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College Students' Attitudes on Suicide and Suicide Acceptability

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This study investigated college students and how their empathy levels and exposure to suicide affected their attitudes on suicide. According to the American College Health Association (2012) 7.1% of college students seriously considered suicide and 1.2% of college students attempted suicide at any time within the last twelve months. Participants were undergraduate college students who are at least 18 years of age and there were 32 participants. Participants took a demographic survey, the Suicide Opinion Questionnaire (Rogers & DeShon, 1992) and the Interpersonal Reactivity Index (Davis, 1983) and took approximately fifteen minutes to complete. It was hypothesized that college student's attitudes on suicide would depend on their empathy levels and previous exposure to suicide and was not supported. There was not a significant effect on previous exposure to suicide on suicide acceptability and on empathy levels on suicide acceptability. There was not a significant effect on the interaction of previous exposure to suicide and empathy levels on suicide acceptability. Limitations to the study and suggestions and considerations future research are discussed.

Suicide among young people has become an increasing concern in today's society. The rate of suicide and suicide ideation has been rising for college students (Kisch, Leino, & Silverman, 2005; Silverman, Meyer, Sloane, Raffel, & Pratt, 1997; Westefeld et al., 2005). According to the American College Health Association (2012) 7.1% (6.7% male and 7.2% female) of students seriously considered suicide and 1.2% (1.1% male and 1.2% female) of students attempted suicide at any time within the last twelve months. One recent landmark study found that the largest number of suicides was in the age group of 20-24 year olds and graduate students, when the researchers studied 12 Midwestern campuses over a 10 year period (Silverman et al., 1997). Another recent landmark study finds that emotional distress contributes to suicidal thoughts and behaviors in college students (Kisch et al., 2005). Many variables are under consideration for their effect on suicidal thoughts and behaviors in individuals and in groups, such as college students and adolescents.

In addition to the many variables under consideration, suicide and suicide acceptability are broad topics and for this reason, some aspects of the past research will not be discussed here. These aspects include differences in race and culture, adolescent suicide, and elderly suicide. The literature on suicide show high levels of religion affiliation associated with low suicide acceptability and suicide rates (Agnew, 1998; Gearing & Lizardi, 2009; King, Hampton, Bernstein, & Schichor, 1996; Stack & Kposowa, 2011). In addition literature shows that suicide approval increases likelihood of suicidal behavior (Agnew, 1998; King et al., 1996), and that suicide is more acceptable in some circumstances (Droogas, Siiter, & O'Connell,

1982; Ellis & Hirsch, 1995; King et al., 1996; McAndrew & Garrison, 2007; McAuliffe, Corcoran, Keeley, & Perry, 2003). Lastly, the literature shows gender differences in perceptions of suicide (McAndrew & Garrison, 2007; Mueller & Waas, 2002; Scourfield, Jacob, Smalley, Prior, & Greenland, 2007). This paper will conclude with a summary of the main findings and the theories that have been applied to suicide, what is not known in the literature and ideas to take into consideration for future research.

Many different theories have been applied to suicide in the literature. Some of these theories are strain theory, social learning theory, social control theory (Agnew, 1998), and escape theory of suicide (Dean, Range, & Goggin, 1996a). Strain theory argues that suicide approval for the individual serves as a function for their level of strain and their ability to cope through legitimate channels (Agnew, 1998). Strain theory also says that individuals are more likely to view suicide as an acceptable solution when their problem cannot be solved through other channels (Agnew, 1998). Social learning theory argues that individuals are taught or are in some way exposed to beliefs that are either in favor of or that condemn suicide, and thus, suicide approval is a function of an individual's socialization (Agnew, 1998). Social control theory argues that individuals who are low in social control, such as those who have weak attachments to others or groups, are more likely to approve of suicide and are less likely to have been taught that suicide is wrong (Agnew, 1998).

In addition to the these theories, the escape theory of suicide believes that suicide is a way for the individual to escape an aversive self-awareness (Dean et al., 1996a). The escape theory also believes that there is a chain of events that lead to suicide in which something in the individual's life falls short of expectation. The failure is attributed internally and the individual will eventually attempt suicide to escape this aversive self-awareness (Dean et al., 1996a).

