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## ABSTRACT

This study was conducted to investigate attitudes that people hold about a hypothetical suicide victim in different situations. These situations depicted the victim in a scenario as either having cancer, Acquired Immune Deficiency Syndrome (AIDS), schizophrenia, or a depressive disorder. An analysis was made to discern whether there were differences in the attitudes of suicidal ideators and non-ideators toward the suicide victims in each of the different scenarios. Subjects were 228 college students who completed a demographic questionnaire, a suicide questionnaire, one of four scenarios, and a perception rating scale. The suicide questionnaire distinguished ideators from non-ideators. Subjects perceived the victim in the schizophrenia scenario as the most mentally unhealthy. The victims in the cancer and AIDS scenarios were viewed as the most physically unhealthy and the most justified in committing suicide. Subjects believed they were more likely to have a friend who was depressed or who had cancer than one who had AIDS or schizophrenia. There were no significant gender differences in the number of men and women ideators, and in how they perceived the victims in the scenarios. Ideators scored higher on the perception rating questionnaire and saw people as more justified in committing suicide than did non-ideators. (Author/NB)

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Attitudes of Suicidal Ideators and Non-Ideators Toward Suicide

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## Abstract

The purpose of the present study was to investigate attitudes that people hold about a hypothetical suicide victim in different situations. These situations depicted the victim in a scenario as either having cancer, AIDS, schizophrenia, or a depressive disorder. An analysis was made to discern whether there were differences in the attitudes of suicidal ideators and non-ideators toward the suicide victims in each of the different scenarios. Two hundred twenty-eight people (141 women, 87 men) completed a demographic questionnaire, a suicide questionnaire, one of four scenarios, and a perception rating scale. The suicide questionnaire distinguished ideators from non-ideators. Subjects perceived the schizophrenia scenario as the most mentally unhealthy. The cancer and AIDS scenarios were viewed as the most physically unhealthy and the most justified in committing suicide. Subjects believed they were more likely to have a friend who was depressed or who had cancer than one who had AIDS or schizophrenia. There were no significant gender differences in the number of men and women ideators, or in how they perceived the victims in the scenarios. Ideators scored higher on the perception rating questionnaire and saw people as more justified in committing suicide than did non-ideators.

## Attitudes of Suicidal Ideators and Non-Ideators Toward Suicide

The opinions that members of a society hold regarding suicidal behavior is a reflection of their values toward human life. These values influence how members of a society are taught to think and to behave. In the United States, societal attitudes regarding the appropriateness of suicide remain confused and contradictory.

Douglas (1967) surmised that suicide was widely condemned in our society and could only be understood by studying the meaning individuals attach to the behavior. The meaning in turn should be studied within the context of the values a particular society attaches to suicide. Singh, Williams and Ryther (1986) asserted that the individual situation itself largely defines the extent to which suicide will be approved as an acceptable alternative to living. Society evaluates the appropriateness in terms of the individual involved and the specific circumstances surrounding the suicide. Community attitudes may even influence suicide rates (de Catanzaro, 1981; Douglas, 1967; Dublin, 1963). Some clinicians have suggested that a hardening of attitudes toward suicidal behavior may result in lessening of such behavior (Koller & Siaghuis, 1978). On the other hand, a growing influence which is promoting the acceptance of suicide is the "right to die" movement that advocates an individual's right to commit suicide, particularly when a terminal illness is involved (Klagsbrun, 1981).

The general attitude of the public toward suicide remains confused and often contradictory (Kluge, 1975). Today, there are two

extreme views, amid more moderate views, on suicide. The extreme view ranges from total acceptance to total rejection of the "right" of an individual to commit suicide. At the center of the debate is the question of whether people should be allowed the "right to die" without interference. In its narrowest sense, the question relates to people who are terminally ill or in great pain. In its broadest sense, it extends to any person who wants to die (Klagsbrun, 1981). Others regard the "right to die" as a right to refuse life-sustaining treatment (Weber, 1988). A small number of people insist that all persons have the right to control their own bodies even in matters of suicide and any interference with this right is a violation of fundamental liberties. Szasz (1974) is among the most vocal advocates for the individual's right to commit suicide. He stated, "While suicide is not necessarily morally desirable, it is nonetheless a fundamental inalienable right" (p. 67). Szasz (1976) stated, "We regard throwing away useless junk as a quite reasonable thing to do; but we regard throwing away a useless life as a symptom of mental illness" (p. 111). Maris (1986) disagreed with Szasz's radical individual autonomy. He points out that this view may even contribute to self-destructive behavior.

The majority of advocates make a distinction between whether or not the victim was a healthy or terminally ill person. Advocates argue that medical science has now been able to prolong life artificially to the point that life becomes meaningless, and once the assumption is accepted that there are conditions under which it

may be preferable not to sustain life, suicide may be viewed as a reasonable option (Klagsbrun, 1981).

