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Lay theories of suicide

Matthew T.D. Knight^a, Adrian F. Furnham^a, David Lester^{b,*}

^a*Department of Psychology, University College London, 24 Bedford Way, London WC1 6BT, UK*

^b*Center for the Study of Suicide, Blackwood, NJ, USA*

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Abstract

Attitudes toward suicide were explored in 150 young people. The strongest correlate of these attitudes was psychoticism scores, with the respondents with higher psychoticism scores viewing suicide more positively than those with lower scores. © 2000 Elsevier Science Ltd. All rights reserved.

Various studies over the last decade have looked at lay, as opposed to ‘scientific,’ theories of psychological phenomena (Furnham, 1988). Previous research has explored lay theories of such behaviors as schizophrenia (Furnham & Bower, 1992) and heroin addiction (Furnham & Thomson, 1996), and the present study was designed to explore lay theories of suicide.

There have been previous studies of the attitudes toward suicide held by lay people (e.g., Diekstra & Kerkhof, 1989; Domino, Gibson, Poling & Westlake, 1980), and the present study continues in this tradition. However, these previous studies have rarely correlated responses to these inventories to other aspects of lay beliefs or to personality. The present study sought first to assess attitudes toward and theories of suicide, and it sought to find whether these attitudes were associated with accurate knowledge about suicide, the ability to detect genuine from simulated suicide notes and personality (in the present study extraversion, neuroticism and psychoticism).

In Eysenck’s (1967) theory of personality, extraverts are hypothesized to perform worse at classical conditioning and hence develop less of a conscience, which is viewed by Eysenck as a set of classically conditioned responses. Thus, extraverts are hypothesized to be less well

* Corresponding author. Tel.: +1-609-784-6752.

E-mail address: lesterd@stockton.edu (D. Lester).

socialized than introverts, and so it could be predicted that extraverts might have more favorable attitudes toward a deviant behavior such as suicide. Those with higher levels of neuroticism and psychoticism might also think more positively about suicide since it is well established that suicidal behavior is more common in those who are more psychiatrically disturbed.

1. Method

1.1. Subjects

The subjects were 150 volunteer undergraduates from University College, London. There were 40 men and 110 women, with a mean age of 21.7 years ($SD = 5.33$). Close to half (45.6%) said that they had personally known someone who had committed suicide.

1.2. Questionnaire

The questionnaire contained several sections. (1) A 40-item questionnaire to measure attitudes toward suicide was derived from Domino's (Domino, MacGregor & Hannah, 1988–1989) scale of 100 items which were themselves derived from a pool of 3000 items. These were subjected to a series of logical and statistical analyses in order to yield a subset of items that were clear, could be answered by individuals with varying degrees of formal education, reflected a wide diversity of attitudes, and yielded test–retest correlation coefficients greater than 0.70. The 40 items chosen preserved the original wording except for changes necessary to adapt it for British use.

(2) Ten questions were asked about the facts of suicidal behavior among British men and women. (3) Subjects were presented with ten pairs of genuine and simulated suicide notes from Shneidman and Farberow (1957) and asked to guess whether each was genuine or simulated. The results from this part of the questionnaire are not explored in the present paper. (4) Subjects were administered the short-form of the revised Eysenck Personality Questionnaire (Eysenck, Eysenck & Barrett, 1985) which provides measures of psychoticism, neuroticism and extraversion, as well as a lie scale. Mean scores (and standard deviations) were psychoticism 3.4 (1.9), extraversion 8.9 (3.0), neuroticism 6.7 (3.2) and lie scale 3.0 (2.7). (5) In addition, subjects were asked basic descriptive information (age and sex) and whether they had ever personally known someone who committed suicide.

2. Results and discussion

One hundred and thirty nine subjects completed every item of the attitude scale. A factor-analysis of their responses, with a Principal Components extraction and a Varimax rotation using SPSSx, indicated that the 40 items were relatively heterogeneous. Fourteen factors had eigenvalues greater than one, and the rotation failed to converge to produce orthogonal factors. Three factors had no loadings greater than 0.40, while four factors had loadings only

from a single item. The remaining factors, together with the items loading on them, are shown in Table 1. Only three factors were clearly interpretable, based on the items loading strongly on them: factor I the right to commit suicide, factor II suicide as a cry for help, and factor VI impulsivity.

Interestingly, Domino was also unable in factor analyses of the longer scale to obtain meaningful subscales. Instead, he "...decided... to develop a new set of scales by combining a clinical perspective with an internal consistency approach. In part, this was done because some of the fifteen factorially derived scales seemed to be clinically convoluted, that is, composed of items that do not appear to fit together at an intuitive or content level..." (Domino et al., 1988–1989, p. 352). The present study, therefore, followed Domino in using his scales based on content: (a) suicide reflects mental illness, (b) suicide threats are not real — i.e., a cry for help, (c) the right to commit suicide, (d) importance of religion, (e) impulsivity, (f) suicide is normal, and (g) suicide is morally bad.

Scores on these attitude scales were calculated and correlated with demographic measures. None of the six attitude scales were associated significantly with sex, whether the respondent had a friend or relative who had completed suicide or their scores on the test of knowledge about suicide. Age was associated only with scores on whether suicide threats were perceived as a cry for help (Pearson $r = 0.17$, two-tailed $p = 0.05$).