In the suicide literature high levels of religion affiliation are associated with low suicide acceptability and suicide rates (Agnew, 1998; Gearing & Lizardi, 2009; King et al., 1996; Stack & Kposowa, 2011). Many individuals including college students identify with a religion, although not all individuals do, and they find comfort and support with the group. Religion has a protective role for individuals affiliated with the group against suicide because they receive comfort and strength from the religion especially in times of stress (Agnew, 1998; Gearing & Lizardi, 2009; Stack & Kposowa, 2011). According to Gearing and Lizardi (2009), they found that in most major religious groups, such as Christianity, Islam, Judaism, and Hinduism, the act of suicide is condemned. Suicide is a sin because it is considered to be taking or killing a life.

According to King and Hampton (1996), an individual that has an affiliation with a religion is more likely to have a lower tolerance of suicidal behavior. The reason for this is unclear, but it is speculated that having an intervention with a religious leader, such as a pastor or rabbi during a stressful time, can help to decrease feelings of hopelessness or depression (King et al., 1996). According to Robins and Fiske (2009), religion offers a social support group for their members and individuals can use this support group during times of trouble instead of looking to suicide as a solution. Many individuals find comfort through their religion and turn to their respective religion during a particularly stressful time in their life to seek support. The social support received from the individuals religious group has been shown to lower the rate of suicide acceptability (Robins & Fiske, 2009). Having support from others during a stressful time in life can be important in

regards to decreasing the feeling of hopelessness that many individuals feel. Religion has shown to affect suicidal approval.

A second main finding in the literature is that suicide approval increases the likelihood of suicidal behavior (Agnew, 1998; King et al., 1996). Suicidal approval is learned from others or society, and it is suggested that younger generations are more accepting of suicide than older generations (Agnew, 1998; King et al., 1996). In general it could be suggested that as certain behaviors become more socially acceptable or approved, that behavior is more likely to occur in that society. This could be because individuals may feel that there is not as much shame associated with the behavior as there once was, or that more individuals know about the behavior and consequently are going to perform that behavior. According to King and Hampton (1996), college students who identified as self-reported suicide attempters are more likely to be tolerant of suicide than non-attempters. This could be because those who have attempted suicide can relate and understand the reasons why individuals would think about committing suicide. Those who have attempted suicide are more likely to approve of suicide because they themselves have performed the behavior and have a different perspective on suicide than those who have not attempted suicide.

Individuals who know someone who has attempted or committed suicide may have a different perspective on suicide approval than those who do not know someone who has attempted or completed suicide. In addition, there is evidence that individuals could be more likely to attempt suicide if they are surrounded by others who also approve of suicide (Agnew, 1998). Individuals who have attempted suicide are also more likely to attempt suicide again, and thus, it may be that by surrounding themselves with others who approve of the behavior, less shame or guilt may be felt if they attempt suicide. Individuals who are more accepting of suicide are more likely to see suicide as an effective option particularly for male individuals (Gibb, Andover, & Beach, 2006). If suicide is a more acceptable behavior among a group of individuals it is more likely to be seen as an option because there is less shame assigned to the behavior in that group. In addition, if the culture of a society is more willing to discuss suicide, it may be seen as more acceptable to the individuals in that society who are showing suicide ideation behaviors. These findings show that suicidal approval is correlated with suicidal behavior. Individual's suicide approval also depends on the circumstances the individual who committed or attempted suicide is facing.

Individuals believe that suicide is more acceptable in some circumstances than in others such as those perceived as out of the control for the individual (Droogas et al., 1982; Ellis & Hirsch, 1995; King et al., 1996; McAndrew & Garrison, 2007; McAuliffe et al., 2003). Some of the circumstances in which individuals approved of suicide more were serious illness, severe psychological trauma, death of a parent or loved one (McAndrew & Garrison, 2007), being hurt by another person or other types of serious and life-threatening situations that are out of the individual's personal control (Droogas et al., 1982; Ellis & Hirsch, 1995; King et al., 1996). When a situation is out of an individual's control it is less likely to be seen as their fault and the results of that situation are also less likely to be seen as their fault.

