

## **Summary**

# **Suicidal Ideation, Attempts and Attitudes in Youth**

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Suicidal behavior has become a significant public health problem in youth (Eskin et al., 2016). World Health Organization predicts that 1.53 million people worldwide will kill themselves and 10-20 times more people will attempt to do so by the year 2020 (Bertolote & Fleischmann, 2002). Suicide presents a multifaceted etiology including psychological, social, cultural and biological factors, as well as a large intersocietal variation. Mental health problems are strongly associated with suicidal behavior.

Researchers assume that suicide is an individual's reaction to the unfavorable life conditions and negative affective states. Suicide has usually been conceived as an individual's reaction to unbearable psychological pain (Shneidman, 1998). Suicidologists often assume that social attitudes towards suicide have a causal role in the onset, aggravation and intersocietal variation of the suicidal behavior (Kleiman, 2015; Stack & Kposowa, 2008). When confronted with adverse life conditions or negative affective states, individuals may exhibit a number of reactions such as doing nothing, harming others, destroying property and killing or harming themselves. Sociocultural attitudes towards suicide may guide individuals which course of action to adopt. Approving attitudes to suicide may ease the choice of course of action on a suicidal path.

As a social being, social relationships has a life sustaining value for human beings. Studies have shown that people with strong social relationships have a 50% reduced mortality ratio compared to those with weak or no social ties and social isolation is as important as other risk factors for mortality (Holt-Lunstad, Smith, & Layton, 2010; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). One should also remember that social support is one of the most powerful protective factors against suicidal behavior (Miller, Esposito-Smythers, & Leichtweis, 2015).

The crucial point is whether or not persons undergoing a suicidal crisis will be able to activate and make use of social support systems. Social support is a recip-

cal transactional process between a receiver and a donor (Shinn, Lehmann, & Wong, 1984). Culture is a powerful medium that affects and shapes social support processes (Kim, Sherman, & Taylor, 2008). For Eskin et al. (2015), a successful social support process depends on a number of conditions. First, there must be potential donors available for providing support. Second, an individual in need of support should make her/his need clear to potential donors. Third, the culture in which the social support process takes place must facilitate the availability of donors and the behavioral initiations of both the receiver and donors.

Scientific investigations reveal that most of the suicidal persons do not seek support (De Leo, Cerin, Spathonis, & Burgis, 2005; Husky, McGuire, Flynn, Chrostowski, & Olfson, 2009). Empirical evidence also shows that persons undergoing a suicidal crisis do not receive treatment. For instance, only 2/5 of the suicidal persons receive treatment (Bruffaerts et al., 2011) and the rate is even lower in lower income countries. Research has also showed that the primary reasons for not seeking help in persons with suicidal behavior and mental health problems are fear of being stigmatized and self-reliance (Curtis, 2010; Gulliver, Griffiths, & Christensen, 2010).

Suicidal persons are part of a sociocultural matrix in which attitudes towards suicide as a phenomenon and social reactions to persons with suicidal behavior vary. This assumes that if attitudes towards suicidal individuals are stigmatizing in a social context, then persons engaging in nonfatal suicidal behavior are more likely to experience social rejection and isolation. However, if the attitudes to suicide in a social context are permissive or liberal, then individuals facing adverse life conditions or negative affective states may conceive the idea of suicide easily. Cultural values and codes easing the conception of a suicide idea but hindering suicidal persons receiving help when "crying out for help" is a fatal trap or double bind (Eskin et al., 2011; Eskin et al., 2016). Therefore, the purpose of this study was to investigate the prevalence of and attitudes to suicide and suicidal persons in

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Turkish high school and university students. The current study sought answers for the following questions:

1. Do high school and university students differ in terms of suicidal behavior?

2. Do participants with a history of suicidal behavior differ in their attitudes towards suicide and suicidal persons from those who were never suicidal?

3. What are the attitudes towards suicide predicting social reactions to a suicidal friend?

4. Do high school and university students differ from one another in their attitudes towards suicide and suicidal persons?

5. Do women and men differ in their attitudes towards suicide and suicidal persons?

## Method

### Participants

Participants in this study were a total of 3,031 adolescents and young adults (1,630 high school and 1,401 university students). The two groups were similar in the distribution of gender. Mean age of the high school group was 16.02 ( $SD = 1.07$ ) years and it was 20.76 ( $SD = 1.88$ ) years for the university students.

### Instruments

#### Demographics

Students were asked about their gender and age.