Public acceptance of the right of an individual with a terminal illness to commit suicide has been growing, and between 1977 and 1983 the percentage of adults in the United States who believe a terminally ill person has a right to commit suicide increased from 39% to almost 50% (Siegel, 1988). Wellman and Wellman (1986) conducted two surveys assessing attitudes toward suicide. In the first survey, over one-half of both men and women believed that no one should be allowed to commit suicide, 20% believed that adults should be allowed to commit suicide, and only 25% felt that terminally ill people should be allowed to commit suicide. In the second survey, 70% of both sexes believed no one should be allowed to commit suicide which is an increase of 20% over survey one. Singh (1979) reported that suicide was considered a rational alternative for those who were suffering from an incurable disease by approximately 50% of the respondents in a national survey.

Singh, Williams, and Ryther (1986) compared four national surveys conducted in 1977, 1978, 1982, and 1983. The study examined public opinion on suicide in four situations: incurable disease, bankruptcy, family of dishonor, and being tired of living. The highest approval rate for suicide was in the situation where a person had an incurable disease. In each year, an increasing percentage approved of suicide in this situation, from 39.2% in 1977, to 49.7% in 1983. There was very little support for a person

to commit suicide after having dishonored his or her family or after having gone bankrupt. The approval rate was somewhat higher for a person who was tired of living but still less than 15%.

Ginsburg (1971), in a survey of 208 residents in Reno-Sparks, Nevada, found a generally punitive and rejecting attitude toward suicidal behavior with little sympathy for those who attempted or completed suicide. Kalish, Reynolds, and Farberow (1974) in a survey of 434 Los Angeles residents, found one-third of the sample viewed suicide victims as mentally ill, while another one-third attributed suicide to stress and frustration. They concluded that respondents found the victim's situation as well as the victim equally responsible.

Ramsey and Bagley (1985) studied 679 residents of Calgary, Canada. Results included an accepting attitude toward suicide, a higher rate of suicidal ideation and attempts among the subjects, and an increase in personal knowledge of ideation and attempts of suicide among others, than had been reported in previous studies. The Canadian sample tended to view suicide as part of everyday life and felt that its occurrence could not be explained by attributing religious, personality, or psychopathological reasons to its occurrence.

Researchers have found that a child depicted in a scenario as having committed suicide is perceived as having been psychologically unhealthier than if death had occurred in a different way (Calhoun, Selby, & Faulstich, 1980; Ginn, Range, & Hailey, 1988; Kalish et

al., 1974). This has also been found to be true of adolescents (Gordon, Range, & Edwards, 1987; Range, Goggin, & Cantrell, (in press). Range, Bright and Ginn (1985) found that people in the community thought that suicidal adolescents were more psychologically disturbed than suicidal children. Community members blamed parents of suicidal adolescents less than they blamed parents of suicidal children and expected to like parents of suicidal adolescents more than parents of suicidal children. It seems people react differently depending upon the age of the victim. Ginn et al. (1988) reported subjects did not attribute psychological disturbance to the parents of a child who committed suicide, but Gordon et al. (1987) found that the mother was also viewed as more psychologically disturbed than if the child had died of natural causes. Calhoun et al. (1980) and Range et al. (in press) found that parents of a child who committed suicide were expected to be liked less than a parent of a child who died naturally. Parents of children of adolescents who commit suicide are expected to remain sad and depressed longer than if death had occurred in a different manner. Also, more people are opposed to publishing the cause of death in a newspaper when the cause is suicide (Calhoun et al, 1980; Ginn et al., 1988). Gordon et al. (1987) surveyed parents and their children and found that the parents perceived a youth who died of suicide as more psychologically disturbed than did their adolescent children, but parents expected to experience less tension and have less difficulty in expressing sympathy when visiting the survivors than did their



adolescent children. It was found that parents may be more supportive to the bereaved than are adolescents.

Because societal attitudes toward the appropriateness of suicide influences the behavior of members of a society, it is important to examine suicidal attitudes in a variety of situations. The purpose of the present study was to investigate the perceptions and feelings of ideators and non-ideators toward a hypothetical person who commits suicide in four different situations through the use of scenarios.

#### Method

##### Subjects

Subjects participating in this study consisted of 141 female and 87 male college students enrolled in psychology courses at a southern university. Their average age was 21 years with a range of 18 to 59 years. All subjects were volunteers.

##### Procedure

Subjects completed an informed consent form, a short self-report demographic questionnaire, a suicide questionnaire and a perception rating form. Subjects read an instruction page and one of four possible scenarios. The instruction page stated that the researcher was interested in the subject's perception of a man who committed suicide.

