moved out of the house . . . when I go home for break he won't be there. My parents were one thing in life I thought I could count on. Now I can't even count on that. Oh, and I've been goofing off at work and messing things up, so I was fired . . . and now money is really tight. And I have all this pressure on me to do well academically, to keep my scholarship -- but ever since my parents told me they're splitting up I can't seem to concentrate on studying. I try but I just can't focus like I usually can. And to make it all worse, I ended the relationship with the one person I could count on, my girlfriend who I've been in a relationship with since I came to school here. I never return phone calls, I've been so bad. I just don't care anymore. I'm usually able to handle everything in my life, but lately I just seem to be screwing up all the rough blows I've been dealt . . . the only solution I can think of is to end it all. I feel like I would be better off if I killed myself. I don't know what to do." Pat looks at you urgently.

ON THE BACK OF THIS PAGE PLEASE WRITE DOWN 3 THINGS YOU WOULD SAY TO PAT.

(Please be specific. Think of the exact words you would use, and when writing them down put quotes around the words you would say to Pat.)

APPENDIX G

EXTENT OF INTERACTION QUESTIONNAIRE (EIQ)

Please circle the number which best represents your feelings about Pat.

1. I would like to find out more about Pat.
Not at all true 1-----2-----3-----4 Completely true
2. I would like to work on the same job with Pat.
Not at all true 1-----2-----3-----4 Completely true
3. I would like to be friends with Pat.
Not at all true 1-----2-----3-----4 Completely true
4. I would like to go to parties with Pat.
Not at all true 1-----2-----3-----4 Completely true
5. I would like to be in the same classes as Pat.
Not at all true 1-----2-----3-----4 Completely true
6. I would like to study with Pat.
Not at all true 1-----2-----3-----4 Completely true
7. I would like to spend free time with Pat.
Not at all true 1-----2-----3-----4 Completely true
8. I would like to get to know Pat better.
Not at all true 1-----2-----3-----4 Completely true
9. I would like to meet Pat.
Not at all true 1-----2-----3-----4 Completely true
10. I would like to be Pat's roommate.
Not at all true 1-----2-----3-----4 Completely true

APPENDIX H

DEMOGRAPHIC QUESTIONNAIRE

Please complete the following items.

1. Your gender: Male Female
2. Pat's gender: Male Female
3. Your age: _____
4. Your year in school: Freshman Sophomore Junior
 Senior 5th year+
5. Your major in school _____
6. Ethnicity: Caucasian African-American
 Hispanic Asian-Pacific Islander
 American Indian Other _____
7. Religion: Catholic Jewish Protestant Moslem
 Other _____
8. How religious are you? (please check one)
 non-religious
 somewhat non-religious
 somewhat religious
 religious
9. Do you know anyone who has attempted or committed suicide? (include people you think may have attempted, but you're not sure)
 yes no (if no, skip to question #16)
10. If yes, how many people? _____

11. In what capacity did you know this person(s)?
(please check all that apply)

- mother father brother other relative
- sister stepmother stepfather acquaintance
- friend acquaintance co-worker
- boyfriend/girlfriend
- celebrity or well-known person I admire but do not know personally

12. Did this suicide attempt(s) change any of your relationships?

- yes no (if no, skip to question #13)

13. If yes, which ones? (please list any changed relationships in the spaces provided and place a check beneath the appropriate column for how much each relationship changed)

<u>Relationship</u>	<u>who was the</u>	<u>no</u>	<u>little</u>	<u>some</u>	<u>much</u>
	<u>attempter</u>	<u>change</u>	<u>change</u>	<u>change</u>	<u>change</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Did this suicide attempt or attempts change the way you live your life?

- yes
- no (if no, skip to question #16)

15. If yes, how much did the suicide attempt change the way you live your life? (please check one)

- no change
- little change
- some change
- much change

Who was the attempter? _____
(e.g., father, mother, sister, brother, etc.)

16. In what ways did the suicide attempt change the way you live your life?
(please write your comments in this space)

17. Have you ever attempted suicide? yes no

18. If yes, provide any details that you feel comfortable writing down in the space below.

19. If I had the opportunity to receive more information about Pat, I would prefer to know how Pat: (rate the importance of each with 1 being most important, 2 being next important, and 3 being least important.)

 acts/behaves compared to other people.

 usually acts/behaves.

 acts/behaves in other situations.

