No Suicidal Contagion in High School Students Who Knew a Suicidal Person

To ascertain whether high school students report being adversely impacted by knowing of a suicide, 88 mainstream (n = 20) or disaffected (n = 68) high school students from four different public high schools in the Southeast answered questions about their personal experiences and reactions to stressful life events. During school, students received parental consent forms (approximately 44% of which were returned completed). Those who then assented themselves completed the Impact of Event Scale about a suicide (or another stressful event), the Suicidal Ideation Questionnaire, and the Suicidal Behaviors Questionnaire. Disaffected students were enrolled in an in-school program for at-risk students. Average scores, consistent with research on college students, reflected a low level of suicidal ideas. Those who knew someone who attempted or committed suicide (n = 19) were no more suicidal than those who reported a different stressful life event (n = 64), and all were impacted about the same in terms of both intrusion and avoidance. Disaffected students were no different from mainstream students in suicidality or impact. Apparently, high school students report moderate amounts of intrusion and avoidance following stressful events, whether the stressful event is knowing someone who commits suicide or something else such as death or divorce in the family.

Suicidal contagion refers to the fact that when one suicide occurs in the community, others in the community may be more likely to attempt or commit suicide. Teenagers are particularly susceptible to peer influence and so may be particularly vulnerable to suicidal contagion. Some experts conclude that exposure to another’s suicide is not sufficient to cause suicide, but may be considered an accelerating risk factor among those already predisposed to be at risk (Berman & Jobes, 1991).

However, the evidence is mixed about whether adolescents who are acquainted with someone who has attempted or committed suicide are more likely than those nonacquainted to attempt or commit suicide themselves. Evidence can be in the form of (a) vignette studies about hypothetical incidents, (b) sociological studies of national suicide rates after a media event involving suicide, or (c) retrospective surveys of actual people who may have known of a suicide.

Some evidence using hypothetical incidents supports the idea that a behavioral contagion effect exists. For example, college students who viewed a film of a distressed teen predicted she would be more likely to attempt suicide if she knew about a suicide in the community than if she had no such knowledge (Range, Goggin, & Steede, 1988). Also, high school students believed contagion might occur with a hypothetical adolescent in distress (Gibson & Range, 1991), whether the contagious incident was knowing someone who committed suicide or knowing someone who sought mental health treatment. These hypothetical studies provide evidence of suicidal contagion in teens.

On the other hand, other hypothetical research has found no evidence of suicidal contagion. For example, high school students who read written reports of suicide in the community were not persuaded to believe that they themselves would commit suicide (McDonald & Range, 1990). Also, high school students who viewed a video of a distressed teen who knew of a suicide thought that the teen, or they themselves in that situation, were no more likely to commit suicide than if they knew of an accidental death (Steede & Range, 1989). These hypothetical studies provide evidence against suicidal contagion in teens.

Sociological studies involving suicidal contagion in teenagers have used the media (newspaper articles

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and television movies about suicide) to measure imitative suicidal behavior (Gould & Shaffer, 1986; Phillips & Carstensen, 1986). Some of this research provides evidence of a contagion effect. For example, national suicide rates 2 weeks after a controversial television show involving suicide was aired were higher than the suicide rates 2 weeks before the show aired (Gould & Shaffer, 1986). A similar effect was true after a television news report of a suicide (Phillips & Carstensen, 1986). The problem that arises with these findings is that there was no evidence the suicide attempters actually viewed the television shows during that time period (Eisenberg, 1986). Nevertheless, this evidence suggests a contagion effect for suicide exists.

Other evidence involving the media suggests that no contagion effect exists. For example, after a soap opera suicide attempt, no strong differences occurred in the suicide rate compared with before the suicide attempt (Platt, 1987). Other research on media suicides indicates that a contagion effect, if any, is limited (Berman, 1988; Phillips & Carstensen, 1987), specific to some geographic regions but not others (Gould, Shaffer, & Kleinman, 1988), and more likely after a celebrity than a non-celebrity suicide. Thus, though some sociological evidence suggests that a contagion effect exists, other evidence is mixed or contradictory.

Retrospective research, another approach to studying suicidal contagion, focuses on people who actually know someone who has attempted or committed suicide, with the idea that knowing of a suicide may influence the person to model the same behavior. For example, adult psychiatric inpatients who had attempted suicide actually had fewer suicidal models, perhaps making them less likely to recognize the hardships that are associated with suicide and more apt to use suicide as a way out of their problems (Chiles, Strosahl, McMurtray, & Linehan, 1986). One of the ways this particular project is limited is it only included adults in a hospital. Adolescents are a high-risk group for suicide, and may be particularly vulnerable to contagion.