On the other hand the circumstances that hold less suicidal approval are consistent of those that are considered solvable (King et al., 1996) or when the responsibility for the circumstance that preceded or is seen as causing the suicide could be placed on the victim; (Ellis & Hirsch, 1995) such as obesity,

concern over appearance and divorce of the individual's parents (McAndrew & Garrison, 2007). Individuals who show suicide ideation behavior and are more likely to attempt suicide have poorer problem solving skills than those who do not show suicide ideation behavior (McAuliffe et al., 2003). When individuals with poorer problem solving skills are faced with a problem that they are unable to solve it is possible that suicide becomes an acceptable solution. Many individuals who attempt suicide feel that they have no other option, that there is no way out or a way to solve their problem. These individuals have some type of problem that is out of their control that makes them feel this way.

Individuals who attempt suicide due to things that are in their personal control such as their weight may feel depressed due to teasing or bullying over the problem, or it may not feel like they are in control of the problem. These individuals receive less sympathy from society when they choose to attempt suicide. According to McAndrew and Garrison (2007), five circumstances were more morally acceptable for females to attempt suicide, which were loneliness, death of a parent, concerns over attractiveness, and the individual's significant other cheating, while one circumstance was more morally acceptable for males to attempt suicide, which was experiencing financial trouble. These circumstances are in agreement with the gender stereotypes that are in society. Females are more concerned over relationships and beauty while males are more concerned with money. The differences in when suicide is acceptable depending on the circumstance are one difference in the literature; however, another difference is gender differences in the perceptions of suicide. Literature has shown that males and females have different perceptions on the concept of suicide.

Finally, the literature shows that there are gender differences in perceptions of suicide (McAndrew & Garrison, 2007; Mueller & Waas, 2002; Scourfield et al., 2007). According to McAndrew and Garrison (2007), individuals perceived that there were gender differences in the methods of suicide such as hanging or shooting oneself being male methods and female methods being drowning, slitting wrists, and overdosing. These are consistent with gender stereotypes in that the male methods are more lethal and are more aggressive whereas the female methods are less lethal compared to the male methods and are more passive than aggressive. Another difference in the perception of suicide are the reasons why an individual kills themselves; people believe that females are more likely to attempt suicide over a failed relationship or their appearance and men are more likely to attempt suicide over financial problems (McAndrew & Garrison, 2007; Scourfield et al., 2007). These differences are similar to the gender stereotypes that are present in society.

Gender stereotypes again show up in the suicide literature. Females according to the stereotype are more concerned about their appearances and relationships than males and do not worry about their finances where as men are not as concerned with their appearance and relationships and are more concerned about their finances. Females are judged more on their appearance, and males are judged more on their financial state or their ability to provide for their family. In relation to these stereotypes individuals believe that females attempt suicide as a cry for help, to manipulate others, or when a relationship with a significant other has ended (Scourfield et al., 2007). In regards to males attempting suicide individuals believe that males commit suicide to escape the shame of financial or other types of failure and as an impulse decision (Scourfield et al., 2007). According to Mueller and Waas (2002),

women are more likely than men to help a troubled peer who is seen as being troubled or considering suicide either through direct assistance or by talking to that peer. In addition, low-empathy women are more likely than low-empathy men to assist a troubled peer who is showing warning signs of suicide or suicidal tendencies (Mueller & Waas, 2002). Females are socialized to be more helpful and caring than males, which can be seen in this finding from Mueller and Waas. A reason that there are gender differences in the perception of suicide could be that males and females are socialized differently as they grow up and view things through the perspective they learned as children.

In conclusion, suicide has become a concern in society and in particular among college students. Research has focused on suicide and college students, which included their views on suicide and suicide acceptability. There are many theories and explanations for suicide among college students. The few theories discussed were strain theory, social learning theory, social control theory (Agnew, 1998), and escape theory of suicide (Dean et al., 1996a). The literature on suicide show that high levels of religion affiliation associated with low suicide acceptability and suicide rates (Agnew, 1998; Gearing & Lizardi, 2009; King et al., 1996; Stack & Kposowa, 2011). In addition the literature shows that suicide approval increases likelihood of suicidal behavior (Agnew, 1998; King et al., 1996), and that suicide is more acceptable in some circumstances (Droogas et al., 1982; Ellis & Hirsch, 1995; King et al., 1996; McAndrew & Garrison, 2007; McAuliffe et al., 2003). Lastly, the literature showed gender differences in perceptions of suicide (McAndrew & Garrison, 2007; Mueller & Waas, 2002; Scourfield et al., 2007). What is not known in the previous research are attitudes and beliefs about suicide in the student population, student's perceptions of peers who are showing signs of suicide behavior but have not identified as contemplating suicide, risk factors for lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) students, and what has caused the increase in suicide rates among LGBTQ students.