20. Suppose Pat confides in 10 other people about his/her suicide attempt. Out of these 10 other people, I believe that:

 out of these 10 people would be at greater risk for attempting suicide than before talking to Pat.

 out of these 10 people would be at less risk for attempting suicide than before talking to Pat.

 out of these 10 people would be at neither greater nor lesser risk for attempting suicide than before talking to Pat (i.e., no change in regard to risk for attempting suicide).

10 TOTAL number of people Pat talked to
(Please fill in the blanks above so that the total number of people at greater, lesser, or unchanged risk sums to 10.)

21. How distressed do you feel as a result of completing this packet of questionnaires? (please check one)

very distressed

somewhat distressed

neutral

not distressed

APPENDIX I

DEBRIEFING FORM

Thank you for participating in this study. All of your responses are kept in the strictest confidence and there is no way to connect your name with any of the collected materials.

The purpose of this study is to explore whether the tendency for people to blame a suicide attempt on internal characteristics of the person can be shifted to blaming the attempt on situational factors.

If focus on situational characteristics lessens the negative reactions to a suicide attempter, this has important implications for intervention. If we can alter the perceptions of potential supporters of the attempter, we may be able to decrease the detrimental, internal (blaming) attributions that people may make.

The following is a list of warning signs for suicide--things that should alert you that someone may be suicidal. While there is much more to learn about suicide, these warning signs are a good place to start.

Warning Signs for Suicide

- change in mood and behavior of person
- depressed, withdrawn behavior
- decline in self-esteem
- deterioration of personal hygiene
- loss of interest in studies
- staying home most of the day
- person stops attending classes
- person communicates distress and/or intention of suicide

Please keep in mind that this list is not exhaustive. If you have any further questions or concerns about suicide, a list of phone numbers and addresses of local and national suicide prevention organizations is provided on the back of this page for your reference (including the number of Loyola's counseling center). We encourage all participants to detach the entire debriefing form to take with you for future reference. Also, at the bottom of this page are listed a couple of references if you are interested in reading more about this topic.

Because this is an ongoing study with other subjects yet to be tested, we hope that you will keep this information in confidence until the study is completed (at the end of the current semester).

Thank you for your participation! If you would like to discuss this topic further, feel free to contact Dr. Jeanne Albright (508-2971) in Damen Hall 1046.

References

Norton, E. M., Durlak, J. A., & Richards, M. H. (1989). Peer knowledge of and reactions to adolescent suicide. Journal of Youth and Adolescence, 18, 427-437.

Spirito, A., Brown, L., Overholser, J., & Fritz, G. (1989). Attempted suicide in adolescence: A review and critique of the literature. Clinical Psychology Review, 9, 335-363.

Suicide Prevention Addresses and Phone Numbers

Loyola Counseling Center, 123 Damen Hall (Lake Shore) 508-2740

Loyola Counseling Center, 301 Siedenburg Hall (WT) 915-6142

LOCAL CRISIS LINES

University of Illinois
In Touch Hotline
(312) 996-5535 (7 days)
6:00 p.m. - 3:00 a.m.

Evanston Crisis Intervention
(708) 570-2500
24 hours (7 days)

Ravenswood Mental Health Center
(312) 769-6200
24 hours (7 days)
(ask for Crisis Worker)

NATIONAL ORGANIZATIONS

International Association for Suicide Prevention
Suicide Prevention Center
1041 S. Menlo Ave.
Los Angeles, California 90006
(213) 381-5111

National Save-A-Life League
815 Second Ave., Suite 409
New York, N.Y. 10017
(212) 736-6191

Payne-Whitney Suicide Prevention Program
525 E. 68th St.
New York, N.Y. 10021
(212) 472-6162

Rescue, Inc.
Room 25, Boston Fire Headquarters
115 Southampton St.
Boston, MA 02118
(617) 426-6600

APPENDIX J

MEANS TABLES

Means Table for AAEQ (Pre-manipulation, Perceived Pat)

