

Variables Related to Serious Suicidal Thoughts Among College Students

ABSTRACT

Self-administered questionnaires were completed by 1768 college students enrolled in freshman level psychology courses at Southwest Texas State University. Of these, 5.7% of the males and 6.1% of the females indicated they had seriously considered a suicide attempt during the previous six months. Those reporting such suicidal thoughts tended to be characterized by inner turmoil, poor self concepts, decreased life satisfaction, and self-reported drug abuse and drinking problems, delinquency, and a history of family problems dating back to childhood and adolescence. Implications for student affairs are presented.

In the last 15 years the suicide rate among individuals 15 to 24 years old in the United States has doubled. In the last 25 years it has tripled. Suicide is now the third leading cause of death in this age group, and for years has been outranked at many leading universities only by accidents [Byrd and Thomas, 1971]. In 1980, according to government statistics, almost five thousand young people in the 15 to 24 age group committed suicide. But, while males are four times as likely as females in this age group to actually kill themselves, females are about three times as likely as males to attempt it (Teicher, 1972). Suicidal acts among young people of both sexes have been found to be related to: (a) a long-standing history of problems (Jacobs, 1971); (b) parent-child difficulties (Margolin & Teicher, 1968); (c) parental emotional problems, depression and perceived overpermissiveness (Teicher, 1972); and (d) parental loss (Carmen & Blaine, 1970).

The three primary purposes of this study were: (a) to determine the incidence of serious suicidal thoughts among a group of college students; (b) to determine if the male/female differences, which apparently exist among suicide attempters, also exist among those who seriously consider suicide; and (c) to determine the relationship between reported suicidal thoughts and variables related to self concept, childhood family problems and reported drinking problems, drug abuse problems, and delinquency.

METHOD

Questionnaires were used to survey 1812 students enrolled in freshman level psychology classes at Southwest Texas State University, a state-supported institution with an enrollment of over 18,000. The campus is located in a community of about 24,000 between Austin and San Antonio.

All students in attendance on the days the questionnaires were administered agreed to participate in the survey. To encourage frankness and assure confidentiality, students were asked not to put their names on the questionnaires or the Scantron sheets on which they recorded their answers.

The Questionnaire

The questionnaire was divided into sections. Section I was constructed to determine the participant's sex, age, marital status, and social class. Section II contained a Self-Rating Scale that consisted of 30 pairs of bipolar adjectives separated by a five point rating scale. This scale was an expansion of one developed by Monge (1973) and modified by Hilicka, Marganti, and Cataldo (1975). One bipolar adjective was added (satisfied - dissatisfied).

Section III contained questions which pertained to the participant's perception of his or her childhood and adolescence. These questions were related to: (a) perceived maternal and paternal overpermissiveness; (b) severe maternal and paternal emotional problems; (c) maternal and paternal drinking or drug abuse problems; (d) quality of the mother-child and father-child relationship; (e) parental suicide attempts; (f) conflicts with parents and conflicts between parents; (g) parental support (i.e., "Did one or both of your parents usually take the time to listen to you when you went to them with problems?"); (h) physical abuse by a parent; (i) parental anger; (j) parental depression; (k) having a handicapped sibling; (l) childhood happiness; (m) having lost a parent to circumstances other than divorce; and (n) parental divorce.

The questionnaire also contained the following four questions: (a) "Have you seriously considered attempting suicide in the past six months?"; (b) "Do you or have you ever had a drinking problem?"; (c) "Do you or have you ever had a drug abuse problem?"; (d) "Have you ever engaged in delinquent behavior which resulted in a loss or destruction of property valued at more than \$50.00?"

Sample

Of the 1812 participants, 44 were eliminated because they either did not complete the questionnaire or had gross inconsistencies among their responses. Of the remaining participants, 42 of 738 males (5.7%) and 63 of the 1030 females (6.1%) indicated they had seriously considered attempting suicide in the previous six months. The differences between males and females reporting such suicidal thoughts (ST's) was less than one half of one percent, and did not approach being significant. Participant's age, social class and marital status were also not found to be significantly related to ST's.