The Suicide Questionnaire is a modified (shorter and less detailed) version of the one used by Sutherland (1989). The questionnaire requires each subject to check one of four categories:

Category one, "I have attempted suicide in the past." Category two, "I have seriously considered committing suicide in the past." Category three, "The thought of committing suicide has crossed my mind, but I never seriously considered it." Category four, "I have never thought about committing suicide." The subjects checking one or two were classified as suicide ideators. The subjects checking three or four were classified as non-ideators.

Each scenario was identical except for the diagnosis of the victim and circumstances surrounding the death. The scenario format was similar to a newspaper account of a suicide, except the identifying information was deleted. The victim in the scenario was a thirty-one year old man who leaves a suicide note. In scenario one, the person was dying with cancer and committed suicide. In scenario two, the person was dying with AIDS and committed suicide. In scenario three, the person was suffering from schizophrenia and committed suicide. In scenario four, the person was suffering from a depressive disorder and committed suicide.

The Perception Rating Questionnaire is a modified (uses a 5-point instead of a 7-point Likert scale) version of the Social Perception Rating Questionnaire developed by Carrico (1989). The questionnaire is comprised of nine questions. All ratings are made on a 5-point Likert scale of one (low or negative) to five (high or positive). Subjects are asked to compare the victim in the scenario with people they know in a similar age group on the following items: mental health (unhealthy vs. healthy); moral character (immoral vs.

moral); religiosity (non-religious vs. religious); physical health (unhealthy vs. healthy); intelligence (unintelligent vs. intelligent); trustworthiness (untrustworthy vs. trustworthy); likability (unlikable vs. likable); justification (not justified vs. justified); and the likelihood of the victim being a friend of the subject (unlikely vs. likely). The total score on the questionnaire ranges from a minimum of 90 to a maximum of 45. The score is obtained by adding the nine scales together.

#### Results

Frequency data are displayed in Tables 1-2 for the demographic questionnaire, the suicide questionnaire, and the perception rating scale. The majority of the subjects were single, white, protestant, and either living with a same sex roommate or their parents and did not have children of their own. Twenty-seven percent had a family member or close friend commit suicide, and 59% had known someone who had committed suicide. Sixty-three percent of the subjects had a family member die within the last two years.

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Insert Tables 1 & 2 about here  
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Hypothesis one predicted more women than men would describe themselves as suicidal ideators. This hypothesis was not supported,  $X^2(1, n = 34) = 2.941, p = .086$ , However, the difference approached significance, perhaps suggesting a trend. The 10 dependent

variables were tested by utilizing separate three-way analysis of variance procedures.

Hypothesis two predicted that women would evaluate all the victims in a more positive manner than men. This hypothesis was not supported,  $F(1, 227) = .200, p = .655$ . Hypothesis three predicted that suicidal ideators would evaluate all the victims in a more positive manner than non-ideators. This hypothesis was not supported,  $F(1, 227) = 2.271, p = .133$ .

Initial three-way ANOVAS revealed a main effect for scenario when examining which victim was more likely to be chosen as a friend by the subject,  $F(3, 227) = 4.916, p < .005$ . This main effect was also revealed when examining which scenario was the most justified in committing suicide,  $F(3, 227) = 9.006, p < .001$ . Post-hoc analyses (Student Newman-Kuels) revealed the depression victim and the cancer victim as more likely to have been chosen as a friend of the subject when compared to the schizophrenia and the AIDS victims. The depression victim and the schizophrenia victim were perceived as more justified in committing suicide than the AIDS or cancer victims. No significant interaction effects were revealed from the data analysis.

Other differences were revealed by the data analysis which were not hypothesized, but may be of interest. Post-hoc analyses (SNK) revealed significant mean differences between the schizophrenia scenario compared with the AIDS, cancer, and depression scenarios on the variable mental health. On the variable physical health,

significant differences existed between the cancer scenario and the AIDS scenario compared with the schizophrenia scenario and the depression scenario. Ideators also saw people as more justified in their suicidal actions than did non-ideators,  $F(1,227) = 5.605$ ,  $p = .019$ .

### Discussion

In this study more women than men did not classify themselves as suicidal ideators. The results are consistent with Rudd (1989) who found that an equal percentage of male and female college students experienced suicidal thoughts, and on an average had such thoughts at the same level of intensity. The difference approached significance, perhaps suggesting a trend in that direction. The fact that women attempt suicide approximately three times more often than men, but men complete suicide approximately three times more often than women, may contribute to the pattern. Overall, there were 22 female ideators out of 141 female subjects, and 12 male ideators out of 87 male subjects in the study. Women also did not evaluate the victims in the scenarios any differently than did men.