#### Suicidal behavior

There were five questions about past and current suicidal behavior which were responded as “Yes = 1” or “No = 0”. They were: (1) Have you ever thought of killing yourself? (2) Have you, during the past 12-months, thought of killing yourself?, (3) Do you have thoughts of killing yourself right now?, (4) Have you ever made an attempt to kill yourself?, (5) Have you, during the past 12-months, made an attempt to kill yourself? Participants responding affirmatively to at least one of the first three questions were dichotomized as having suicidal ideation and participants responding affirmatively to both or one of questions 4 and 5 were dichotomized as having attempted suicide. Students responding affirmatively to at least one of the five questions were grouped as suicidal and those responding nonaffirmatively to all five questions were grouped as never suicidal.

#### Eskin's Attitudes Towards Suicide Scale (E-ATSS)

Twenty-four item Eskin's Attitudes towards Suicide Scale (Eskin, 2004; 2013; Eskin et al., 2011; 2014; 2016) with five point Likert type response options ranging from “1” (*completely disagree*) to “5” (*completely agree*) was used to measure students' attitudes towards suicide. Principle component analysis with varimax rotation extracted six factors: 1. Acceptability of suicide;

2. Punishment after death; 3. Suicide as a sign of mental illness; 4. Communicating psychological problems; 5. Hiding suicidal behavior; and 6. Open reporting and discussion of suicide that explained 66.16% of the total variance.

#### Eskin's Social Reactions to Suicidal Persons Scale (E-SRSPS)

The E-SRSPS began with a short description of “an imagined suicidal close friend” who decides to kill him/herself and share it with the participant. By means of 20 possible reactions to this friend, participants were asked how they would react or feel on 5-point Likert scales ranging from “1” (*completely disagree*) to “5” (*completely agree*) (Eskin, 1999; 2004; 2013; Eskin et al., 2011; 2014; 2016). A principle component analysis with varimax rotation extracted four factors: 1. Social acceptance; 2. Helping; 3. Social rejection; and 4. Inquiry-emotional involvement that explained 61.73% of the total variance.

### Procedure

The data were collected in high schools and the university in the city of Aydın located at south west of Turkey. Consenting students filled in the instruments in regular class hours reserved for the study. Ethical approval was obtained from Adnan Menderes University Medical Faculty Ethics Committee.

### Statistical Analyses

Odds-ratios (OR) with Chi-square procedure were calculated for adolescent and young adult groups for their reports of suicidal behavior. Eight one-way Multivariate Analyses of Covariance (MANCOVAs) were conducted to compare participants' attitudes to suicide and suicidal persons. Four MANCOVAs compared suicidal and nonsuicidal participants' attitudes towards suicide and suicidal persons by taking age and gender as covariates. Two MANCOVAs compared high school and university students' attitudes to suicide and suicidal persons by entering suicidal ideation and attempts as covariates. Two more MANCOVAs were done to compare women's and men's attitudes to suicide and suicidal persons by taking age, suicide ideation and attempts as covariates. Pearson product moment correlation coefficients were computed among and across attitudes to suicide and attitudes to suicidal person factor scores. Four stepwise multiple regression analyses were performed to examine whether or not the E-ATSS factor scores would predict the four E-SRSPS factor scores.

## Results

Of the total sample, 994 participants (32.8%) reported suicidal ideation during their lives. Thoughts of

self-killing were significantly more frequent in high school (36.1%) than in university (29%) students, ( $\chi^2 = 17.21$ ,  $df = 1$ ,  $p < .0001$ ,  $OR = 1.38$ ,  $95\%CI = 1.19 - 1.61$ ). Suicidal thoughts were significantly more common in women (34.5%) than in men (30.3%), ( $\chi^2 = 5.65$ ,  $df = 1$ ,  $p < .05$ ,  $OR = 1.21$ ,  $95\%CI = 1.03 - 1.41$ ).

Of the total sample 255 students (8.4%) reported having made a suicide attempt. Reports of suicide attempts were significantly more common in high school (9.4%) than university (7.2%) students, ( $\chi^2 = 4.90$ ,  $df = 1$ ,  $p < .05$ ,  $OR = 1.34$ ,  $95\%CI = 1.03 - 1.75$ ). Significantly more women (9.6%) than men (6.6%) reported attempting suicide, ( $\chi^2 = 8.93$ ,  $df = 1$ ,  $p < .005$ ,  $OR = 1.52$ ,  $95\%CI = 1.15 - 2.00$ ).

Two one-way MANCOVAs on E-ATSS factors produced a significant main effect for participants' suicidal ideation status,  $F(6, 3005) = 121.00$ ,  $p < .0001$  and suicide attempt status,  $F(6, 3005) = 50.80$ ,  $p < .0001$ . Students with a history of suicidal ideation and attempt scored higher than others on the factors of acceptability of suicide, hiding suicidal behavior and open reporting and discussion of suicide but those without suicidal ideation and attempt scored higher than others on punishment after death, suicide as a sign of mental illness, and communicating psychological problems factors.