On the Eysenck Personality Questionnaire, attitudes toward suicide were not associated with extraversion or lie scores. Psychoticism scores were associated with belief in the right to commit suicide ($r = 0.22$, $p = 0.009$), suicide as normal ($r = 0.21$, $p = 0.009$) and suicide as immoral ($r = -0.24$, $p = 0.003$). Neuroticism scores were associated only with belief in the right to commit suicide ($r = 0.18$, $p = 0.03$).

Exploring these associations further, psychoticism scores were associated with responses to ten of the 40 items on the attitude scale, extraversion scores with responses to two items, neuroticism scores with responses to one item, and lie scores with responses to four items. Thus, psychoticism was the scale with the most associations with attitudes toward suicide.

Those subjects with higher psychoticism scores appeared to hold more positive views toward suicide. They supported the right to commit suicide more strongly, were more likely to view suicide as normal and saw suicide as less of a moral transgression. Furthermore, the associations of attitudes toward suicide were much stronger for the trait of psychoticism than for the trait of neuroticism. This suggests that it is not psychological disturbance of any kind which is associated with a more favorable view of suicide, but rather only the particular kind of disturbance associated with psychoticism. Lester (1989) has suggested that, while neuroticism may be associated with the levels of serotonin in the central nervous system, psychoticism may be associated with the levels of dopamine, and dopamine is the neurotransmitter thought to provide the physiological basis for schizophrenia. It is the trait of psychoticism which, perhaps, frees the individual from adherence to conventional middle-class values and norms so that the deviant act of suicide may be viewed as more acceptable.

Relevant to these findings, Irfani (1978) and Lester (1987) found that higher psychoticism scores were associated with a history of suicidality, Dyck (1991) found that higher psychoticism scores were associated with stronger current suicidal ideation, greater hopelessness and fewer reasons for living, and Lolas, Gomez and Suarez (1991) found that higher psychoticism scores were associated with greater hopelessness and stronger current suicidal ideation. Thus,

Table 1
Factors identified for the attitude inventory

<i>Factor I (14.4% of the variance)</i>		
Item 38	0.77	People do not have a right to take their own lives
Item 20	0.74	In general, suicide is an evil act not to be condoned by anyone
Item 7	-0.71	People with incurable diseases should be allowed to commit suicide in a dignified manner
Item 10	-0.71	Suicide is an acceptable means to end an incurable illness
Item 29	0.69	Suicide goes against the laws of God and/or of nature
Item 24	0.66	Suicide is a very serious moral transgression
Item 13	-0.57	Suicide is an acceptable way to die for aged and infirm persons
Item 16	0.52	People who commit suicide should not be given a Christian/Jewish/Moslem/other burial
Item 39	0.51	Those who commit suicide are cowards who cannot face life's challenges
Item 18	-0.44	There may be situations where the only reasonable resolution is suicide
Item 5	0.42	I think I would feel ashamed if a member of my family committed suicide
<i>Factor II (8.9% of the variance)</i>		
Item 37	0.56	As a group, people who commit suicide experienced disturbed family relationships when they were young
Item 26	0.54	A suicide attempt is essentially a cry for help
Item 1	0.51	Most persons who attempt suicide are lonely or depressed
Item 32	0.51	People who bungle suicide attempts really did not intend to die in the first place
Item 22	0.50	Suicide attempters who use public places (such as a bridge or a tall building) are more interested in getting attention
Item 30	0.49	Most people who try to commit suicide are usually trying to get sympathy from others
Item 23	0.44	A person whose parents have committed suicide is a greater risk for suicide
Item 40	0.41	Individuals who are depressed are more likely to commit suicide
<i>Factor III (6.6% of the variance)</i>		
Item 25	0.58	If someone wants to commit suicide, it is their business and we should not try to interfere
Item 21	0.53	From an evolutionary point of view, suicide is a natural means by which the less mentally and physically fit are eliminated
Item 34	0.47	People who die by suicide should not be buried in the same cemetery as those who die naturally
Item 19	0.43	Once a person survives a suicide attempt, the probability of his trying again is minimal
<i>Factor IV (4.9% of the variance)</i>		
Item 8	-0.52	Those who threaten to commit suicide rarely do so
Item 11	0.52	People who commit suicide are usually mentally ill
Item 35	0.44	Most people who commit suicide do not believe in God
<i>Factor V (4.6% of the variance)</i>		
Item 4	-0.55	The higher incidence of suicide today is due to the lesser influence of religion
Item 12	0.48	I feel sorry for people who commit suicide
Item 17	0.46	People should be prevented from committing suicide since most are not acting rationally
<i>Factor VI (4.3% of the variance)</i>		
Item 15	0.61	Suicide happens without warning
Item 27	0.40	Usually relatives of a suicide had no idea what was about to happen
<i>Factor VII (3.7% of the variance)</i>		
Item 23	0.52	A person whose parents have committed suicide is a greater risk for suicide
Item 2	0.46	Almost everyone has at one time or another thought about suicide
Item 33	0.42	Potentially, everyone of us can be a suicide victim
Item 4	0.41	The higher incidence of suicide today is due to the lesser influence of religion

psychoticism does appear to play a consistent role in studies of suicidality and attitudes toward suicide.

Since much of this research, including the present study, has been conducted on young adults, it is imperative that future research explore these associations in older subjects, as well as in clinical samples of patients, such as attempted suicides and depressed patients.

The appearance of suicidal behavior in individuals may well be affected by their attitudes toward suicide. Thus, it may be worthwhile to develop inventories assessing attitudes toward suicide which can be utilized in the assessment of potentially suicidal patients in order to predict subsequent suicidal risk.

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