So, some evidence in retrospective and hypothetical studies, mostly with adults, suggests that suicidal contagion exists, though some disagree. Still another way to test suicidal contagion would be to ask people directly. Such a design would avoid selective memory or social desirability biases inherent in other types of research. Asking people directly was the method used in the present design. We expected teens who knew of a suicide in the community to be more suicidal than those who knew of no suicide in the community.

Method

Participants

Participants were 88 high school students (54 girls, 34 boys) from four southeastern public schools. All were between the ages of 14 and 20 (M = 16.4, SD = 1.14); most (89.5%) were White. A majority of the students (68) were enrolled in a special program for at-risk, disaffected youth called FOCUS (recognized by the National Diffusion Network). The remaining 20 students were from a regular English class in the high schools. The disaffected group and the mainstream group did not differ significantly in age, race, or sex.

When asked if they knew of a suicide, 19 students reported knowing someone who had attempted or committed suicide, 64 others reported another stressful event such as the death of a loved one or a pregnancy, 5 reported no major life event. The 19 who knew someone who had committed suicide did not differ significantly in age, race, or sex from the 64 who knew no one who committed suicide.

Materials

The Suicidal Behaviors Questionnaire. The Suicidal Behaviors Questionnaire (SBQ; Cole, 1988; Linehan & Nielsen, 1981) is composed of four Likert items: "Have you ever thought about or attempted to kill yourself?" 1 (never) to 6 (frequently); "How often have you thought about killing yourself in the last year?" 1 (never) to 5 (daily); "Have you ever told someone that you were going to commit suicide or that you might do it?" 1 (never) to 3 (frequently); "How likely is it that you attempt suicide someday?" 1 (no possibility) to 5 (probable). Scores range from 4 to 27.

The SBQ is internally consistent with Cronbach alphas of .75 and .80 and is reliable over 2 weeks time (r = .95). It is also valid, correlating with the Scale for Suicide Ideation (r = .69) and weakly with the Reasons for Living Inventory (r = .34) (Cotton, Peters, & Range, 1995).

The Impact of Event Scale. The Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979) is a 15-item self-report scale that measures the degree of impact a life event has on the respondent. In the present study the life event was knowing someone who had attempted or committed suicide, or if not, then another stressful life event. The items in the questionnaire are divided into two subscales: intrusion and avoidance. Intrusion is characterized by strong emotional reactions, images, and unwanted thoughts (i.e., "I thought about it [life event] when I didn’t mean to"). Avoidance is characterized by denial of feelings and numbness of emotions (i.e., "I tried not to think about it"). Possible scores range from 0–35 on the intrusion subscale, 0–40 on the avoidance subscale, and 0–75 on the total score.
who were given parental consent forms actually was given a parental consent form to be taken home.

Students anonymously completed, in order, the SBQ, the IES, and the SIQ. On the IES, students were asked if they would like to participate in a study concerning a death in the community. Everyone present was informed that participating or not in the present research would have no effect on their academic standing. Approximately 44% of those who knew someone who had attempted or committed suicide were no different in terms of psychological impact, but no more so than those who did not know of a suicide. Also, there was no significant difference between individuals who stated suicide as a stressful life event and those who reported another stressful life event. Also, there was no significant difference between the responses of the disaffected group and the responses of the random group.

Results

On the SBQ the average score was 7.6 (SD = 4.1), indicating a low level of suicidality. On the SIQ the average score was 5.8 (SD = 1.2), indicating few suicidal thoughts. See Table 1. These scores are consistent with those of college students (Range & Antonelli, 1990).

On the IES the average total score for suicidal and other groups together was 34.1 (SD = 20.79). Students who did not know of a suicide rated other stressful events including divorce of their parents, an unwanted pregnancy, and death of a loved one. The average score for the intrusion subscale was 16.0 (SD = 10.9) and the average score for the avoidance subscale was 18.04 (SD = 11.6). In comparison, interns who had experienced a patient commit suicide had an average intrusion score of 20.0 (SD = 20.3) and an average avoidance score of 13.4 (SD = 6.7); and, interns who had experienced a patient attempt suicide had an average intrusion score of 15.5 (SD = 4.3) and an average avoidance score of 10.3 (SD = 5.9) (Kleespies, Smith, & Becker, 1990).

A one-way analysis of variance indicated no significant difference between individuals who stated suicide as a stressful life event and those who reported another stressful life event. Also, there was no significant difference between the responses of the disaffected group and the responses of the random group.

Discussion

The results indicate that students who knew someone who attempted or committed suicide were no more suicidal themselves than those who had no such knowledge. These results are consistent with those of Steedel and Range (1989), who used hypothetical scenarios. Apparently, high school students feel they are invulnerable to suicidal contagion, no matter whether they are asked about a hypothetical situation or about someone they actually know.