The 105 participants who reported they had seriously considered a suicide attempt during the previous six months were placed in the suicidal thought (ST) group. The 1663 who reported no such thoughts were placed in the contrast (C) group.

Statistics

Participants in the ST group and C group were compared on the other variables under investigation. Statistics were compiled and computed using subprograms of the Statistical Package for the Social Sciences (SPSS).

RESULTS

Self Ratings

Pearson's correlations revealed that reported ST's were related at the .05 level to 27 of the 30 bipolar adjective continua. In each case ST's were related to the negative rather than the positive end of the continuum. The 27 negative adjectives which were significantly related to ST's were: worthless, hopeless, shaky, troubled, unstable, unsure, insecure, nervous, dumb, cruel, bad, weak, inferior, hated, unpopular, unappreciated, unrecognized, unfriendly, awful, follower, failure, unproductive, unhealthy, sad, bored, dissatisfied, and tired. The only self-rating traits that were not found to be significantly related to ST's were those along the continua of sharp-dull, creative-uncreative, and independent-dependent.

Perception of Childhood and Adolescence

Chi-squares revealed that significant differences ($p < .05$) existed between the ST-group and the C-group on all of the variables in Table 1 except "father being overly permissive." With a probability of .0719, this variable just missed being significant. At the other end of the continuum, statistics suggested that parental anger, physical abuse by a parent, and many conflicts with parents were the three variables which best discriminated between the ST and the C-groups. Almost half

Table 1
Percent of Participants in
ST-Group and C-Group Who
Indicated Childhood Variables

Variable	% of ST-Group (N = 105)	% of C-Group (N = 1663)	Level of Significance
Parental Anger	48	26	$p < .0001$
Physical Abuse by a Parent	17	5.5	$p < .0001$
Conflicts with Parents	50.5	29	$p < .0001$
Parental Depression	34	19	$p < .001$
Maternal Emotional Problems	23	11	$p < .001$
Unhappy Childhood	25	13	$p < .001$
Parental Suicide Attempt	10	3	$p < .01$
Poor Relationship with Mother	19	10	$p < .01$
Poor Relationship with Father	26	15.5	$p < .01$
Lack of Parental Support	20	12	$p < .05$
Conflicts between Parents	44	32	$p < .05$
Parental Loss	15	8	$p < .05$
Overly Permissive Mother	17	10	$p < .05$
Overly Permissive Father	14	9	$p < .07$

* determined from chi-squares (DF = 1)

of the ST participants reported that at least one parent seemed angry much of the time, while nearly as many reported many conflicts with parents. An inspection of Table 1 also reveals that in comparison to participants who reported no ST's, those who did were more than three times as likely to report physical abuse by a parent and parental suicide attempts, and about two times as likely to report maternal emotional problems, unhappy childhoods, poor mother-child relationships, lack of parental support, parental loss from circumstances other than divorce, and having been personally diagnosed by a professional as having a learning disability.

Significant differences were not found to exist between the two groups with respect to reported paternal emotional problems, maternal drinking or drug abuse problems, paternal drinking or drug abuse problems, having a severely handicapped sibling, and parental divorce.

Related Social Problems

Further analyses revealed that, in comparison to participants who reported no ST's, those who did were significantly more likely to report drinking problems, drug abuse problems, and delinquent behavior.

Table 2
Percent of Participants in
ST-Group and C-Group Who Indicated
Drinking and Drug Abuse Problems

Variable (and probability the difference occurred by chance)	% of ST-Group n = 105	% of C-Group n = 1613	Chi Square x (df = 1)
Drinking Problem	18.1	5.9	22.03 <i>p</i> < .0001
Drug Abuse Problems	19.0	6.2	<i>p</i> < .0001

Table 2 shows that participants in the ST-group were over three times as likely to report drinking problems and drug abuse problems as participants in the C-group (*p* < .0001).

Table 3
Percent of ST and C-Group Participants
Who Indicated Delinquent Behavior*

	Yes, but I was not caught	Yes, I was caught, but not arrested	Yes, I was arrested or convicted	Total Yes
ST-Group n = 105	12.2%	26.7%	6.7%	49.5%
C-Group n = 1663	20.0%	14.5%	2.8%	37.3%

$\chi^2 = 17.754$, with 3 df, *p* = .0005

*"Have you ever engaged in delinquent behavior which resulted in the loss or destruction of property valued at more than \$50.00?"