Condition	N	Male Pat (Mean, SD)	N	Female Pat (Mean, SD)
(Negative Reactions)				
Male subjects				
Situational	23	3.13, 1.06	22	3.21, 1.05
Dispositional	33	3.47, .74	12	3.13, 1.12
Mixed	24	3.17, 1.14	15	3.50, .67
Female subjects				
Situational	32	2.96, 1.04	29	2.72, 1.09
Dispositional	29	3.19, .93	30	2.88, .90
Mixed	31	2.87, .97	28	2.55, .83
Total	172	3.13, .95	136	2.92, .98
(Internal Attributions)				
Male subjects				
Situational	23	2.73, .63	22	2.76, .66
Dispositional	33	2.91, .48	12	2.78, .31
Mixed	24	2.88, .63	15	2.79, .49
Female subjects				
Situational	32	2.91, .47	29	2.69, .36
Dispositional	29	2.86, .42	30	2.73, .47
Mixed	31	2.59, .54	28	2.69, .40
Total	172	2.82, .53	136	2.73, .46
(Empathy)				
Male subjects				
Situational	23	4.21, .51	22	4.03, .73
Dispositional	33	3.94, .62	12	4.05, .93
Mixed	24	3.99, .63	15	4.07, .72
Female subjects				
Situational	32	4.50, .47	29	4.52, .48
Dispositional	29	4.43, .45	30	4.26, .60
Mixed	31	4.44, .43	28	4.61, .38
Total	172	4.26, .53	136	4.31, .62

Note: Higher scores indicate greater negative reaction, internal attributions, and empathy.

Means Table for AAEQ (Post-manipulation, Perceived Pat)

Condition	N	Male Pat (Mean, SD)	N	Female Pat (Mean, SD)
(Negative Reactions)				
Male subjects				
Situational	23	2.98, .85	22	2.96, .99
Dispositional	33	3.25, .74	12	3.08, .93
Mixed	24	2.91, 1.06	15	3.28, .83
Female subjects				
Situational	32	2.66, 1.04	29	2.51, .93
Dispositional	29	3.16, .91	30	2.84, .94
Mixed	31	2.68, 1.01	28	2.52, .96
Total	172	2.94, .94	136	2.79, .96
(Internal Attributions)				
Male subjects				
Situational	23	2.82, .52	22	2.77, .71
Dispositional	33	3.20, .54	12	2.97, .50
Mixed	24	2.41, .80	15	2.92, .82
Female subjects				
Situational	32	2.70, .63	29	2.59, .56
Dispositional	29	3.08, .63	30	3.07, .76
Mixed	31	2.67, .52	28	2.36, .60
Total	172	2.83, .65	136	2.75, .69
(Empathy)				
Male subjects				
Situational	23	4.24, .58	22	4.14, .70
Dispositional	33	4.12, .55	12	3.98, .74
Mixed	24	4.17, .66	15	4.27, .48
Female subjects				
Situational	32	4.63, .36	29	4.62, .42
Dispositional	29	4.62, .46	30	4.40, .58
Mixed	31	4.52, .38	28	4.64, .38
Total	172	4.39, .51	136	4.40, .57

Note: Higher scores indicate greater negative reaction, internal attributions, and empathy.

Means Table for SD (Pre-manipulation, Perceived Pat)

Condition	N	Male Pat (Mean, SD)	N	Female Pat (Mean, SD)
(Evaluation Subscale)				
Male Subjects				
Situational	23	4.05, 1.73	22	3.97, .79
Dispositional	33	4.17, 1.16	11	3.48, 1.56
Mixed	25	3.78, 1.40	17	4.44, 1.32
Female Subjects				
Situational	32	3.71, 1.42	28	3.75, 1.08
Dispositional	29	3.72, 1.31	30	3.51, 1.16
Mixed	31	3.36, 1.13	27	3.37, 1.12
Total	173	3.79, 1.34	135	3.72, 1.23
(Potency Subscale)				
Male Subjects				
Situational	23	4.94, 1.18	22	4.97, 1.13
Dispositional	33	5.20, 1.19	11	5.18, 1.54
Mixed	25	4.89, 1.34	17	4.61, .83
Female Subjects				
Situational	32	4.67, 1.02	28	4.77, 1.12
Dispositional	29	4.61, .96	30	4.84, .90
Mixed	31	4.89, 1.18	27	5.01, 1.27
Total	173	4.86, 1.15	135	4.88, 1.11
(Activity Subscale)				
Male Subjects				
Situational	23	4.03, .67	22	4.10, .63
Dispositional	33	4.48, .83	11	4.01, 1.19
Mixed	25	4.37, .84	17	4.18, .57
Female Subjects				
Situational	32	3.96, .99	28	3.94, .58
Dispositional	29	3.97, .82	30	4.14, .93
Mixed	31	4.09, .99	27	4.06, .95
Total	173	4.15, .86	135	4.07, .83