Although suicidal ideators did score a higher mean on the perception rating questionnaire evaluating the victims more positively, the mean differences did not prove significant. Unexpectedly, the AIDS scenario victim was not the most negatively perceived. On the overall perception rating score, the schizophrenia scenario had the lowest mean while the AIDS scenario had the second lowest, followed by the depression scenario and the cancer scenario.

The results may have been tempered by the fact that how the AIDS virus was contracted was omitted in the scenario

Analysis of the data revealed the emergence of some trends. It appears that people do react differently to a hypothetical suicide victim depending upon the circumstances that led to the suicide. Subjects perceived the victim who had schizophrenia as being less mentally healthy than the victim who was depressed or had cancer or AIDS. Subjects perceived the victim who had cancer or AIDS as being physically unhealthier than someone who had schizophrenia or depression. Subjects perceived the cancer scenario victim and the AIDS scenario victim as the most justified in their action. Subjects believed they were more likely to have a friend who was depressed or who had cancer than to have a friend who was schizophrenic or who had AIDS.

#### Practical Uses

Suicide continues to be an increasing problem of major proportion affecting all members of society. Opinions and attitudes may affect this behavior. The examination of these opinions and attitudes is the first step in clarifying factors that may influence suicidal behavior. This study attempted to clarify attitudes that people have about someone who commits suicide, and at the same time analyze the many complex variables that contribute toward attitudes. By examining societal attitudes toward suicide, information may be gleaned that will help mental health professionals, medical professionals, police personnel, judges, teachers, and members of

the community to understand their own reactions as well as the reactions of others in dealing with someone who is threatening suicide or coping with a suicidal death. This knowledge may better prepare them in offering assistance to a person experiencing a suicidal crisis and perhaps prevent an unnecessary death. Also, professionals may become more aware of the sometimes uncomfortable reaction from the community and be better prepared in offering support in helping family members cope in the wake of a suicidal death.

#### Procedural Limitations

Procedural limitations unavoidably exist in almost any research project. The use of self-report questionnaires is a limitation in that they are only as accurate as the subjects make them. The use of scenarios in contrast to live actors or confederates can also be a limitation in that subjects are asked to speculate on how they would feel or behave in a hypothetical situation.

#### Future Research

In the future it is recommended that a larger number of male suicidal ideators be studied with perhaps more detailed suicide questionnaires. In this study, differences approached significance on several variables for male ideators. Since the risk for a completed suicide is higher for men, continued research is warranted. Studying the suicidal attitudes of special populations such as hospitalized psychiatric patients or surviving family

members of a suicide may prove interesting. Also, comparing different age groups as to their attitudes toward suicide to determine if age may be a factor that influences a person's attitude may prove to be helpful in understanding attitudes toward suicide.



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Table 1

Demographic Data for All Subjects


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Age:	Mean	= 21		
	Range	= 17-59		
	SD	= 6.005		
Sex:	Female	141	61.8%	
	Male	87	38.2%	
Marital Status:	Single	201	88.2%	
	Married	22	9.6%	
	Separated	1	.4%	
	Divorced	4	1.8%	
	Widowed	0		
Employment Status:	Yes	124	54.4%	
	No	104	45.6%	
Race:	Asian	1	.4%	
	Black	20	4.4%	
	Hispanic	2	.9%	
	White	213	93.4%	
	Other	2	.9%	
Religion:	Catholic	20	8.8%	
	Jew. sh	2	.4%	
	Protestant	167	73.2%	
	Other	40	17.5%	

Table 1 (con't)

Living Arrangement:	Alone	13	5.7%
	With a spouse	9	3.9%
	With spouse and children	13	5.7%
	With children only	2	.9%
	With same sex roommate	89	39.0%
	With opposite sex roommate	9	3.9%
	With parent or parents	93	40.8%
Children:	Yes	21	9.2%
	No	201	90.8%
Has anyone in your family or a close friend ever committed suicide?			
	Yes	62	27.2%
	No	166	72.8%
Have you ever known anyone who has committed suicide?			
	Yes	134	58.8%
	No	94	41.2%
Has anyone in your family or a close friend died within the last two years?			
	Yes	134	58.8%
	No	84	36.8%

Table 2

Data for Suicide Ideation Questionnaire and Perception Rating


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Suicide Ideation		
Ideation Level:		
1. Attempted suicide in the past	15	6.6%
2. Contemplated suicide in the past	19	8.3%
3. Thoughts of suicide in the past	108	47.4%
4. Never considered suicide	86	37.7%
Ideators = Ideation level 1 or 2		
Ideators	34	14.9%
Non-ideators = Ideation Level 3 or 4		
Non-ideators	194	85.1%
Sex:		
Female ideators	22	
Male ideators	12	

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Perception Rating Scale

(Minimum Possible 9 -- Maximum Possible 45)

Mean = 23.39

Range = 12-41

SD = 4.57

Author's Notes

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