Table 3 shows that participants in the C-group were significantly less likely to report delinquent behavior than participants in the ST-group, but were more likely to have engaged in delinquent behavior without getting caught. The significant overall differences that existed between the two groups can be attributed to the fact that participants in the ST-group were almost twice as likely to report they had been caught or arrested for engaging in delinquent behavior.

DISCUSSION

While there are many reasons other than the desire to die that people may "seriously" consider a suicide attempt, it should be noted that almost 6 percent of the participants indicated they had considered such an act during the six months previous to the survey. Also important was the finding that the male/female difference which exists with respect to suicide attempts and actual suicides, did not exist with respect to ST's.

As expected, many of the variables which have been previously found to be related to suicide and suicide attempts were found to be related to ST's. For example, Teicher (1972) found that 7% of the adolescent attempters in his study considered their family conflict "extreme." In the current study, over half of the ST-group reported many conflicts with parents and almost as many reported that one parent seemed angry much of the time. In 17% of those reporting ST's, the conflicts included what the participants viewed as physical abuse by a parent.

The finding that 19% and 26% of the ST-group saw their mother-child and father-child relationships, respectively, as "not good," suggests that communication problems existed between these individuals and at least one parent in about one out of four cases. The possibility of communication problems is also supported by the fact that 20% of the ST-group reported neither of their parents took the time to listen to them when they went to them with problems. This latter finding indicates not only a lack of support from parents, but suggests perceived parental rejection. The finding that 17% and 14% of the ST-group perceived their mothers and fathers, respectively, to be overly permissive may also have been interpreted by the participants as an indication that their parents did not care enough to provide the security of structure they felt they needed.

Toolan (1962) has postulated that when a child feels rejected, he will feel hurt and angry. This anger will be turned into rebelliousness intended to get even for the pain experienced. The child's behavior not only angers the parents, it impairs communication and further alienates the parents thus creating a destructive cycle.

This rebelliousness was evidenced by the finding that those in the ST-group were almost twice as likely to have gotten caught for engaging in delinquent behavior as participants in the C-group. It may be that getting caught causes sufficient family turmoil to trigger suicidal thoughts. However, it may be that some ST youngsters subconsciously intended to get caught to either (a) get parental attention, (b) draw attention to their plight, or (c) hurt their parents in retaliation for some real or imagined hurt.

Indication of early family stress also came from the finding that over twice as many participants in the ST-group as in the C-group saw their mothers as having

had severe emotional problems. While the number of ST-participants who reported drinking or drug abuse problems in their parents, or severe emotional problems in their fathers, did not reach significance, the frequency with which these did occur suggested that these too often added to other sources of stress. Also interesting were the findings that 34% of the ST-group saw at least one of their parents as depressed much of the time and 10% said that one of their parents had attempted suicide. This latter finding corresponds with Teicher's [1972] report that up to 20% of adolescent attempters have a parent who has attempted suicide.

Disruptive relationships in the families of those reporting ST's existed frequently not only between parents and child, but also between their parents. Almost half (44%) of the ST-group noted many conflicts and arguments between their parents. While parental divorce was not significantly different for the two groups, parental loss to circumstances other than divorce was. In light of all these problems, it is little wonder that almost twice as many participants in the ST-group as in the C-group reported an unhappy childhood.

Self ratings suggest that this unhappiness did not end with entrance into college, for in comparison to students in the C-group, ST-participants tended to rate themselves as more worthless, shaky, troubled, unstable, insecure, and nervous. Negative self-concepts were also evidenced by the finding that ST students were more likely than those in C-groups to rate themselves as a follower and a failure, and as awful, dumb, bad, weak, inferior, unpopular, unappreciated, unrecognized, unfriendly, unproductive, and unhealthy. Finally, the ST-participants were more likely to use terms indicative of a decreased life satisfaction such as sad, bored, and dissatisfied, than were the other participants.