The results also indicate that knowing someone who attempted or committed suicide was moderately stressful in terms of psychological impact, but no more so than other experiences that high school students report. Suicide may be a difficult experience for some students, but other experiences are equally problematic.

Table 1: Means (and Standard Deviations) of Dependent Variables

<table>
<thead>
<tr>
<th>Acquainted with:</th>
<th>Suicide (n = 19)</th>
<th>Other (n = 64)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Age</td>
<td>16.55</td>
<td>1.58</td>
</tr>
<tr>
<td>SIQ</td>
<td>5.78</td>
<td>1.97</td>
</tr>
<tr>
<td>SBQ</td>
<td>7.95</td>
<td>3.10</td>
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<tr>
<td>IES total</td>
<td>31.22</td>
<td>21.29</td>
</tr>
<tr>
<td>Intrusion</td>
<td>15.37</td>
<td>11.34</td>
</tr>
<tr>
<td>Avoidance</td>
<td>16.00</td>
<td>11.31</td>
</tr>
</tbody>
</table>

Note: On SIQ, scores can range from 1 (almost every day) to 7 (I never had this thought). On SBQ, scores can range from 0 (no suicide thoughts or behaviors) to 27 (frequent suicide thoughts and behaviors). On IES, scores can range from 0–35 on the intrusion subscale, 0–40 on the avoidance subscale, and 0–75 on the total score.

The IES is internally consistent (alphas for intrusion = .78 and for avoidance = .82). Test-retest reliability over a 1-week interval was adequate for the intrusion subscale \((r = .89)\) and for the avoidance subscale, \((r = .87)\) (Horowitz et al., 1979). Evidence of validity is strong (Yule, Bruggencate, & Joseph, 1994; Zilberg, Weiss, & Horowitz, 1982).

The Suicidal Ideation Questionnaire. The Suicidal Ideation Questionnaire (SIQ, High School Version) is a 30-item self-report measure of suicide ideation (Reynolds, 1988). Scores are on a 7-point Likert scale with 1 = "Almost everyday" to 7 = "I never had this thought," so that low scores indicate more suicidal ideas. The SIQ has an internal consistency of .94 and a test-retest reliability of .72. It is a valid scale correlating with the Beck Depression Inventory, the Beck Hopelessness Scale, and the Reynolds' Adolescent Depression Scale (Reynolds).

Procedure

During a general English class, students were asked if they would like to participate in a study concerning a death in the community. Everyone present was given a parental consent form to be taken home and signed by a parent or guardian and returned to school. Students were informed that participating or not in the present research would have no effect on their academic standing. Approximately 44% of those who were given parental consent forms actually returned them.

Upon returning signed consent forms, assenting students anonymously completed, in order, the SBQ, the IES, and the SIQ. On the IES, students were asked if they would like to participate in a study concerning a death in the community. Everyone present was informed that participating or not in the present research would have no effect on their academic standing. Approximately 44% of those who were given parental consent forms actually returned them.

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The results also indicate that disaffected students were no more suicidal than mainstream students. A possible explanation could be the success of the FOCUS program, which begins in the freshman year of high school when on average students are 14–15 years old. By the time they participated in the present study, they had made progress in areas such as positive self-image, adequate social skills, academic achievement, school attitude, and coping skills. Whatever the explanation, mildly disaffected students were no more vulnerable to suicide than their peers.

The levels of suicidality in the present high school students are consistent with the typical level of suicidality in college students (Range & Antonelli, 1990). Apparently, high school students report that they are no more likely to commit suicide than are college students.

High school students reported moderate amounts of intrusion and avoidance, whether the life event was a suicide or another stressful event such as the death of a loved one, divorce, or breakup of a relationship. These scores are similar to or actually a little higher than those of interns who experienced a patient suicide (Kleespies et al., 1990).

Limitations of this research include a response rate of only 44%, with only 20 out of 88 students belonging to the mainstream sample. This somewhat low response rate may have been due to the fact that signed parental consent forms were needed for student participation. Another limitation was that students were all in the public schools. To increase generalizability, future research should include data from private and public schools and cover a broader geographic region. Further, a limitation was that the students were questioned about anyone they knew; no information was obtained about how close they felt to the suicidal person, whether the person actually died or not, or the length of time since the death. Future studies on suicidal contagion should focus on close relationships between the suicidal attempter and the friend or relative as opposed to studying contagion among mere acquaintances. Finally, though unlikely, present students were unfamiliar with psychological research and could have mistrusted the promise of anonymity.

Strengths of this research include that we assessed real-life reactions rather than hypothetical scenarios with mainstream and disadvantaged high school students. Results indicate that being acquainted with someone who had attempted or committed suicide had no contagion effect in terms of students being suicidal themselves, though knowing a suicide victim did lead to intrusive thoughts and active efforts to avoid thinking about it.

References