Note: Higher scores indicate more negative evaluation, less activity, and less potency.

Means Table for SD (Post-manipulation, Perceived Pat)

Condition	N	Male Pat (Mean, SD)	N	Female Pat (Mean, SD)
(Evaluation Subscale)				
Male Subjects				
Situational	23	3.13, 1.63	22	3.13, 1.41
Dispositional	33	3.52, 1.10	11	3.09, 2.01
Mixed	25	2.98, 1.73	17	3.16, 1.36
Female Subjects				
Situational	32	2.77, 1.41	28	2.64, 1.21
Dispositional	29	3.11, 1.38	30	2.98, 1.32
Mixed	31	2.73, 1.08	27	2.20, 1.14
Total	173	3.04, 1.40	135	2.81, 1.35
(Potency Subscale)				
Male Subjects				
Situational	23	4.77, 1.20	22	4.73, 1.07
Dispositional	33	4.64, .89	11	5.18, 1.49
Mixed	25	4.88, 1.24	17	4.98, 1.21
Female Subjects				
Situational	32	4.16, 1.20	28	4.62, 1.11
Dispositional	29	4.43, 1.15	30	4.84, 1.28
Mixed	31	4.29, 1.23	27	5.25, 1.43
Total	173	4.51, 1.19	135	4.90, 1.24
(Activity Subscale)				
Male Subjects				
Situational	23	3.94, .83	22	3.52, .76
Dispositional	33	4.03, .71	11	3.68, 1.24
Mixed	25	4.10, 1.01	17	4.12, .85
Female Subjects				
Situational	32	3.75, .89	28	3.94, .76
Dispositional	29	3.89, .82	30	3.89, .86
Mixed	31	3.98, .64	27	3.77, .85
Total	173	3.94, .80	135	3.83, .87

Note: Higher scores indicate more negative evaluation, less activity, and less potency.

Means Table for EIQ Total (Post-manipulation, Perceived Pat)

Condition	N	Male Pat (Mean, SD)	N	Female Pat (Mean, SD)
Male subjects				
Situational	23	25.39, 6.57	22	26.82, 7.78
Dispositional	31	24.39, 6.85	12	25.50, 6.47
Mixed	25	25.52, 7.71	17	22.35, 7.33
Female subjects				
Situational	31	29.90, 6.41	29	26.97, 6.78
Dispositional	31	27.09, 4.78	30	27.13, 5.82
Mixed	31	26.32, 5.83	28	28.54, 4.64
Total	172	26.52, 6.33	138	26.60, 6.71

Note: Higher scores indicate greater willingness to interact with Pat.

VITA

The author, Kirsten Elling, was born in Ann Arbor, Michigan on October 23, 1969. Ann Arbor is still Ms. Elling's favorite place to escape from the windy city.

In September, 1987, Ms. Elling enrolled in the University of Michigan, where she graduated magna cum laude with the degree of Bachelor of Arts in Psychology in May, 1991. While attending the University of Michigan, she received Class Honors, was awarded membership in Psi Chi National Psychology Honors Society, and was recognized as a James B. Angell Scholar.

In August, 1991, Ms. Elling was awarded an assistantship in psychology at Loyola University of Chicago, and commenced work on her Master's degree. She received her Master of Arts in May, 1994.

APPROVAL SHEET

The thesis submitted by Kirsten Elling has been read and approved by the following committee:

Dr. Jeanne Albright, Director
Assistant Professor of Psychology
Loyola University of Chicago

Dr. Joseph Durlak
Professor of Psychology
Loyola University of Chicago

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

4-13-94
Date

Jeanne Albright
Director's Signature