The finding that ST-participants were more than three times as likely to report drug abuse and drinking problems as the other participants was not surprising. Drugs and alcohol are commonly used to escape problems, and for some is an intermediate step on the road to suicide — the ultimate escape. Drugs and alcohol also may be used by people, at least initially, as a signal to others of their need for help. The fact that males have been found repeatedly to have more drinking and drug abuse problems may be related to their perception that drugs and alcohol are more masculine ways to signal their distress than suicide attempts. In other words, males may be more likely to use alcohol and drug abuse as a "cry for help," while females may be more likely to use a suicide attempt to accomplish the same purpose.

IMPLICATIONS FOR STUDENT AFFAIRS

While it is obvious that the great majority of college students who consider suicide never follow through, a comparison of the present results with previous studies suggests that those who seriously consider attempts and those who make attempts have much in common; that is, both tend to be characterized by inner turmoil, poor self-concepts, decreased life satisfaction, drug abuse problems, drinking problems, delinquent behavior, and a long history of family problems. This commonality suggests that students may contemplate suicide over a period of time prior to an attempt, even though the act or attempt itself may be an impulsive one. Therefore, a comprehensive program designed to sensitize and prepare student personnel professionals, residential living staff, paraprofessionals, faculty, and the general student population to prevent suicide and to recognize and react to the potentially suicidal students could prove effective in preventing needless deaths.

The prevention component of the program should attempt to accomplish the following:

1. Students, faculty, and other relevant personnel should be made aware of factual information and harmful myths about suicide.
2. Students, faculty, and residential living staff should be encouraged to report the names of suspected suicidal individuals to the counseling staff.
3. Peer networks, small support groups, and referral systems should be developed in residential living centers.
4. Listening and crisis intervention skills should be taught to residential living staff.
5. A wide range of services should be easily available to students who may need help, such as crisis hot lines, alcohol and drug abuse counseling, stress management, learning assistance programs, and others.

The second component of the plan should focus on the reaction to suicidal threats and/or attempts. A recent nationwide survey of college counseling centers revealed that student affairs personnel usually consider a wide spectrum of reactions to suicidal behavior, ranging from ignoring the act to the dismissal of the student (Bernard & Bernard, 1980). Ample evidence suggests that ignoring suicide attempts is never warranted (Klagsburn, 1976) and that dismissal is likely to do more harm than good (Bernard & Bernard, 1982). Dismissal is justifiable only when the suicidal youth needs hospitalization or when his or her continued presence will significantly interfere with the needs and rights of other students. In all decisions concerning suicidal students, the needs of both the suicidal student and his or her peers must be taken into consideration.

The treatment component of the program should be based on the following considerations and principles:

1. While each case is unique, the results suggest that most suicidal students will have poor self-concepts and numerous personal problems. Based on the findings, it is also recommended that counselors explore past parent-child relationships as possible precipitating factors. While current problems must be resolved, many suicidal students continue to be haunted by family problems from the past—some of which may need to be addressed before they can turn their full attention to problems at hand.
2. The reaction of the counseling staff to suicide attempts should be immediate, intrusive, and ongoing. Every effort should be made to help suicidal students identify and resolve casual problems and stresses.
3. The reaction/treatment plan should be coordinated among representatives from all appropriate campus offices (such as the infirmary, student affairs, counseling, housing, and police).
4. The counseling center should continue to follow all students who have made suicidal gestures as long as they remain in school.

Student affairs officers wishing to develop a comprehensive suicidal reaction plan consult Hipple, Cimbalic and Peterson (1980).

CONCLUSION

Those who decide how much money should be delegated to student personnel services should not lose track of the life and death issues which are present in the minds of so many of our college students. There is an urgent need for student affairs officers to establish a comprehensive suicide prevention and reaction training program so that recognition of and help for students in distress can be immediate and outreaching. Anyone who is seriously considering suicide should have easy access to professional help. Even those suicide attemptors who simply want to draw attention to their plight always run the risk of miscalculation. As a society we cannot afford to look the other way while many of our most promising young citizens are playing Russian Roulette with their lives, thus depriving the society of their potential contributions.

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