Although there is a large amount of suicide literature there are still areas that have not been studied besides those discussed above. The suicide literature has not specifically tested if previous exposure to suicide has an effect on suicide acceptability but is suggested to be researched in future research studies (Agnew, 1998; Ellis & Hirsch, 1995; McAndrew & Garrison, 2007). The literature has not specifically tested if an individual's level of empathy is related to their rate of suicide acceptability it has only tested level of empathy on the individual's perception of others showing suicidal behaviors (Mueller & Waas, 2002). This current study researched the effects of previous exposure to suicide and levels of empathy on the rate of suicide acceptability among college students.

Method

Participants

Participants were at least 18 years of age and were undergraduate students and had taken or were taking an undergraduate psychology course. There were a total of 32 participants of which 3 were male and 29 were female. Participants were compensated for their time by receiving a blue card at the end of the experiment which could be used to receive extra credit in their psychology courses.

Materials

A demographic survey was used to collect age, and gender of the participant (See Appendix A). Included in the demographic survey was an item that asked about previous suicide exposure. This item was "Do you know anyone who has committed or attempted suicide?" The Suicide Opinion Questionnaire (SOQ, see Appendix B) is a 52-item (Rogers & DeShon, 1992) questionnaire which is answered on a 1-5 likert-type scale which is revised from the 100-item SOQ (Domino, Moore, Westlake, & Gibson, 1982; Domino, 1996). The SOQ and certain subscales of the SOQ has been used in multiple studies with college students (Gibb et al., 2006; McAuliffe et al., 2003; Mueller & Waas, 2002; Rogers & DeShon, 1992).

The Interpersonal Reactivity Index (IRI, see Appendix C) measures empathy in four subscales which are Perspective-Taking (PT), Fantasy (FS), Empathic Concern (EC), and Personal Distress (PD) which is considered to be more useful because it takes a multidimensional approach to measuring empathy (Davis, 1983). The IRI has been used in previous studies with college students and is a likert-type scale (Davis, 1983; Mueller & Waas, 2002).

Procedure

This experiment was a 2x2 within-subjects design with the IRI and SOQ as interval measures, the statistic that was used was a factorial ANOVA. The independent variables were previous exposure to suicide, the level of empathy determined by the IRI, and the dependent variable was the attitude towards suicide determined by the SOQ and took 15 minutes to complete. Participants were greeted and given an informed consent form when they walked into the study. The experimenter explained that the experimenter will be out in the hallway while the participant was completing their responses and that after completing their responses they were to put all their forms into an envelope and seal it. After participants signed the informed consent form and gave it to the experimenter the experimenter left the room and the participant started with the demographic survey. Once the demographic survey was completed the participants completed the IRI. After completion of the IRI participants filled out the SOQ (Rogers & DeShon, 1992) and then after completing the SOQ and sealing all materials in the provided envelope they went to get the experimenter. When the participant and experimenter walked back into the room the participant was thanked and debriefed and given their blue card.

Results

The hypothesis was that previous exposure to suicide and levels of empathy will have an effect on the rate of suicide acceptability among college students. The levels were two for the previous exposure to suicide group in the form of yes and no, and two for the level of empathy group in the form of high empathy and low empathy. Participants were put into the empathy groups by using the mean as a dividing point so those below the mean were put in the low empathy group and those above the mean were put in the high empathy group. This was a 2x2 within subjects design. The inferential statistical analysis that was used to compare the groups and the interaction between them was a factorial ANOVA.

The level of empathy did have not have an significant effect on suicide acceptability $F(1,32)=1.549, p>.05$. Those in the low and high empathy groups had a suicide acceptability score of $M=86.24$, and $M=79.8$ respectively with a range of 36 and 31 respectively. For the empathy scale a higher score indicates that a person or group is more empathetic. As empathy levels increased the rate of suicide acceptability decreased.

Previous exposure to suicide did not have an significant effect on suicide acceptability $F(1,32)=1.039, p>.05$ with a suicide acceptability score of $M=85.45$ for the no group and $M=82.05$ for the yes group respectively. For the favorable/unfavorable scale from the SOQ a higher score indicates a favorable view towards suicide. Those who had previous exposure to suicide had lower rates of suicide acceptability than those who did not have previous exposure to suicide.