Two one-way MANCOVAs on E-SRSPS factors produced a significant main effect for participants' suicidal ideation status,  $F(4, 3007) = 31.92$ ,  $p < .0001$  and suicide attempt status,  $F(4, 3007) = 20.19$ ,  $p < .0001$ . Students without suicidal ideation and attempt scored higher on factors helping, social rejection and inquiry-emotional involvement factors than students with a suicidal ideation and attempt.

The one-way MANCOVA on E-EATSS factors produced a significant main effect for group,  $F(6, 3022) = 26.85$ ,  $p < .0001$ . High school students scored higher than university students on factors acceptability of suicide, punishment after death and suicide as a sign of mental illness but university students scored higher on communicating psychological problems factor. The one-way MANCOVA on E-SRSPS factors produced a significant main effect for group,  $F(4, 3024) = 24.52$ ,  $p < .0001$ . High school students scored higher than university students on social rejection and inquiry-emotional involvement factors.

The one-way MANCOVA on E-EATSS factors produced a significant main effect for gender,  $F(6, 3022) = 13.28$ ,  $p < .0001$ . Men scored higher than women on acceptability of suicide, suicide as a sign of mental illness and hiding suicidal behavior factors. The one-way MANCOVA on E-SRSPS factors produced a significant main effect for gender,  $F(4, 3006) = 19.63$ ,  $p < .0001$ . Women scored higher than men on social acceptance and

helping factors but men scored higher than women on social rejection factor.

The results from the multiple regression analyses have shown that high scores in communicating psychological problems and punishment after death factors predicted high social acceptance for a suicidal close friend. High suicide acceptability factor scores predicted lower social acceptance of and lower helping for a suicidal close friend. High scores on suicide as sign of mental illness predicted high social rejection of a suicidal close friend.

## Discussion

In line with the findings from previous investigations (Eskin, 2012; Eskin, Kaynak-Demir, & Demir, 2005), the results from this study demonstrate clearly that nonfatal suicidal behaviors are frequent events in Turkish youth. The results also show that suicidal ideation and attempts are more common in high school than in university students which are in harmony with findings from a previous study comparing the same groups (Eskin, 2013). The current findings together with the previous ones highlight the importance of further research on the issue and preventive strategies against suicide.

Consistent with results from previous studies (Eskin et al., 2011; 2014; 2016), the findings from the current study showed differences between participants with and without suicide ideation and attempts in their attitudes towards suicide and suicidal persons. The results revealed that students with suicide ideation and attempts were more approving of suicide than those without such thoughts and attempts. Students without suicidal behavior, on the other hand, exhibited more internal barriers against suicidality. For instance, they were of the opinion that suicide was a punishable act after death and people should communicate psychological problems to others. Compared to participants with suicidal ideation and attempts, those without suicidal behavior exhibited more helping and emotionally involving but socially rejecting social reactions to a suicidal close friend.

In harmony with findings from previous research (Eskin et al., 2011; 2013; 2014; 2016), higher levels of approval for suicide was related to lower levels of social acceptance of and helping reactions for a suicidal close friend. Paradoxically, participants do not show positive social reactions to a close friend engaged in an act which they show approval for. Eskin (2013) have shown that this might be due to the moderating effects of individualistic value orientations. The results have also shown that a belief in communicating psychological problems to others was related to higher levels of social acceptance of and helping reactions for a suicidal friend. The

view that suicide is a sign of mental illness was associated with social rejection of a suicidal friend. It seems that promoting the view that suicide is a sign of mental illness will not result in social attitudes conducive to social support and hence suicide prevention, as the medical model propagates.

Suicidal behavior presents a gendered pattern. More men than women kill themselves but more women than men think and attempt suicide. The current results confirm this in that more men than women reported considering suicide and making suicide attempts. The results indicate that men see suicide as an acceptable option but to be a hidden behavior. When it comes to social reactions of women and men to an imagined suicidal close friend, while women accept, are willing to help such a friend more than men, men are more rejecting a suicidal close friend than women. These findings are consistent with observed rates of suicidal behavior in men and

women. On the basis of these findings one can assume that it is more likely that fewer men than women engage in nonfatal suicidal behavior, and when they do, they may feel a pressure to end a personal crisis by killing themselves without asking for help from their social surroundings.

The results of this study indicate differences between adolescents and young adults in suicidal behavior. In line with findings from Eskin (2013), suicidal attempts were more frequent in high school than in university students. It is argued that higher levels of stress due to university entrance exam and impulsivity in high school students compared to university students might be responsible for greater number of suicidal behavior in adolescents. Compared to the attitudes of university students, the attitudes of high school students to suicide and suicidal friend seem to be normative rather than personal.