The interaction between previous exposure to suicide and level of empathy did not have an significant effect on suicide acceptability $F(1,32)=2.099, p>.05$. There was no direction in the interaction between the groups on suicide acceptability. Previous exposure to suicide and level of empathy did not cause suicide acceptability to decrease or increase. Figure 1 illustrates the means of suicide acceptability for previous exposure to suicide and levels of empathy.

Discussion

This study examined the effects of previous exposure to suicide and levels of empathy on the rate of suicide acceptability. The hypothesis was that previous exposure to suicide, and levels of empathy, will have an effect on the rate of suicide acceptability among college students. The results were there was no significant effect on the interaction of previous exposure to suicide and empathy levels on suicide acceptability. Having previous exposure to suicide and a high or low empathy level did not affect the rate of suicide acceptability. There was not a significant effect on previous suicide exposure and suicide acceptability and no significant effect on empathy levels and suicide acceptability.

There are a few potential explanations for the results described above. One explanation for these results could be that some of the participants had a high affiliation with a religion. Those who have a higher affiliation with religion tend to have lower tolerances of suicide (King et al., 1996). This cannot be known for sure because religious affiliation data was not collected during the study. Those who have a high religious affiliation may still have a low suicide acceptability rate even if they have had previous exposure to suicide because of the support they receive from others in the religious community (Robins & Fiske, 2009). Having the support and a high affiliation with a religion view suicide differently and therefore although they have empathy for the individual having someone they know commit or attempt suicide will not change their general opinion on suicide.

Second, the rate of suicide acceptability may depend on the circumstance for the attempted or committed suicide. Multiple studies have shown that suicide is more acceptable in some circumstances over others such as those that are out of the individual's control (Droogas et al., 1982; Ellis & Hirsch, 1995; King et al., 1996; McAndrew & Garrison, 2007; McAuliffe et al., 2003). Depending on the circumstances the rate of suicide acceptability may change no matter if the participants have previous exposure to suicide or their empathy levels. These explanations show that there are multiple factors involved in the rate of suicide acceptability and is a complex issue.

A final explanation is through the strain and escape theories. Strain theory argues that suicide approval for the individual serves as a function for their level of strain and their ability to cope through legitimate channels (Agnew, 1998). According to strain theory if an individual has too much strain or stress and feels that it is out of their control they are more likely to attempt suicide and approve of suicide. Escape theory believes that suicide is a way for the individual to escape an aversive self-awareness (Dean, Range, & Goggin,

1996b). Escape and strain theory are related to each other in that the individual is trying to escape from the strain they are currently feeling by attempting suicide. These theories relate back to how the rate of suicide acceptability may depend on the circumstance of the suicide which was not researched in this study. Participants may have held a view on suicide that closely resembles the strain or escape theory and this could have affected the results. Overall, the study shows that attitudes toward suicide is a more complicated process which is in agreement with what Mueller and Wass (2002) found in their study. The leads into the discussion of the conclusions and limitations.

Therefore, the results allow us to conclude that empathy and previous exposure to suicide alone or together are not the only factors that affect the attitudes towards suicide among college students. The results were not significant and the hypothesis was not supported. Another conclusion is that attitudes towards suicide may be effected by more than a few factors. The manipulation of the variables may not have been strong enough or there are other factors involved in a college student's attitude towards suicide.

However, there were a few limitations to the study. One limitation was that the question about previous exposure to suicide included committed and attempted together and did not allow separation of the two so that those who know someone who has committed suicide and those who know someone who has attempted suicide could be compared. The manipulation of the previous exposure to suicide variable may not have been a strong enough manipulation. This may have had an effect on the rates of suicide acceptability because the participants may have only known someone who has attempted or only known someone who has committed suicide. Another limitation was that the circumstances of the suicide act was not fully explored in the research. This may have had an effect on the rates of suicide acceptability because the participants may find suicide acceptable only in certain situations and not find acceptable in a general sense. These limitations can be used for suggestions for future research.

For future consideration, there are a few suggestions that could be used for future research. One suggestion would be to separate the previous exposure to suicide question into those who know someone who has committed suicide and those who know someone who has attempted suicide. By separating the question it would be possible to research if the specific type of previous exposure makes an impact on the attitude towards suicide. This is suggested by King et al. (1996) and by McAuliffe et al. (2003) in that the experience of a suicide attempt might play an important role in changing attitudes toward suicide and have changes in suicide ideation. Another suggestion would be to research LGBTQ students and how they view suicide and the associated risks factors that may be specific to them. The study focusing on LGBTQ students is suggested because this may allow a tool to better identify students at risk (Kisch et al., 2005). By studying rates of suicide acceptability and other factors it may be possible to develop intervention programs.

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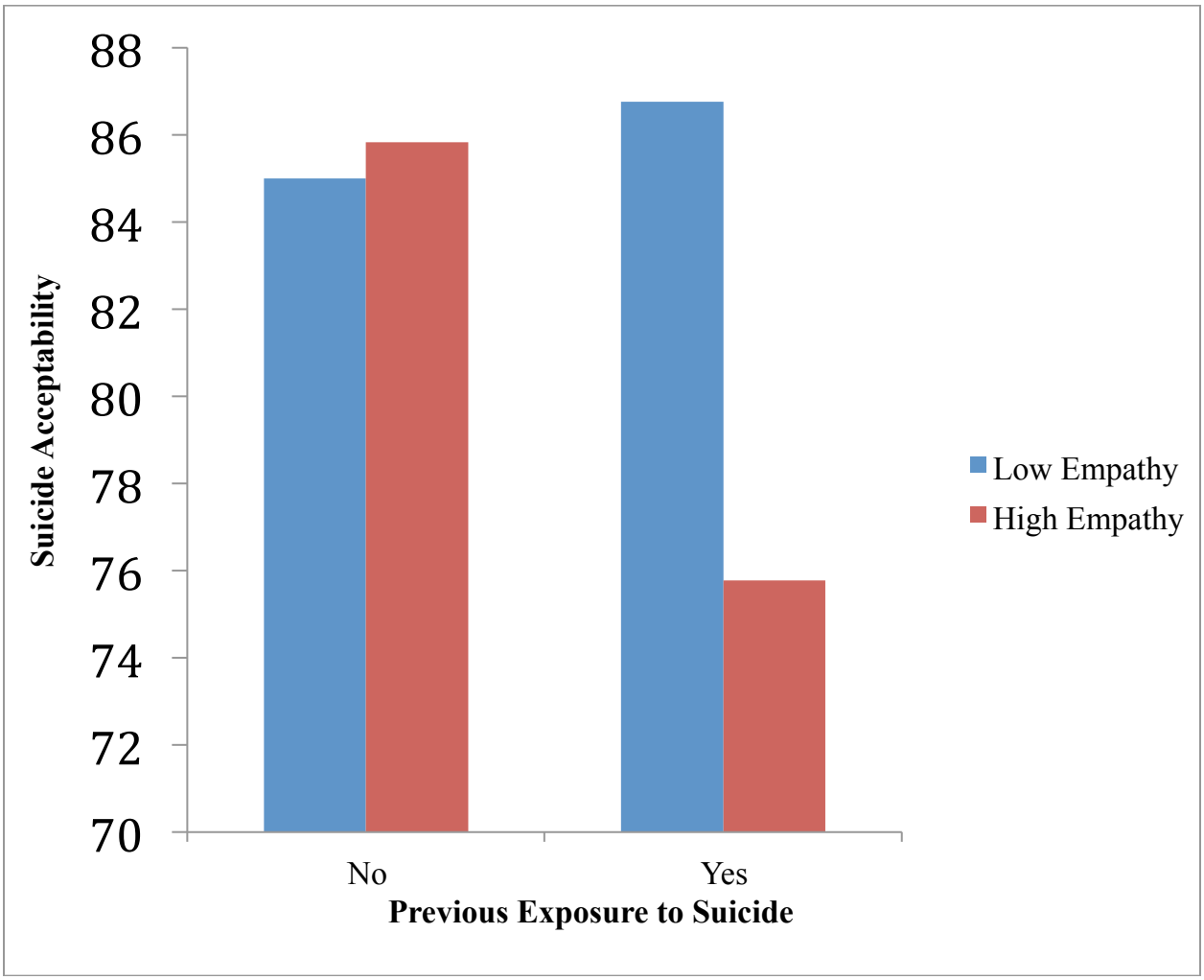

Figure 1: Means of Suicide Acceptability. This figure illustrates the means of suicide acceptability for previous exposure to suicide and empathy levels.